STAFFORDSHIRE moorlands DISTRICT COUNCIL
ACHIEVING · EXCELLENCE

Staffordshire Moorlands District Council
Moorlands House, Stockwell Street, Leek
Staffordshire Moorlands, ST13 6HQ
Telephone: 0845 605 3013
www.staffsmoorlands.gov.uk

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MR
First name:	STEPHEN
Last name:	TAYLOR
Company (optional):	
Unit:	
House number:	9
House suffix:	
House name:	
Address 1:	NORTHENDEN ROAD
Address 2:	
Address 3:	
Town:	SALE
County:	
Country:	
Postcode:	M33 2DH

2. Agent Name and Address

Title:	MRS
First name:	OLIVIA
Last name:	WILSON
Company (optional):	JETS ESTATE AGENTS
Unit:	
House number:	9
House suffix:	
House name:	
Address 1:	NORTHENDEN ROAD
Address 2:	
Address 3:	
Town:	SALE
County:	
Country:	
Postcode:	M33 2DH

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: 4a-10 | House suffix:

House name:

Address 1: HIGH STREET

Address 2:

Address 3:

Town: BIDDULPH

County:

Postcode (optional): ST8 6AP

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: | Northing:

Description:

6 FLATS - APTS 1-6 LOVIT VIEW
2 SHOPS - 4a HIGH STREET & 8-10 HIGHST

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☑ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name: JAMES BURNETT

Reference:

Date (DD/MM/YYYY): 04/07/2018
(must be pre-application submission)

Details of pre-application advice received?

Requested to submit an approval of details reserved by conditions application by James Burnett by email on 6/07/2018

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

3 RETAIL UNITS WITH 6 RESIDENTIAL FLATS OVER AND PARKING AREA

Reference number: SMO/2010/0094 Date of decision: 20/04/2010 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.		6. ✓	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started? ☑ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY): 01/12/2009 (date must be pre-application submission)

Has the development been completed? ☑ Yes ☐ No

If Yes, please state when the development was completed (DD/MM/YYYY): 04/07/2018 (date must be pre-application submission)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

Parking spaces have been marked by delination and have suitable manoeuvring space for the use of residential occupiers.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☑ Yes ☐ No

If Yes, please indicate which part of the condition your application relates to:

Condition 6. The development hereby permitted shall not be occupied until full details of proposed parking and serving arrangements to the rear of the site have been submitted to and approved in writing by the local planning authority. The details shall include the delineation of parking spaces along with suitable manoeuvering space to meet the needs of residential occupiers of the site.

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form: ☑

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☑

The correct fee: ☐ N/A

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY): 12/07/2018 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: +44 | National number: 0161 962 1234 | Extension number: 3

Country code: +44 | Mobile number (optional): 07970526769

Country code: | Fax number (optional):

Email address (optional): olivia@jetsestates.co.uk

12. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☑ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? *(Please select only one)* ☑ Agent ☐ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: | Telephone number:

Email address: