

16F/206S - 007

11/8/16

LIVERPOOL CITY COUNCIL

www.liverpool.gov.uk • Planning & Building Control, Municipal Buildings, Dale Street, L2 2DH • 0151 233 3021

Application for Planning Permission. Town and Country Planning 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:

Last name: COLLINS

Company (optional):

Unit: House number: House suffix:

House name: 40 BARNES ROAD

Address 1: 6 Harthill Road

Address 2:

Address 3:

Town: LIVERPOOL

County:

Country:

Postcode: L19 6HU

2. Agent Name and Address

Title: MR First name: D.

Last name: SCANLON

Company (optional):

Unit: House number: 2 House suffix:

House name:

Address 1: VARLEY ROAD

Address 2:

Address 3:

Town: LIVERPOOL

County:

Country:

Postcode: L19 3PU

3. Description of the Proposal

Please describe the proposed development, including any change of use:

NEW SHOP ADJACENT TO 229 ROSE LANE
FOR A1, A3, A5 USE.

Has the building, work or change of use already started?

☐ Yes

☒ No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

(date must be pre-application submission)

Has the building, work or change of use been completed?

☐ Yes

☒ No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

(date must be pre-application submission)

Please provide the full postal address of the application site.

Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	93 DOVERDALE RD				
Address 1:	229 ROSE LANE				
Address 2:	<input type="text"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text"/>				
County:	<input type="text"/>				
Postcode (optional):	<input type="text"/>				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:	<input type="text"/>	Northings:	<input type="text"/>		
Description: <input type="text"/>					

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:

Reference:

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

Details of pre-application advice received?

6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? ☐ Yes ☒ No

Is a new or altered pedestrian access proposed to or from the public highway? ☐ Yes ☒ No

Are there any new public roads to be provided within the site? ☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? ☐ Yes ☒ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☒ Yes ☐ No

If Yes, please provide details:

SEE PLAN

Have arrangements been made for the separate storage and collection of recyclable waste? ☐ Yes ☒ No

If Yes, please provide details:

8. Authority Employee / Member

With respect to the Authority, I am: (a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

Do any of these statements apply to you? ☐ Yes ☒ No

If Yes, please provide details of the name, relationship and role

9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	RENDER	RENDER TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Roof	TILE	FLAT ROOF	<input type="checkbox"/>	<input type="checkbox"/>
Windows	TIMBER / UPVC	ALUMINIUM	<input type="checkbox"/>	<input type="checkbox"/>
Doors		— — — — —	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	TIMBER / BRICK	AS EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing	N/A		<input type="checkbox"/>	<input type="checkbox"/>
Lighting		UNDER FRONT CANOPY	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☐ Yes

☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

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10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	0	0	0
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			

11. Foul Sewage

Please state how foul sewage is to be disposed of:

- ☒ Mains sewer ☐ Cess pit
☐ Septic tank ☐ Other
☐ Package treatment plant

Are you proposing to connect to the existing drainage system? ☒ Yes ☐ No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

EXISTING DRAINAGE WITHIN SITE

12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☐ Yes ☒ No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? ☐ Yes ☒ No

Will the proposal increase the flood risk elsewhere? ☐ Yes ☒ No

How will surface water be disposed of?

- ☐ Sustainable drainage system ☐ Existing watercourse
☐ Soakaway ☐ Pond/lake
☒ Main sewer

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- ☐ Yes, on the development site
☐ Yes, on land adjacent to or near the proposed development
☒ No

b) Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site
☐ Yes, on land adjacent to or near the proposed development
☒ No

c) Features of geological conservation importance:

- ☐ Yes, on the development site
☐ Yes, on land adjacent to or near the proposed development
☒ No

14. Existing Use

Please describe the current use of the site:

GARDEN TO PLANT/SHED

Is the site currently vacant? ☐ Yes ☒ No

If Yes, please describe the last use of the site:

When did this use end (if known)?

DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

15. Trees and Hedges

Are there trees or hedges on the proposed development site? ☒ Yes ☐ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☒ Yes ☐ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?
If Yes, please complete details of the changes in the tables below:

☐ Yes

☒ No

Proposed Housing							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Total proposed residential units (A + B + C + D) =

Existing Housing							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Total existing residential units (E + F + G + H) =

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

18. All types of Development: Non-residential FloorspaceDoes your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☐ No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	Shops	<input type="checkbox"/>	54.18		39.9	
	Net tradable area:	<input type="checkbox"/>				
A2	Financial and professional services	<input type="checkbox"/>				
A3	Restaurants and cafes	<input type="checkbox"/>			39.9	
A4	Drinking establishments	<input type="checkbox"/>				
A5	Hot food takeaways	<input type="checkbox"/>			39.9	
B1 (a)	Office (other than A2)	<input type="checkbox"/>				
B1 (b)	Research and development	<input type="checkbox"/>				
B1 (c)	Light industrial	<input type="checkbox"/>				
B2	General industrial	<input type="checkbox"/>				
B8	Storage or distribution	<input type="checkbox"/>				
C1	Hotels and halls of residence	<input type="checkbox"/>				
C2	Residential institutions	<input type="checkbox"/>				
D1	Non-residential institutions	<input type="checkbox"/>				
D2	Assembly and leisure	<input type="checkbox"/>				
OTHER		<input type="checkbox"/>				
Please Specify		<input type="checkbox"/>				
Total						

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please Specify		<input type="checkbox"/>			

19. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees	2		
Proposed employees			

20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
	9.00 - 18.00	9.00 - 18.00	10.00 - 16.00	

21. Site Area

Please state the site area in hectares (ha)

297.6 m²

26. 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):

8/11/15.

(date cannot be pre-application)

27. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

28. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

29. 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: