15015 2994

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. Applic	ant Name and Address	2. Agent Name and Address		
Title:	Mr First name: Nick	Title: Mr First name: Michael		
Last name:	Wightman	Last name: Matthows		
Company (optional):	Redsun Developments	Company (optional): Muir Associates UK Ltd		
Unit:	House number: 322a House suffix:	Unit: 18 House House suffix:		
House name:	Cotton Exchange	House name: Trinity Chambers		
Address 1:	Bixteth Street	Address 1: Ivy Street		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	Liverpool	Town: Birkenhead		
County;		County:		
Country:		Country:		
Postcode:	L3 9LQ	Postcode: CH41 5EF		

		Details If postal address of the ap House number: rdered by Derby Road	House suffix:	Has as author If Yes, you w	sistance or p rity about th please comp	tion Advice prior advice been sought from the local is application? Yes X No plete the following information about the advice his will help the authority to deal with this efficiently).	
Address	, 2; and Bai	nkhall Lane				il contact details are not omplete as much as possible:	
Address	; Э:			Office	r name:		
Town:	Liverp	ool		L			
County:				Refere	ence:		
Postcod (optional Descript (must b	al): 1.20 or: tion of locatio	on or a grid reference. If postcode is not known):			be pre-appli	late (DD/MM/YYYY): cation submission) lication advice received?	
Easting:		Northing:					
Descrip	tion:						
				<u> </u>			
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: To erect industrial unit for use within Class B8 with ancillary trade counter/showroom with associated parking and servicing							
	ce number:	15F1710 dition number(s) to which		14 / 09	/2015	(Date must be pre-application submission) (DD/MM/YYYY)	
1.	5	intorridanides(s) to writer	ина аррисации тегаце.		14		
2,	9	 .		7.			
3.	11			8.			
4.	12			9.			
5.	13			10.			
Has the	developmen				Yes	X No	
If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)							
Has the development been completed? Yes X No							
if Yes, p	If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
5. Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval:							
Pre Commencement Conditions 12 & 14, Condition 13 Drainage proposals							
7. Part Discharge Of Condition(s)							
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:							

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 The completed and dated application form:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:						
The correct fee:							
9. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the Or signed - Agent:						
Signed - Applicant.	Or signed - Agent.						
	and the same of th						
Date (DD/MM/YYYY): 03 / 12 / 2015 (date cannot be pre-application)							
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: D151 Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):						
12. Site Visit Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name:	or other public land? Yes No X Agent Applicant Other (if different from the agent/applicant's details) Telephone number:						
	0151 650 1200						

Email address:

