Application for Planning Permission. Town and Country Planning Act 1990

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.

1. Applicant N	ame, Address and	Contact Details				
Title: Mr	First name: A	ndrew	Surname:	Booth		
Company name	Mulbury Homes Limit	ed, Derwent Lodge Estates, The Riverside Gro			National	Futoncian
Street address:	c/o Great Oak Farm			Country Code	National Number	Extension Number
	Mag Lane		Telephone number:			
			Mobile number:			
Town/City	Lymm					
County:	Cheshire		Fax number:			
Country:	United Kingdom		Email address:			
Postcode:	WA13 0TF					
Are you an agent a	cting on behalf of the a	pplicant? • Yes (No			
2. Agent Name	e, Address and Co	ntact Details				
Title: Miss		ernadette	Surname:	Woods		
Title. Wilss	That Name.	inauctic	Jurname.	vvoous		
Company name:	JLL					
Street address:	One Piccadilly Garder	ns		Country Code	National Number	Extension Number
			Telephone number:			
			Mobile number:			
Town/City	Manchester		Fax number:			
County:	Greater Manchester (I	Met County)	rax number.			
Country:			Email address:			
Postcode:	M1 1RG		bernadette.woods@	eu.jll.com		
3. Description	of the Proposal					
Please describe the	proposed developmer	nt including any change of use:				
Erection of up to 19		C3), retail foodstore (Use Class A1) with access	ss and associated areas	s of car parking ar	nd landscaping	

4. Site Address	Details											
Full postal address o	of the site (inclu	iding full postcode where	e available)]	Description:							
House:		Suffix:		L	Land at former Walton Hospital Site, Rice Lane, Liverpool'							
House name:												
Street address:												
Town/City:												
County:												
Postcode:												
Description of locati (must be completed												
Easting:	33589	4										
Northing:	39556	4										
5. Pre-applicati	on Advice											
Has assistance or pr	ior advice been	sought from the local au	ithority about this ap	plication	?	• Yes No						
If Yes, please comple	ete the followir	ng information about the	advice you were give	en (this w	vill help the autho	rity to deal with this application more efficiently):						
Officer name:												
Title: Ms	First name	e: Victoria			Surname:	Vaughan-Williams						
Reference:	0411/14											
Date (DD/MM/YYYY)	04/03/20	015 (Must be	e pre-application subr	mission)								
Details of the pre-ap	plication advic	e received:										
Pre-application mee	ting with office	ers followed by meeting v	vith Ms Vaughan-Will	liams and	d Rob Burns to dis	cuss design matters.						
6 Pedestrian a	nd Vehicle /	Access, Roads and I	Pights of Way									
					.	- ·						
	·	roposed to or from the p			• Yes (No No						
Is a new or altered p	edestrian acce	ss proposed to or from th	ne public highway?		Yes	○ No						
Are there any new p	oublic roads to I	oe provided within the si	te?	Yes	○ No							
Are there any new p	oublic rights of	way to be provided withi	n or adjacent to the s	ite?		Yes No						
Do the proposals re	quire any diver	sions/extinguishments ar	nd/or creation of righ	ts of way	?							
If you answered Yes	to any of the a	bove questions, please sh	now details on your p	lans/drav	wings and state th	ne reference of the plan(s)/drawings(s)						
Drawing Number: 10	00-01/GA-04 pr	ovided at Appendix B of	the Transport Assessr	ment and	d Drawing Numbe	er: 14-160-P02A (Proposed Site Plan)						
7. Waste Storage	ne and Colle	ection										
					O V O N							
		tore and aid the collectio	n of waste?		• Yes N	0						
If Yes, please provide Please see Drawing		0-P02A										
		the separate storage and	d collection of recycla	ble wast	e?	Yes						
If Yes, please provid			,									
Please see Design ar	nd Access State	ment										
8. Authority Em	nployee/Me	mber										
With respect to the												
(a) a mer	mber of staff											
` '	ected member ed to a member	of staff										
(d) relate	ed to an elected		any of these stateme	ents appl	y to you?	Yes No						
		20	,	11151	<i>.</i>							
9. Materials												
Please state what m	aterials (includi	ing type, colour and nam	e) are to be used exte	ernally (if	applicable):							

9. (Materials continued)
Walls - description:
Description of <i>existing</i> materials and finishes:
N/A
Description of <i>proposed</i> materials and finishes:
Please see Design and Access Statement and Submitted Plans
Roof - description: Description of <i>existing</i> materials and finishes:
N/A
Description of <i>proposed</i> materials and finishes:
Please see Design and Access Statement and Submitted Plans
Windows - description: Description of existing materials and finishes:
N/A
Description of <i>proposed</i> materials and finishes:
Please see Design and Access Statement and Submitted Plans
Doors - description: Description of <i>existing</i> materials and finishes:
N/A
Description of <i>proposed</i> materials and finishes:
Please see Design and Access Statement and Submitted Plans
Boundary treatments - description: Description of <i>existing</i> materials and finishes:
N/A
Description of <i>proposed</i> materials and finishes:
Please see Design and Access Statement and Submitted Plans
Vehicle access and hard standing - description: Description of existing materials and finishes:
N/A
Description of <i>proposed</i> materials and finishes:
Please see Design and Access Statement and Submitted Plans
Lighting - add description Description of <i>existing</i> materials and finishes:
N/A
Description of proposed materials and finishes:
Please see Design and Access Statement and Submitted Plans
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No
f Yes, please state references for the plan(s)/drawing(s)/design and access statement:
Please see Design and Access Statement and Submitted Plans listed on Covering Letter
0. Vehicle Parking
Please provide information on the existing and proposed number of on-site parking spaces:

Type of vehicle	Existing number of spaces	Total proposed (including spaces retained)	Difference in spaces
Cars	0	100	100
Light goods vehicles/public carrier vehicles	0	0	0
Motorcycles	0	4	4
Disability spaces	0	6	6
Cycle spaces	0	16	16
Other (e.g. Bus)	0	0	0
Short description of Other			

11. Foul Sewage					
Please state how foul sewage is	to be disposed of:				
Mains sewer	\boxtimes	Package treatment plant		Unknown	
Septic tank		Cess pit			
Other					
Are you proposing to connect to	n the existing drainage s	cyctom?	O N O		
			No O	Unknown	
If Yes, please include the details Please see Flood Risk Assesment		on the application drawings and	state references to	or the plan(s)/drawing(s):	
10.1	I.D. I.				
12. Assessment of Flood	Risk				
Is the site within an area at risk of flood zones 2 and 3 and consult requirements for information as	Environment Agency st			○ Yes ● No	
If Yes, you will need to submit a	n appropriate flood risk	assessment to consider the risk	to the proposed si	te.	
Is your proposal within 20 metre	es of a watercourse (e.g.	river, stream or beck)?	\bigcirc \vee	es 🕟 No	
Will the proposal increase the flo	ood risk elsewhere?				
How will surface water be dispo	sed of?				
Sustainable drainage s	ystem	Main sewer		Pond/lake	
Soakaway	,	Existing watero	ourse		
		5			
13. Biodiversity and Geo	ological Conservat	ion			
To assist in answering the follow or geological conservation feature.				n there is a reasonable likelihood that any in y your proposals.	nportant biodiversity
Having referred to the guidance on land adjacent to or near the		able likelihood of the following	being affected adv	versely or conserved and enhanced within the	ne application site, OR
a) Protected and priority species	6				
Yes, on the development s	ite Yes,	on land adjacent to or near the	proposed develop	ment No	
b) Designated sites, important h	nabitats or other biodive	ersity features			
Yes, on the development s	ite Yes,	on land adjacent to or near the	proposed develop	ment No	
c) Features of geological conser	vation importance				
Yes, on the development s	ite Yes,	on land adjacent to or near the	proposed develop	ment No	
14 Eviatina II.a					
14. Existing Use Please describe the current use	of the site				
Vacant	or the site.				
Is the site currently vacant?	Yes	○ No			
If Yes, please describe the last us	se of the site:				
Hospital	\				
When did this use end (if known Does the proposal involve any control of the proposal involve and cont					
If yes, you will need to submit an	n appropriate contamin		lication.		
Land which is known to be cont		_	O		
Land where contamination is su			~	O Var O Na	
A proposed use that would be p	particularly vulnerable to	the presence of contamination	l? 	Yes No	
15. Trees and Hedges					
Are there trees or hedges on the	e proposed developmer	nt site? Yes	○ No		
And/or: Are there trees or hedge			hat could influence	e the Yes No	
development or might be impo- If Yes to either or both of the ab	· ·	•	discretion of vour I	ocal planning authority. If a Tree Survey is re	equired, this and the
	ubmitted alongside you	ır application. Your local plannir	ng authority should	d make clear on its website what the survey	

Does the p	oroposal involve	the need t	o dispose	of trade ef	fluents or	waste?		C Yes (No							
17. Resi	dential Units	3														
Does your	proposal include	e the gain	or loss of r	esidential	units?	(•	Yes No								
Market He	ousing - Propos	ed						Market Housing - Existin	ng							
		Number of b							Number of bedrooms							
		1	2	3	4+	Unknown			1	2	3	4+	Unknown			
Houses								Houses								
Flats/Mais	sonettes							Flats/Maisonettes								
Live-Work	units							Live-Work units								
Cluster fla								Cluster flats								
Sheltered								Sheltered housing								
Bedsit/Stu								Bedsit/Studios								
Unknown	<u> </u>		30	40		1		Unknown					1			
Proposed	Market Housing	Total		70				Existing Market Housing	Total		0					
Social Ren	ited Housing - P	roposed						Social Rented Housing -	Existing							
			Nui	mber of be	edrooms					Num	ber of	bedrooms				
		1	2	3	4+	Unknown			1	2	3	4+	Unknown			
Houses						74		Houses								
Flats/Mai	sonettes					51		Flats/Maisonettes								
Live-Worl	k units							Live-Work units								
Cluster fla	ats							Cluster flats								
Sheltered	l housing							Sheltered housing								
Bedsit/St	udios							Bedsit/Studios								
Unknowr	1							Unknown								
Proposed	Social Rented Ho	ousing Tot	al	125				Existing Social Rented Ho	using Total		0					
Overall Re	esidential Unit 1	Totals														
	Total pro	posed resi	dential un	its		195										
	Total ex	isting resic	dential uni	ts		0										
18. All T	ypes of Deve	elopmer	nt: Non-	residen	tial Floo	rspace										
Does your	proposal involve	e the loss,	gain or cha	ange of us	e of non-re	sidential floors	pac	e?	Yes	O No						
					Existing gross			Gross internal floorspace to be		ss new inte			tional gross			
	Use class.	type of us/	se		internal floorspace (square metres)			lost by change of use or	floorspace proposed (including changes of use) (square metres)			internal floorspace following development (square metres)				
								demolition (square metres)								
A1	Shops	Net Trada	able Area			C	0.0	0.0		1	804.0		1804.0			
A2	Financial a	nd profess	ional servi	ces		C	0.0	0.0	0.0			0.0				
A3	Resta	aurants an	d cafes		0.0		0.0	0.0	0.0		0.0					
A4	Drink	ing estabis	shments			C	0.0	0.0			0.0					
A 5		food take					0.0	0.0	0.0		0.0					
B1 (a)	· · · · · · · · · · · · · · · · · · ·		0.0	0.0												
B1 (b)				0.0	0.0			0.0								
B1 (c)		ight indus					0.0	0.0			0.0					
B2				0.0	0.0			0.0	0.0							
B8		ge or distr					0.0	0.0			0.0		0.0			
C1			fresidence				0.0	0.0			0.0					
C2		lential inst					0.0									
D1				+			0.0	0.0			0.0		0.0			
D1 Non-residential institutions						J.U	0.0			0.0		0.0				

16. Trade Effluent

18. All 1	Types of De	evelopment	: Non-reside	ntial Flo	orspace (con	tinued))								
D2	2 Assembly and leisure				0.0	0.0			0.0		0.	0		0	0
Other		Please Specify			0.0)		(0.0		0.	0		0	0
Total				0.0			(0.0		1804.	0		1804	0	
For hotels, residential institutions and hostels, please ad					dicate the loss or			Total roo		anasad (i	naludina				7
U	se Class	Туре	es of use	EXISTING TO	or demolition	0	oi use			oposed (i les of use)		Net addition	al roo	oms	
19. Employment															
If known, please complete the following information regarding employees:															
Full-tim					Part-time				Ec	quivalent	number of full	time			
Existing employees 0			0		0						0				
Р	Proposed empl	oyees	50		0						0				
20. Hour	rs of Openi	ng													
If known, p	olease state the	hours of openi	ing (e.g. 15:30) fo	r each non	-residential use p	oroposed:	l:								
Use		Monday to Frid Time En				urday	T:				nday and Bank I			Not]
A1	08:00:0		d Time 23:00:00		Start Time 08:00:00		Time 23:00:00		Γ	10:00:0		nd Time 18:00:00]	Known	
			20.00.00												_
21. Site /	Area														
What is the	e site area?	05.47	hectare	S											
22 Indus	strial or Co	mmorcial D	rocesses and	Machin	orv										_
					-			aka tarah sal		4	l-#1	aliti a a la a Dia a		local a Alaca	
type of mad		may be installe		be carried	out on the site ar	na tne en	ia produ	cts includ	aing pia	anı, venu	iation of all cor	ditioning. Piea	se inc	iuae tne	_
N/A	osal for a wast	e management	development?			Yes	(•) No								
			- шотогоринопи		C) les	(NC								_
23. Haza	rdous Sub	stances													
Is any haza	irdous waste ir	nvolved in the p	roposal?	C	Yes No	0									_
24. Site V	/isit														
Can the site	e be seen from	a public road,	public footpath, I	bridleway o	or other public la	nd?		(• Ye:	es 🔘	No				
				_	t a site visit, who		d they co	ntact? (Pl	lease s	select only	y one)				
• The ag	gent (The applica	int Oth	er person											
															_
25. Certi	ificates (Ce	rtificate B)													
	To	own and Count	try Planning (De		ertificate of Own t Management I				der 201	15 Certifi	icate under Art	icle 14			
					ne requisite notice or leasehold intere										e
meaning gi	ven in section 6	5(8) of the Towr	n and Country Pla	nning Act 1	<i>990)</i> of any part o	of the land	d or buil	ding to w	hich th	his applica	ation relates.	_			
Owner/Agr	icultural Tenar	nt									D	ate notice serve	ed]
Name	The Compa	ny Secretary,Air	ntree University I	Hospital NH	IS Foundation Tr	ust	_								
Number:		Suf			House na	ame:									
Street:	Aintree Uni	versity Hospital	, Longmoor Lane)								01/05/2015			
Locality:	Liverness														
Town: Postcode:	: L9 7AL														
	. [2777]														
Title: Miss		First name:	Bernadette				Surnar	me: Wo	oods						
Person role	: Applican	t	Declaration	on date:	01/05/2015					\boxtimes	Declaration ma	ide			

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.

 \boxtimes

Date

01/05/2015