

## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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 Name, Address and Contact Details				
Title: Mr	First name: Mike	Surname:	Horne	
Company name	Liverpool City Council	]		
Street address:	Municipal Buildings	]	Country National Extension Code Number Number	
	Dale Street	] Telephone number	r:	
		Mobile number:		
Town/City	Liverpool	Fax number:		
County:				
Country:	United Kingdom	Email address:		
Postcode:	L2 2DH			
Are you an agent acting on behalf of the applicant? <ul> <li>Yes</li> <li>No</li> </ul> <li>2. Agent Name, Address and Contact Details</li>				
Title: Mr	First Name: Phil	Surname:	Martin	
Company name:	Mouchel			
Street address:	First Floor Station House		Country National Extension Code Number Number	
	Exchange Station	Telephone number	r: 0151 600 5500	
	Tithebarn Street	Mobile number:		
Town/City	Liverpool	Fax number:		
County:	Merseyside (Met County)			
Country:	United Kingdom	Email address:		
Postcode:	L2 2QP	phil.martin@mouch	hel.com	

3. Site Addres	s Details			
Full postal address	s of the site (including full postcode where available) Description:			
House:	Suffix:			
House name:	Crown Street Day Centre			
Street address:	Crown Street			
	Edge Hill			
Town/City:	Liverpool			
County:				
Postcode:	L7 3LZ			
	ation or a grid reference ed if postcode is not known):			
Easting:	336246			
Northing:	389963			
4. Pre-applica	tion Advice			
Has assistance or p	prior advice been sought from the local authority about this application? Ores ONO			
5. Description	of Proposal			
Please provide a description of the approved development as shown on the decision letter:				
To erect single storey extension to resource centre for café/meeting room				
Application referer				
Please state the co Condition number	ondition number(s) to which this application relates:			
1,2,3,4 & 6				
Has the development already started?  • Yes  No If Yes, please state when the development was started: 18/05/2015				
Has the developm	nent been completed? O Yes  No			
6 Dischargo o	af Condition(c)			
6. Discharge o				
Please provide a full description and/or list of the materials/details that are being submitted for approval:				
Details of material	s used in exterior of building together with landscaping details			
7. Part Dischar	rge of Condition(s)			
Are you seeking to discharge only part of a condition? O Yes  No				
8. Site Visit				
Conthe site is a				
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)				
• The agent	C The applicant C Other person			
9. Declaration				
I/we hereby apply	for planning permission/consent as described in this form and the accompanying plans/drawings and			
additional informa	tion. 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. Date 02/07/2015			

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