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: -						Surname: -				
Company name	Panoramic 34 Holding	gs Ltd									
Street address:	Panoramic 34							Country Code	National Number		Extension Number
	34th Floor, West Towe	er				Teleph	one number:				
	8 Brook Street					Mobile	number:				
Town/City	Liverpool								J		
County:	Merseyside					Fax nu	mber:				
Country:	United Kingdom					Email	address:				
Postcode:	L3 9PJ										
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	First Name: Ar	my					Surname: Rair	nsford			
Company name:	Matthews and Goodn	nan LLP									
Street address:	Nations House							Country Code	National Number		Extension Number
	Edmund Street					Teleph	one number:		0151 242 8960		
						Mobile	number:				
Town/City	Liverpool					Fax nu	mher·				
County:	Merseyside					TaxTia	moor.				
Country:	United Kingdom					Email	address:				
Postcode:	L3 9NY					arainsf	ord@matthews-	goodman.co.uk	<		
3. Description	of the Proposal										
Please describe the	e proposed developmer	nt including any change of u	se:								
Retrospective char	nge of use of a 5th floor	apartment to office use in co	njun	ction w	vith P	anorami	c 34 restaurant				
Has the building, v	ork or change of use al	ready started?	•	Yes	0	INIC	If Yes, please sta the building, wo			01/03/2	2010
Has the building, v	vork or change of use be	een completed?	•	Yes	\bigcirc	No	If Yes, please sta		_	01/	03/2010

4. Site Address	Details	
Full postal address of	of the site (including full postcode where available)	Description:
House:	Suffix:	
House name:	5th Floor, West Tower	
Street address:	8 Brook Street	
Town/City:	Liverpool	
-	Merseyside	
Postcode:	L3 9PJ	
	ilan ana mid metanana	
	ion or a grid reference d if postcode is not known):	
Easting:	333851	
Northing:	390813	
5. Pre-applicati	ion Advice	
Has assistance or pr	rior advice been sought from the local authority about this	application? Yes • No
6. Pedestrian a	nd Vehicle Access, Roads and Rights of Way	
	-	
	vehicle access proposed to or from the public highway?	
Is a new or altered p	pedestrian access proposed to or from the public highway	Yes • No
Are there any new p	public roads to be provided within the site?	
Are there any new p	public rights of way to be provided within or adjacent to th	e site? Yes • No
Do the proposals re	equire any diversions/extinguishments and/or creation of r	ights of way? Yes No
7. Waste Storaç	ge and Collection	
Do the plans incorp	porate areas to store and aid the collection of waste?	
Have arrangements	s been made for the separate storage and collection of recy	vclable waste? Yes • No
8. Authority Em	nployee/Member	
With respect to the	Authority, Lam:	
(a) a mer	mber of staff	
	ected member ed to a member of staff	
(d) relate	ed to an elected member Do any of these state	ments apply to you? Yes No
	Do any or moso state	To the No.
9. Materials		
Please state what m	naterials (including type, colour and name) are to be used ϵ	externally (if applicable):
Walls - description	n:	
·	ing materials and finishes:	7
n/a Description of propo	osed materials and finishes:	
n/a	useu materiais and minishes.	
Roof - description:	:	
Description of existing	ing materials and finishes:	
n/a		
n/a	osed materials and finishes:	
Windows - descrip	tion:	
	ing materials and finishes:	
Description of existing		
n/a		
n/a	osed materials and finishes:	

9. (Materials continued)										
Doors - description: Description of <i>existing</i> materials and finishes:										
n/a										
Description of <i>proposed</i> materials and finishes:										
n/a										
Boundary treatments - description:										
Description of <i>existing</i> materials and finishes:										
Description of <i>proposed</i> materials and finishes:										
n/a										
Vehicle access and hard standing - description: Description of existing materials and finishes:										
n/a										
Description of <i>proposed</i> materials and finishes:										
Lighting - add description Description of <i>existing</i> materials and finishes:										
n/a										
Description of <i>proposed</i> materials and finishes:										
n/a										
Are you supplying additional information on submitted p If Yes, please state references for the plan(s)/drawing(s)/d		tatement?	Yes No							
Please see planning statement	esign and access statement.									
Location Plan										
Internal Plan										
10. 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	0	0							
Light goods vehicles/public carrier vehicles	0	0	0							
Motorcycles	0	0	0							
Disability spaces	0	0	0							
Cycle spaces	0	0	0							
Other (e.g. Bus) Short description of Other	0	0	0							
Short description of other										
11. Foul Sewage										
Please state how foul sewage is to be disposed of:										
Mains sewer	Package treatment plant	Unknown								
		O I I I I I I I I I I I I I I I I I I I								
Septic tank Other	Cess pit									
Ottle										
Are you proposing to connect to the existing drainage sy	stem? Yes	No (•) Unknown								
12. Assessment of Flood Risk										
Is the site within an area at risk of flooding? (Refer to the I flood zones 2 and 3 and consult Environment Agency sta requirements for information as necessary.)										
If Yes, you will need to submit an appropriate flood risk assessment to consider the risk to the proposed site.										
Is your proposal within 20 metres of a watercourse (e.g. ri	iver, 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	Main sewer	Pond	d/lake							
Soakaway	Existing watercourse									
Soakaway Existing watercourse										

13. Biodiversity and	Geologi	ical Con	servatio	on								
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 s	pecies											
Yes, on the development site Yes, on land adjacent to or near the proposed development • No												
b) Designated sites, impor	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 c	onservatio	n importar	nce									
Yes, on the development site Yes, on land adjacent to or near the proposed development • No												
14. Existing Use												
Please describe the curren	it use of the	site:										
Office B1 Use												
Is the site currently vacant			,	No								
Does the proposal involve If yes, you will need to sub				ion assess	ment with you	ur applica	tion.					
Land which is known to be		•		_	No							
Land where contaminatio	n is suspect	ed for all	or part of t	he site?		Yes	No					
A proposed use that woul	d be particı	ılarly vuln	erable to t	he presen	ce of contamir	nation?	\circ	Yes	No			
15. Trees and Hedge	25											
							_					
Are there trees or hedges	on the prop	osed dev	elopment	site?	\circ	Yes (• No					
And/or: Are there trees or development or might be						t site that	could influence the	\circ	Yes (•)	No		
If Yes to either or both of t		-		-		it the disc	retion of your local pla	inning autho	rity. If a Tre	e Survey is	required	this and the
accompanying plan shoul	d be submi	tted along	side your	applicatio	n. Your local p	lanning	authority should make	clear on its v				
accordance with the curre	nt 'BS5837:	rees in r	elation to d	design, de	emolition and c	construct	ion - Recommendatior	is'.				
16. Trade Effluent												
Does the proposal involve	the need t	o dispose	of trade ef	fluents or	waste?		C Yes	No				
17. Residential Unit	s											
Dana was manana alimah sa			املاميمانما	!.		O V-	. Na					
Does your proposal includ	ie the gain i	OF 1088 OF 1	esidentiai	units?		(•) Ye	s (No					
Market Housing - Propos	sed					N	larket Housing - Exist	ing				
		Nur	nber of be	drooms					Nun	nber of be	drooms	
	1	2	3	4+	Unknown			1	2	3	4+	Unknown
Houses							Houses					
Flats/Maisonettes							Flats/Maisonettes		1			
Live-Work units							ive-Work units					
Cluster flats							Cluster flats					
Sheltered housing						!	Sheltered housing					
Bedsit/Studios							Bedsit/Studios					
Unknown Unknown												
Proposed Market Housing	g Total		0			E	xisting Market Housin	g Total		1		
Overall Residential Unit	Totals											
Total pro	Total proposed residential units 0											
Total ex	disting resid	ential uni	is		1							
18. All Types of Dev	elonmer	nt: Non-	resident	tial Flor	orspace							
Does your proposal involv	- -				-	rspace?		Yes	○ No)		

A2		Use class/t	ype of use		1	kisting gross internal floorspace juare metres)	Gro internal floor lost by chand demo (square	rspace to be ge of use or lition	Total gross new interr floorspace proposed (including changes of u (square metres)	b	Net additiona internal floor following devel (square met	space opment
A4 Drinking stabethments 00 00 00 00 00 00 00	A1	Shops N	Net Tradable	Area		0.0		0.0		0.0		0.0
A4 Drinking establishments	A2	Financial and professional services				0.0		0.0		0.0		0.0
Het flood takesaways	А3	Restaurants and cafes				0.0		0.0		0.0		0.0
B1 (a) Office (other than A2) 75.0 0.0 75.0 7 B1 (b) Research and development 0.0 0.0 0.0 0.0 B1 (c) Light industrial 0.0 0.0 0.0 0.0 B2 General industrial 0.0 0.0 0.0 0.0 B3 Storage or distribution 0.0 0.0 0.0 0.0 C1 Hotels and halls of residence 0.0 0.0 0.0 0.0 C2 Residential institutions 0.0 0.0 0.0 0.0 D1 Non-residential institutions 0.0 0.0 0.0 0.0 D1 Non-residential institutions 0.0 0.0 0.0 0.0 D1 Non-residential institutions 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	A4	Drinkin	g estabishm	ents		0.0		0.0		0.0		0.0
B1 (c) Research and development	A 5	Hot fo	ood takeawa	ys		0.0		0.0		0.0		0.0
B1 (c) Light industrial 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	B1 (a)	Office	(other than	A2)		75.0		0.0		75.0		75.
B2 General industrial 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	B1 (b)	Research	and develop	oment		0.0		0.0		0.0		0.0
BB Storage or distribution 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,	B1 (c)	Lig	ht industrial			0.0		0.0		0.0		0.0
C1 Hotels and halls of residence	B2	Gen	eral industria	al		0.0		0.0		0.0		0.0
C2 Residential institutions 0.0 0.0 0.0 0.0 D1 Non-residential institutions 0.0 0.0 0.0 0.0 D2 Assembly and leisure 0.0 0.0 0.0 0.0 Other Please Specify 0.0 0.0 0.0 0.0 Total 7.50 7.50 7.50 7.50 For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms: Use Class Types of use Existing rooms to be lost by change of use Total rooms proposed (including changes of use) 19. Employment If known, please complete the following information regarding employees Full-time Part-time Equivalent number of full-time Existing employees 6 0 0 0 Proposed employees 6 0 0 ON O	B8	Storag	e or distribu	tion		0.0		0.0		0.0		0.0
D1 Non-residential institutions 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,0 0,	C1	Hotels an	d halls of res	idence		0.0		0.0		0.0		0.0
Other Please Specify 0,0 0,0 0,0 0,0 75,0 7 For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms: Use Class Types of use Existing rooms to be lost by change of use or demolition or demolitical demolities or demolit	C2	Reside	ntial instituti	ons		0.0		0.0		0.0		0.0
Other Please Specify 0.0 0.0 0.0 75.0 7 For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms. Use Class Types of use Existing rooms to be lost by change of use or demolition or demolitio	D1	Non-resid	dential instit	utions		0.0		0.0		0.0		0.0
Total 75,0 0.0 75,0 76 For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms: Use Class Types of use Existing rooms to be lost by change of use or demolition 75 Total rooms proposed (including changes of use) 10 total rooms proposed (including plant rooms proposed rooms proposed rooms proposed rooms proposed rooms proposed (including plant rooms proposed rooms	D2	Assen	nbly and leis	ure		0.0		0.0		0.0		0.0
For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms: Use Class Types of use Existing rooms to be lost by change of use Total rooms proposed (including changes of use) Net additional rooms Net additional rooms 19. Employment If known, please complete the following information regarding employees: Full-time Part-time Equivalent number of full-time Existing employees 6 0 0 0 Proposed employees 6 0 0 0 O CO. Hours of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Start Time End Time Start Time End Time Start Time End Time	Other	Ple	ease Specify			0.0				0.0		0.0
Use Class Types of use Existing rooms to be lost by change of use or demolition Total rooms proposed (including changes of use) Net additional rooms Net additional rooms Net additional rooms Proposed fuse) Full-time Part-time Equivalent number of full-time Existing employees 6 0 0 Proposed employees 6 0 0 O O O O O O O O O O O			Total			75.0		0.0		75.0		75.0
If known, please complete the following information regarding employees: Full-time				· .		rooms to be lost by					Net additional ro	oms
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 Know B1A 09:00:00 17:30:00 09:00:00 17:30:00 09:00:00 17:30:00 21. Site Area What is the site area? 75.00 sq.metres 22. Industrial or Commercial Processes and Machinery Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the street of machinery which may be installed on site: No 23. Hazardous Substances		Existing employee	es	Full-time		Part-time 0			0	full-ti	ime	
What is the site area? 75.00 sq.metres 22. Industrial or Commercial Processes and Machinery Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site: 1. Yes No 23. Hazardous Substances		please state the ho	ours of openi	ay	r each no	Satur	day				d Time	Not Known
Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site: n/a Is the proposal for a waste management development? Yes No No 23. Hazardous Substances							17:30:0	0	09:00:00		17:30:00	
	B1A 21. Sit e	09:00:00		17:30:00	es		17:30:0	0	09:00:00		17:30:00	
Is any hazardous waste involved in the proposal? Yes 🕟 No	B1A 21. Site What is the control of the control o	09:00:00 e Area he site area? ustrial or Comi escribe the activities hachinery which ma	75.00 mercial Process s and process y be installe	sq.metro rocesses and ses which would d on site:	Machi	inery ed out on the site and	d the end proc	lucts including		cond		clude the

24. S	ite Visi	it									
Can t	he site be	e seen fro	m a public roac	l, public footpath, bridleway or otl	her public land?		Yes	N	О		
If the	planning	g authorit	y needs to mak	e an appointment to carry out a si	te visit, whom should	I they contact	t? (Please selec	ct only	one)		
• 1	he agen	t	The applic	cant Other person							
25. (Certific	ates (C	ertificate A)								
			Town and Cou	Certifi ntry Planning (Development Ma	cate of Ownership -			Cartifia	ata unda	r Artiala	. 1.4
I certii	fv/The ap			he day 21 days before the date of	-	_					
freeho	old interes	st or lease	hold interest wit	h at least 7 years left to run) of any	part of the land to wh	ich the appli	cation relates,	and tha	at none of	the land	I to which the application
relate	s is, or is	part of, ar	n agricultural ho	olding <i>("agricultural holding" has th</i>	ne meaning given by re	eference to the	e definition of "a	agricult	tural tenar	nt" in sect	ion 65(8) of the Act).
Title:	Miss		First name:	Amy		Surname:	Rainsford				
Perso	n role:	Agent		Declaration date:	07/08/2015				Declarati	ion made	ż
<u>—</u> 26 Г	Declara	ation									
_0	, ooiai a										
			٠.	ion/consent as described in this for	•		•				
				at, to the best of my/our knowled as of the person(s) giving them.	ge, any facts stated at	e true and ac	ccurate and an	у	\boxtimes	Date	07/08/2015
			•							Date	0770072013