## 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.

| Title:                     | First Name:                                       | Surname: Liverpool FC & Athletic Grounds Ltd  |
|----------------------------|---|---|
| Company name:              | Liverpool FC & Athletic Grounds Ltd               |   |
| Street address:            | Liverpool Football Club                           |   |
|                            | Anfield Road                                      | Telephone number:                             |
|                            |   | Mobile number:                                |
| Town/City:                 | Liverpool   | Fax number:                                   |
| Country:                   |   | Email address:                                |
| Postcode:                  | L4 0TH  |   |
| 2. Agent Name              | e, Address and Contact Details  First Name: Sarah | Surname: Jones                                |
|                            |   | Junianie. Jones                               |
| Company name:              | Turley  |   |
|                            |   |   |
| Street address:            | Turley  |   |
| Street address:            | Turley  1 New York Street                         | Telephone number: 01612337676                 |
| Street address:            |   | Telephone number: 01612337676  Mobile number: |
| Street address: Town/City: |   |   |
|                            | 1 New York Street                                 | Mobile number:                                |

| 3. Site Addres                                       | ss Details      |                 |                |                   |            |              |          |            |               |           |                  |               |
|--|-----------------|-----------------|----------------|-------------------|------------|--------------|----------|------------|---------------|-----------|------------------|---------------|
| Full postal addre                                    | ss of the site  | e (including fo | ull postcode   | where availab     | ole)       | Description  | n:       |            |               |           |                  |               |
| House:   |                 | s               | uffix:         |                   | 7          |              |          |            |               |           |                  |               |
| House name:  | Liverpool F     | ootball Club    |                |                   |            |              |          |            |               |           |                  |               |
| Street address:                                      | Anfield Roa     | ad              |                |                   |            |              |          |            |               |           |                  |               |
|  |                 |                 |                |                   |            |              |          |            |               |           |                  |               |
|  |                 |                 |                |                   |            |              |          |            |               |           |                  |               |
| Town/City:   | LIVERPOC        | )L              |                |                   |            |              |          |            |               |           |                  |               |
| Postcode:  | L4 0TH          |                 |                |                   |            |              |          |            |               |           |                  |               |
| Description of lo                                    |                 |                 |                |                   |            |              |          |            |               |           |                  |               |
| Easting:   | 336209          |                 |                |                   |            |              |          |            |               |           |                  |               |
| Northing:  | 393151          |                 |                |                   |            |              |          |            |               |           |                  |               |
|  |                 |                 |                |                   |            |              |          |            |               |           |                  |               |
| 4. Pre-applica                                       | tion Advi       | се              |                |                   |            |              |          |            |               |           |                  |               |
|  |                 |                 |                |                   |            |              |          |            |               |           |                  |               |
| Has assistance of                                    | -               | _               |                |                   |            |              |          |            | Yes           |           |                  |               |
|  | mplete the f    | ollowing info   | rmation abou   | ıt the advice y   | ou were    | given (this  | will hel | p the auth | ority to deal | with this | application more | efficiently): |
| Officer name:  |                 |                 | - ·            |                   |            |              |          | 0          | N. 5          |           |                  |               |
| Title: Mr  | First           | name:           | Feargal        |                   |            |              |          | Surname    | : McEvoy      |           |                  |               |
| Reference:   |                 |                 | 7.00           |                   |            |              |          |            |               |           |                  |               |
| Date (DD/MM/Y) Details of the pre                    |                 | advice recei    | _              | re-application    | Submis     | sion)        |          |            |               |           |                  |               |
| Review and gen                                       |                 |                 |                | ials              |            |              |          |            |               |           |                  |               |
|  |                 |                 |                |                   |            |              |          |            |               |           |                  |               |
| 5. Description                                       | of the Pr       | oposal          |                |                   |            |              |          |            |               |           |                  |               |
| •  |                 | •               |                |                   |            |              |          |            |               |           |                  |               |
| Please provide a                                     |                 |                 |                |                   |            |              |          | aroae      |               |           |                  |               |
|  |                 | Г               | 15F/2160       |                   | s to suria | ce or public | Tealin   |            | Date of decis | ion:      | 03/11/2015       |               |
| Application reference Please state the               |                 | L               |                | olication relate  |            |              |          |            | ate of decis  | IOI1.     | 03/11/2015       |               |
| Condition number                                     | er(s):          |                 |                |                   |            |              |          |            |               |           |                  |               |
| 3 - samples for a 4 - landscaping 18 - street furnit | scheme          | erials - footw  | ays            |                   |            |              |          |            |               |           |                  |               |
| Has the develop                                      | ment already    | started?        | Yes            | No If Y           | 'es, plea  | se state whe | en the   | developme  | ent was start | ed:       | 08/12/2014       |               |
| Has the develop                                      | ment been c     | ompleted?       | O Yes @        | ) No              |            |              |          |            |               |           |                  |               |
|  |                 |                 | 2 .00          |                   |            |              |          |            |               |           |                  |               |
| C Disabarra  | of Conditi      | 27(2)           |                |                   |            |              |          |            |               |           |                  |               |
| 6. Discharge   | or Conditi      | on(s)           |                |                   |            |              |          |            |               |           |                  |               |
| Please provide a                                     | full descript   | ion and/or lis  | st of the mate | erials/details th | hat are b  | eing submit  | ted for  | approval:  |               |           |                  |               |
| See covering let                                     | ter for list of | plans and st    | tatements      |                   |            |              |          |            |               |           |                  |               |
|  |                 |                 |                |                   |            |              |          |            |               |           |                  |               |
|  |                 |                 |                |                   |            |              |          |            |               |           |                  |               |

| 7. Part Discharge of Condition(s)   |                |
|---|----------------|
|   |                |
| Are you seeking to discharge only part of a condition?    Yes   No  |                |
| If Yes, please indicate which part of the condition your application relates to:  |                |
| 3 - external samples - footway  |                |
|   |                |
|   |                |
| 8. Site Visit   |                |
|   |                |
| Can the site be seen from a public road, public footpath, bridleway or other public land?   |                |
| 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   |                |
|   |                |
| 9. 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. | ate 25/04/2016 |
| true and accurate and any opinions given are the genuine opinions of the person(s) giving them.   |                |
|   |                |
|   |                |
|   |                |