



Civic Centre, Chesterfield Road South, Mansfield, Notts. NG19 7BH

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Application for removal or variation of a condition following grant of planning permission. 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. Site Address	
Number	2
Suffix	
Property name	Elizabeth House Home For The Elderly
Address line 1	Church Hill Avenue
Address line 2	
Address line 3	
Town/city	Mansfield Woodhouse
Postcode	NG19 9JU
Description of site locat	ion must be completed if postcode is not known:
Easting (x)	454120
Northing (y)	362966
Description	

2. Applicant Details				
MR				
D				
ROLFE				
AM PLANNING CONSULTANTS LIMITED				
C/O AGENT				
222 BRANSTON ROAD				
BURTON UPON TRENT				

2. Applicant Details

Country	United Kingdom
Postcode	DE14 3BT
Are you an agent acting	g on behalf of the applicant?
Primary number	
Secondary number	
Fax number	
Email address	

🖲 Yes 🛛 🔾 No

3. Agent Details

Title	Mrs
First name	Aida
Surname	McManus
Company name	AM Planning Consultants Limited
Address line 1	222 Branston Road
Address line 2	
Address line 3	
Town/city	BURTON UPON TRENT
Country	United Kingdom
Postcode	DE14 3BT
Primary number	
Secondary number	
Fax number	
Email	

4. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter

EXTENSION TO FORM 8 BEDROOMS FOR HOME FOR THE ELDERLY				
Reference number				
85/03323/0464/P				
Date of decision (date must be pre- application submission)	08/05/1985			
Please state the condition number(s) to which this application relates				
Condition number(s)				
1				

4. Description of the Proposal

Has the development already started?

🔾 Yes 🛛 💿 No

5. Condition(s) - Removal/Variation

Please state why you wish the condition(s) to be removed or changed

THE CHANGE OF USE TO SECONDARY CARE FOR PEOPLE RECOVERING FOR ADDICTION AND STRESS ALSO FALLS WITHIN CLASS C2 - THE CHARACTER OF THE PROPERTY WOULD NOT ALTER AND NO MATERIAL CHANGE WOULD TAKE PLACE.

If you wish the existing condition to be changed, please state how you wish the condition to be varied

N/A

6. Site Visit

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🖲 Yes 🛛 🔾 No

Yes No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?

The agent

The applicant

Other person

7. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

8. Ownership Certificates and Agricultural Land Declaration

CERTIFICATE OF OWNERSHIP - CERTIFICATE B - Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/The applicant certifies that:

I have/The applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this application relates; or

The applicant is the sole owner of all the land or buildings to which this application relates and there are no other owners* and/or agricultural tenants**.

* 'owner' is a person with a freehold interest or leasehold interest with at least 7 years to run. ** 'agricultural tenant' has the meaning given in section 65(8) of the Town and Country Planning Act 1990.

Owner/Agricultural Tenant

Name of Owner/Agricultural Tenant	
Number	2
Suffix	
House Name	ELIZABETH HOUSE
Address line 1	CHURCH HILL AVENUE
Address line 2	
Town/city	MANSFIELD
Postcode	NG19 9JU
Date notice served (DD/MM/YYYY)	09/01/2021

Person role

8. Ownership Certificates and Agricultural Land Declaration		
 The applicant The agent 		
Title	MRS	
First name	AIDA	
Surname	MCMANUS	
Declaration date (DD/MM/YYYY)	09/01/2021	
Declaration made		

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.

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