

1. Site Address

Number



Development Control

Queens Buildings, Potter Street, Worksop, Nottinghamshire S80 2AH

Tel: (01909) 533533 Fax: (01909) 533400

Email: planning@bassetlaw.gov.uk Web: www.bassetlaw.gov.uk

Application to determine if prior approval is required for a proposed: Development by or on behalf of an electronic communications code operator for the purpose of the operator's Electronic Communications Network in, on, over or under land controlled by that operator or in accordance with the electronic communications code.

The Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) - Schedule 2, Part 16, Class A

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.

Suffix					
Property name	Control Room Roof				
Address line 1	West Burton B Power Station				
Address line 2	Off Gainsborough Road				
Address line 3	West Burton				
Town/city	Retford				
Postcode	DN22 9BL				
Description of site location must be completed if postcode is not known:					
Easting (x)	480061				
Northing (y)	385991				
Description					
Description 2. Applicant Detail	ils				
	ils				
2. Applicant Detail	ils				
2. Applicant Detai	ils				
2. Applicant Detail Title First name	Is Vodafone Ltd				
2. Applicant Detain Title First name Surname					
2. Applicant Detail Title First name Surname Company name	. Vodafone Ltd				

2. Applicant Detai	ils					
Address line 3						
Town/city	Newbury					
Country						
Postcode	RG14 2FN					
Are you an agent acting	g on behalf of the applicant?	⊚ Yes				
Primary number						
Secondary number						
Fax number						
Email address						
3. Agent Details						
Title	Mr					
First name	Chris					
Surname	Andrews					
Company name	Sitec Infrastructure Services Ltd					
Address line 1	7400 Cambridge Research Park					
Address line 2	Beach Drive					
Address line 3	Waterbeach					
Town/city	Cambridge					
Country						
Postcode	CB25 9TN					
Primary number						
Secondary number						
Fax number						
Email						
4. Telecommunica	ations Apparatus					
Please specify the type of apparatus to be installed or altered (e.g. call box, mast)						
Monopole and equipment cabinet.						
Please provide further details of the apparatus (e.g. height, size, colour etc)						
The installation of a 6 metre high monopole on the roof of the building with an integrated equipment cabinet, supporting an omni antenna and a 0.3m transmission dish at the top of the pole, and ancillary development thereto.						
Are you replacing an existing installation?						

4. Telecommunicat	ions Apparatus						
frequency (RF) public ex	laration confirming that the apparatus is in full compliance with the requirements of the radio posure guidelines of the International Commission on Non-Ionizing Radiation Protection is from all mobile phone network operators' equipment on the site must be taken into account ance.	Yes	○ No				
5. Supplementary I	nformation						
Are you also providing a Practice on Mobile Phone	completed Supplementary Information Template (as set out in Appendix D of the Code of Best e Network Development in England)?	Yes	○ No				
6. Neighbour and C	community Consultation						
Have you consulted your	neighbours or the local community about the proposal?	Yes	□ No				
If Yes, please provide de	If Yes, please provide details:						
Please see Supplementa	ry Information form for details.						
7. Site Visit							
Can the site be seen fror	n 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? The agent The applicant Other person							
8. Pre-application <i>I</i>	Advice						
Has assistance or prior a	dvice been sought from the local authority about this application?	Yes	□ No				
f Yes, please complete efficiently):	the following information about the advice you were given (this will help the authority to c	leal with	this application more				
Officer name:							
Title							
First name							
Surname							
Reference							
Date (Must be pre-applic	ation submission)						
30/11/2020							
Details of the pre-applica							
Please see Supplementa	ry Information form for details.						
9. Declaration							
	nning permission/consent as described in this form and the accompanying plans/drawings and a rknowledge, any facts stated are true and accurate and any opinions given are the genuine opin						
Date (cannot be preapplication)	7/01/2021						