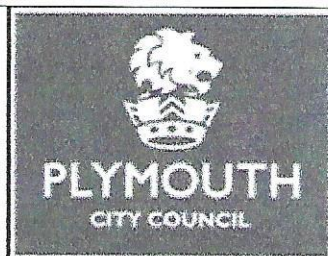


PLANNING DEPARTMENT

Plymouth City Council, Floor 2, Ballard House,
West Hoe Road, Plymouth, PL1 3BJ

Tel: (01752) 304366
Email: planningconsents@plymouth.gov.uk
Web: www.plymouth.gov.uk



Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	<input type="text" value="MR"/>	First name:	<input type="text" value="PHIL"/>
Last name:	<input type="text" value="RUMP"/>		
Company (optional):	<input type="text" value="TKW PROPERTIES LTD"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/>
House name:	<input type="text" value="BELMONT HOUSE"/>		
Address 1:	<input type="text" value="BELMONT PLACE"/>		
Address 2:	<input type="text" value="STOKE"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text" value="PLYMOUTH"/>		
County:	<input type="text" value="DEVON"/>		
Country:	<input type="text" value="UK"/>		
Postcode:	<input type="text" value="PL3 4DN"/>		

2. Agent Name and Address

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>		
Company (optional):	<input type="text"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/>
House name:	<input type="text"/>		
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text"/>		
County:	<input type="text"/>		
Country:	<input type="text"/>		
Postcode:	<input type="text"/>		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:
 House name: **CHARD ROAD SURGERY**
 Address 1: **CHARD ROAD**
 Address 2: **ST BUDAUX**
 Address 3:
 Town: **PLYMOUTH**
 County: **DEVON**
 Postcode (optional): **PL5 2EQ**
 Description of location or a grid reference. (must be completed if postcode is not known):
 Easting: Northing:
 Description:

4. Pre-application Advice
 Has assistance or prior advice been sought from the local authority about this application? Yes No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

 Please tick if the full contact details are not known, and then complete as much as possible:

Officer name: **CHRIS KING**
 Reference:
 Date (DD/MM/YYYY):
 (must be pre-application submission)
 Details of pre-application advice received?
DRAINAGE STRATEGY

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

CONVERSION OF EXISTING DOCTORS SURGERY, RETAIL UNIT (PHARMACY) & ASSOCIATED PARKING INTO 6X RESIDENTIAL UNITS AND 1X RETAIL UNIT (PHARMACY) AND ASSOCIATED PARKING

 Reference number: **20/00201/FUL** Date of decision: **21/5/2020** (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	3 SURFACE WATER DRAINAGE	6.	
2.	4 HIGHWAY (NEW FOOTPATH)	7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started?

 Yes No

If Yes, please state when the development started (DD/MM/YYYY):

3/9/20 (date must be pre-application submission)

Has the development been completed?

 Yes No

If Yes, please state when the development was completed (DD/MM/YYYY):

 (date must be pre-application submission)
6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

ALTERNATIVE DRAINAGE STRATEGY TO REPLACE SOAKAWAYS PDF
7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition?

 Yes No

Yes, please indicate which part of the condition your application relates to:

COMPLETION OF FOOTPATH (INSPECTION)

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form: PDF

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: PDF

The correct fee:

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.

Signed - Applicant: **COMMENTS REDACTED**

Or signed - Agent: _____

Date (DD/MM/YYYY):
12/04/2021

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	COMMENTS REDACTED	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	

Email address (optional):
COMMENTS REDACTED

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	

Email address (optional):

12. Site Visit

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) Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: _____ Telephone number: _____

Email address: _____