

PORTAL Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



Planning

Telephone: +44 (0)161 234 4516 planning@manchester.gov.uk PO Box 532 Town Hall Manchester M60 2LA

Publication of applications on planning authority websites Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address						
Title:	First name:					
Last name	2:					
Company (optional): Manchester City Council (C/O Agent)						
Unit:	House House suffix:					
House name:						
Address 1: Town Hall						
Address 2: Albert Square						
Address 3	:					
Town:	Manchester					
County:						
Country:						
Postcode:						

2. Agen	t Name	and Add	ress				
Title:	MR First name: Christopher		istopher				
Last name	ast name: Smith						
Company (optional)	Manchester City Council						
Unit:	-	House number:		House suffix:			
House name:							
Address 1	: Manche	ester City C	ouncil				
Address 2	EPO Box	532					
Address 3	[:] Town H	all Manche	ster				
Town:							
County:							
Country:							
Postcode:	M60 2L	A					

Version 2018

3. Site Address Details Please provide the full postal address of the application site. Unit: House house suffix: House name: Address 1: Town Hall Address 2: Albert Square Address 3:	4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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:							
Town: Manchester	Tony Mitchell							
County:	Reference:							
Postcode (optional): M2 5DB Description of location or a grid reference. (must be completed if postcode is not known): Easting: 383867 Northing: 398089	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?							
Description:								
Proposals relate to Grade I Listed Town Hall Building								
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: LISTED BUILDING CONSENT External and internal restoration, refurbishment and alteration works to the Grade I Listed Town Hall building, together with installation of new building lighting.								
Reference number: 125553/LO/2019 Date of decision Please state the condition number(s) to which this applic								
1. Condition 8a	6.							
2.	7.							
3.	8.							
4.	9.							
5.	10.							
Has the development already started?	X Yes No							
If Yes, please state when the development started (DD/I	MM/YYYY): 01/02/2020 (date must be pre-application submission)							
Has the development been completed?	Yes X No							
If Yes, please state when the development was complete	ed (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: Partial discharge of condition 8a (Structural Works) attached to Listed Building Consent Ref. 125553/LO/2019.								
7. Part Discharge Of Condition(s) Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to: Partial discharge of condition 8a (Structural Works) attached to Listed Building Consent Ref. 125553/LO/2019.								

	ure you have sent all the i cation being deemed invali	rcklist Information in support of your proposal. Failure to submed. It will not be considered valid until all information reconstructions.			
The original and 3 copies* of a completed and dated application form:		ne original and 3 copies* of other plans and drawings information necessary to describe the subject of the application:			
The correct fee:					
total of four copies), unless the application is	submitted electronically of in electronic format by po	nal plus three copies of the form and supporting docume or, the LPA indicate that a smaller number of copies is re st (for example, on a CD, DVD or USB memory stick). ing department to discuss these options.			
, , , , , , , , , , , , , , , , , , , ,	my/our knowledge, any fa	form and the accompanying plans/drawings and additio cts stated are true and accurate and any opinions given Or signed - Agent:			
эідпей - дрріїсант.		MR C SMITH			
Date (DD/MM/YYYY):					
30/06/2021 (date can	not be pre-application	n)			
10. Applicant Contact Deta	ils	11. Agent Contact Details			
Telephone numbers		Telephone numbers			
Country code: National number:	Extension number:	Country code: National number:	Extension number:		
Country code: Mobile number (optio					
Country code: Fax number (optional):	Country code: Fax number (optional):	_		
Email address (optional):		Email address (optional):			
12. Site Visit Can the site be seen from a public road, public from the planning authority needs to make an a out a site visit, whom should they contact? (I	ppointment to carry Please select only one)	V Agent Applicant Other (if diff	erent from the ant's details)		
If Other has been selected, please p Contact name:	rovíde:	Telephone number:			

Email address: