

Healthy, Green; Safe and Clean

Planning and Environment

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Application for Planning Permission. Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Please complete using block capitals and black ink.

It is importa	nt that you read the accompanying guidance	e notes as incorrect comp	letion will delay the processing of your application.
1. Appli	cant Name and Address	2. Agen	t Name and Address
Title:	Mr First name: John	Title:	First name:
Last name	Hoffman	Last name	2:
Company (optional):	Prime Nurture Services	Company (optional)	
Unit:	House House number: suffix		House House number: suffix:
House name:	Newstead House	House name:	
Address 1:	Pelham Road	Address 1	
Address 2:		Address 2	
Address 3:		Address 3	
Town:	Nottingham	Town:	
County:		County:	
Country:		Country:	
Postcode:	NG5 1AP	Postcode:	
	iption of the Proposal		
No char for up to circums needs o	tances, e.g., as part of a sibling grown be met and it is unlikely to have	ly change of use from sion, with younger of up or admission and an adverse impact	
	ange mechanism on windows on the		addition of door-restrictors for all fire doors enable them to fully open
Has the bu	ilding, work or change of use already started?	? Yes	✓ No
250 ·	se state the date when building, e were started (DD/MM/YYYY):		(date must be pre-application submission)
	lding, work or change of use been completed	? Yes	✓ No
	se state the date when the building, work of use was completed: (DD/MM/YYYY):		(date must be pre-application submission)

4. Site Ac	ddress Details	5. Pre-application Advice
Please provi	ide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit:	House number: 7 House suffix:	authority about this application? Yes No
House name:		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1:	Dawlish Court	application more efficiently). Please tick if the full contact details are not
Address 2:	Mapperley	known, and then complete as much as possible:
Address 3:		Officer name:
Town:		Claire Turton
County:	Nottingham	Reference:
Postcode (optional):	NG3 5TA	9EQ/0132/2021
Description (must be co	of location or a grid reference. Impleted if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission) 26/05/2021
Easting:	Northing:	Details of pre-application advice received?
Description	1:	Advised that Planning Permission required.
family ho	perty is a three-storey, five-bedrooomed, ome, separate garage, driveway and spac five-six vehicles.	Highway Safety considered to the the central issue. Advised of teh benfit of identifying where staff would park cars and how many cars would likely be used
6. Pedesti	rian and Vehicle Access, Roads and Rights of W	7. Waste Storage and Collection
	altered vehicle access proposed he public highway? Yes V No	Do the plans incorporate areas to store and aid the collection of waste?
	altered pedestrian	If Yes, please provide details:
access prop the public h	osed to or from lighway? Yes 🗸 No	
	ny new public roads to be ithin the site? Yes V No	
	ny new public	
	y to be provided ljacent to the site? Yes V No	
	oosals require any diversions ments and/or	Have arrangements been made
	rights of way?	for the separate storage and collection of recyclable waste? Yes No
details on y	rered Yes to any of the above questions, please show rour plans/drawings and state the reference of the pla	If Yes, please provide details:
(s)/drawing	JS(S)	7
		
		
8. Neighl	bour and Community Consultation	9. Council Employee / Member Is the applicant or agent related to
	onsulted your neighbours or mmunity about the proposal? Yes V No	any member of staff or elected
	, , , , <u> </u>	The finder of the council:
it Yes, pleas	se provide details:	If Yes, please provide details:

f applicable, please sta	te what ma	terials are to be used extern	rnally.	Include type, colour and name for e	each ma	aterial	:	
	Existing (where ap	plicable)	ı	Proposed		Not applicable	Don't Know	Drawing references if applicable
Walls						X		
Roof						X		
Windows						X		
Doors						X		
Boundary treatments (e.g. fences, walls)						X		
Vehicle access and hard-standing						X		
Lighting						X		
Others (please specify)						X		
Are you supplying add	itional info	rmation on submitted plan	n(s)/dra	awing(s)/design and access stateme	ent?		Y	es No
		the plan(s)/drawing(s)/designs I. We propose only ch		d access statement: e of use from C3 to C2				
11. Vehicle Parkin		the existing and averaged	احمديما	per of on-site parking spaces:				
Type of Vehic		Total	numi	Total proposed (including			Differe	
Cars		up to five/six	Un	spaces retained) to four	None	in spaces		ces
Light goods vehi public carrier veh	icles/ nicles	None	No		None			
Motorcycles		None		equired - would use garage				
Disability spac	ces	None			None			
Cycle spaces	5	None	if re	equired - would use garage				
Other (e.g. Bu	ıs)	None			None	•		

Other (e.g. Bus)

None

None

12. Foul Sewage	13. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the
✓ y Maine severe Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes V No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes V No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere? ☐ Yes ✓ No
No building work is proposed	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
14. Biodiversity and Geological Conservation	15. Existing Use
Is there a reasonable likelihood of the following being affected	Please describe the current use of the site:
adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site? a) Protected and priority species:	Family home - C3 The property is offered for rent by the owner/landlords
Yes, on the development site	
	Is the site currently vacant?
Yes, on land adjacent to or near the proposed development	If Yes, please describe the last use of the site:
✓ No	Family home for the owners/landlords who have now vacated the property
b) Designated sites, important habitats or other biodiversity features:	
Yes, on the development site	When did this use end (if known)?
Yes, on land adjacent to or near the proposed development	DD/MM/YYYY 05/07/2021 (date where known may be approximate)
	Does the proposal involve any of the following:
✓ No	Land which is known to be contaminated? Yes Vo
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable to the presence of contamination?
✓ No	If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.
16. Trees and Hedges	17. Trade Effluent
Are there trees or hedges on the proposed development site?	Does the proposal involve the need to dispose of trade effluents or waste?
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
development or might be important as part of the local landscape character?	
If Yes to either or both of the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. Your Local Planning Authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to construction -	

If Yes, please complete	e uetalis	טו נר	ie cha	nges	iii the	tables bel	iow:								
	Propos	sed	Hous	sing					Existi	ng l	Hous	ing			
Market	Not		Numl	ber of	Bedr	ooms	Total	tal Market	Not		Number o		r of Bedrooms		Total
Housing	known	1	2	3	4+	Unknown		Housing	known	1	2	3	4+	Unknown	
Houses			<u> </u>				а	Houses			<u> </u>		,		а
Flats and maisonettes							Ь	Flats and maisonettes			ļ				Ь
Live-work units							C	Live-work units							С
Cluster flats							d	Cluster flats			ļ				d
Sheltered housing							е	Sheltered housing							е
Bedsit/studios							f	Bedsit/studios							f
Unknown type							g	Unknown type					4		g
	T	otals	s (a + b) + <i>c</i> +	d + e	+f+g)=	A		To	otals	(a + b) + <i>c</i> +	d + e	+f+g)=	Ε
	_														
Social Rented	Not		Numl	ber of		ooms	Total	I Social Rented	Not		Numl	oer of			Total
Llaurana	known	1	2	3	4+	Unknown		50 80	known	1	2	3	4+	Unknown	5425
Houses			1			5	l _a	Houses			1		b		a
Flats and maisonettes							D	Flats and maisonettes							В
Live-work units			+				C	Live-work units			-				С ,
Cluster flats			<u> </u>				d	Cluster flats			<u> </u>				d
Sheltered housing							е	Sheltered housing			-				е
Bedsit/studios	\square		-				f	Bedsit/studios			<u> </u>				f
Unknown type							9	Unknown type							9
	T	otals	s (a + b) + <i>c</i> +	d + e	+f+g)=	В		Т	otals	(a + b) + <i>c</i> +	d + e	+ <i>f</i> + <i>g</i>) =	F
	Not		Numl	her of	Redr	ooms	Total		Not		Numl	ner of	Redro	oms	Total
Intermediate	Not known	1	2	3	4+	Unknown		l Intermediate	Not known	1	2	3	100.00	Unknown	
Houses							а	Houses							а
Flats and maisonettes							Ь	Flats and maisonettes							Ь
Live-work units							C	Live-work units							C
Cluster flats							d	Cluster flats							d
Sheltered housing							е	Sheltered housing							е
Bedsit/studios							f	Bedsit/studios							f
Unknown type							9	Unknown type							g
	T	otals	(a + b) + <i>c</i> +	d + e	+f+g)=	C		To	otals	(a + b) + <i>c</i> +	d + e	+f+g)=	G
Key worker	Not		Numl	ber of		ooms	Total	I Kev worker	Not	1	Numl	oer of			Total
Houses	known	1	2	3	4+	Unknown		Houses	known	1	2	3	4+	Unknown	
Flats and maisonettes							<i>h</i>	Flats and maisonettes							a
						-	0				-				Ь
Live-work units			-				C	Live-work units			1				C
Cluster flats			1				а	Cluster flats							а
Sheltered housing			-		_		е	Sheltered housing							е
Bedsit/studios			+				Ť	Bedsit/studios							Ť
Unknown type	<u> </u>		. / !		٠ . ي	, f	9	Unknown type		·	1 1	g # 1602	٠	, f , -1	9
		otals	(u + b) + C +	u + e	+ <i>f</i> + <i>g</i>) =	D		10	otals	(a + b	· + C +	u + e	+ <i>f</i> + <i>g</i>) =	Н
Total proposed i	residen [.]	tial u	ınits	(A +	B + C	+ D) =		Total existing	residen	tial	units	(E +	F + G	i + H) =	
													Г		
TOTAL NET GAIN or	LOSS o	f RES	SIDEN	TIAL	UNIT	S (Propos	ed Hou	ısing Grand Total - Exis	ting Ho	usin	g Gra	nd To	tal):		

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes V No									
If you have answered Yes to the question above please add details in the following table:									
Us	se class/type	of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)		Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)	
A 1	Sho	ops							
		able area:							
A2	Financ profession	cial and nal services							
А3	Restaurant	s and cafes							
A4	Drinking est	ablishment	s 🗌						
A 5	Hot food t	takeaways							
B1 (a)	1	er than A2)							
B1 (b)		ch and pment							
B1 (c)	Light in	dustrial							
B2	General i	industrial							
B8	Storage or								
C1	resid	nd halls of lence							
C2	Residential institutions								
D1	Non-residential institutions								
D2	Assembly and leisure								
OTHER	Please	specify							
		4-1							
In ad		tal tels, resider	tial ins	 stitutions and ho	stels, please add	ditionally ind	 dicate the loss or gain of	rooms	
11	Turne of use	Not applicable	Existi	ng rooms to be of use or dem	lost by change	Total room	ns proposed (including nanges of use)	Net additional rooms	
C 1	Hotels								
C2	Residential Institutions								
Other	Hostels								
20. Em	ployment								
-			format	tion regarding er	mployees:				
				Full-time	Part-	time		tal full-time quivalent	
	isting employ		None		None				
Proposed employees							Ten		
21. Ho	urs of Ope	ning							
Please state the hours of opening for each non-residential use proposed:									
	Use	N	londay	to Friday	Saturda	y	Sunday and Bank Holidays	Not known	
22. Site	e Area								

Please state the site area in hectares (ha)

23. Industrial or Commercial Proce	sses	and Machine	ry					
Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:								
Is the proposal a waste management develo	pme	nt? Yes	☐ No					
If the answer is Yes, please complete the foll	owin	g table:						
	Not applicable	The total capa including enginal allowance for tonnes if solid	ncity of the void in neering surcharge cover or restoration d waste or litres if	and making no on material (or	Maximum annual oper throughput in toni (or litres if liquid wa	nes		
Inert landfill								
Non-hazardous landfill								
Hazardous landfill								
Energy from waste incineration								
Other incineration								
Landfill gas generation plant								
Pyrolysis/gasification								
Metal recycling site								
Transfer stations								
Material recovery/recycling facilities (MRFs)								
Household civic amenity sites								
Open windrow composting								
In-vessel composting								
Anaerobic digestion								
Any combined mechanical, biological and/ or thermal treatment (MBT)								
Sewage treatment works								
Other treatment								
Recycling facilities construction, demolition and excavation waste								
Storage of waste								
Other waste management								
Other developments								
Please provide the maximum annual operat	onal	throughput of the	e following waste	streams:				
Municipal								
Construction, demolition and e	xcav	ation						
Commercial and industr	ial							
Hazardous								
If this is a landfill application you will need to planning authority should make clear what				ur application can	be determined. Your was	ste		
24. Hazardous Substances								
Does the proposal involve the use or storage the following materials in the quantities state			✓ No	Not applicat	ole			
If Yes, please provide the amount of each su	bstar	nce that is involve	d:					
Acrylonitrile (tonnes)		thylene oxide (to	Î .		Phosgene (tonnes)			
Ammonia (tonnes)	Hyd	rogen cyanide (to	nnes)	Sul	phur dioxide (tonnes)			
Bromine (tonnes)	3 2	Liquid oxygen (to	nnes)		Flour (tonnes)			
Chlorine (tonnes) Lie	ا biuړ	oetroleum gas (to	nnes)	Refined	white sugar (tonnes)			
Other:			Other:					
Amount (tonnes):			Amount (tor	nnes):				

25. Certificates				
One Certificate A, B, C, or D, must b	CERTIFICAT	E OF OWNERSHIP - CER	TIFICATE A	
certify/The applicant certifies that on towner (owner is a person with a freehold which the application relates.	he day 21 days be	efore the date of this appli	Order 1995 Certificate under ication nobody except myself/tears left to run) of any part of the	he applicant was the
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
Town and Country Plant certify/ The applicant certifies that I had a days before the date of this application of any part of the land or buil	nning (General Dave/the applicant on, was the owne	has given the requisite near (owner is a person with a	Order 1995 Certificate under otice to everyone else (as listed	below) who, on the day
Name of Owner		Address		Date Notice Served
				26/05/21
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
Signed - Applicant.		Or signed - Agent.		
certify/ The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been	e issued for this ap	oplication the names and addresses	Order 1995 Certificate under of the other owners (owner is a ilding, or of a part of it, but I have	person with a freehold
Name of Owner		Address		Date Notice Served
Notice of the application has been pub (circulating in the area where the land i		wing newspaper	On the following date (whice than 21 days before the date	
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
		J		

25. Certificates (continued)						
Town and Country Plan I certify/ The applicant certifies that:	ning (General D	•			ertificate under	Article 7
 Certificate A cannot be issued for All reasonable steps have been to date of this application, was the of any part of the land to which 	taken to find out owner is a	the names and a person with a	freehold inter	rest or leaseho	ld interest with at	least 7 years left to run)
The steps taken were:						
Notice of the application has been publi (circulating in the area where the land is		ving newspape	er			h must not be earlier e of the application):
Signed - Applicant:		Or signed - Ag	gent:			Date (DD/MM/YYYY):
	A C D I C I II T		I.C.C. CEDTIEL	CATE		
Town and Country Plan Agricultural Land Declaration - You Must (A) None of the land to which the app	ning (General De Complete Either <i>i</i>	A or B	rocedure)Or	der 1995 Cer	tificate under A	rticle 7
	oneditorriciates is	A 188 B	•	ii iioiaiiig.		Date (DD/MM/YYYY):
						12/07/2021
B) I have/ The applicant has given the before the date of this application, was a as listed below:	ne requisite notice a tenant of an agr	e to every pers ricultural holdii	on other thanged on all or p	n myself/ the a art of the land	applicant who, or to which this ap	n the day 21 days plication relates,
Name of Tenant			Address			Date Notice Served
Signed - Applicant:		Or signed - A	gent:			Date (DD/MM/YYYY):
26. Planning Application Requi	rements - Che	ecklist				
Please read the following checklist to mainformation required will result in your at the Local Planning Authority has been su	pplication being of a	sent all the inf deemed invalid	ormation in s d. It will not k	support of you be considered	ur proposal. Failu I valid until all inf	ure to submit all ormation required by
The original and 3 copies of a completed application form:		X		fee: paid ir I and 3 copies		access statement:
The original and 3 copies of the plan whi the land to which the application relates identified scale and showing the direction	drawn to an	X	The original	l and 3 copies	of the completed cultural Holdings)	d, dated
The original and 3 copies of other plans a information necessary to describe the su	and drawings or bject of the appli	cation: 🗸	The original Ownership	l and 3 copies Certificate (A	of the completed B, C, or D - as ap	d, dated plicable):
27. Declaration						
I/we hereby apply for planning permission information.			orm and the	accompanyin		
Signed - Applicant:	Or signe	ed - Agent:			Date (DD/MM/)	
					12/07/21	(date cannot be pre-application)

28. Applicant Contact Details		29. Agent Co	ontact Details			
Telephone numbers	Telephone numbers					
	Extension number:	Country code:	National number	•	Extension number:	
Country code: Mobile number (optional):		Country code:	Mobile number (optional):		
Country code: Fax number (optional): Email address (optional):		Country code: Email address (code)	Fax number (optional):	ional):		
30. Site Visit						
Can the site be seen from a public road, public footpath,	bridleway or	other public land	? \square Yes	No		
If the planning authority needs to make an appointment out a site visit, whom should they contact? (Please select	to carry	Agent	Applicant	Other (if differ	rent from the	
If Other has been selected, please provide:						
Contact name:		Telephone numl	ber:			