

**Economic Prosperity & Place Directorate** Wyre Forest House, Finepoint Way, Kidderminster. Worcs DY11 7WF telephone: **01562 732928** email: **devcontrol@wyreforestdc.gov.uk** website: **www.wyreforestdc.gov.uk** 

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

## Publication of applications on planning authority websites.

16

1. Site Address

Number

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  | Mercian House Dental Practice  |   |
| Address line 1   | York Street  |   |
| Address line 2   |  |   |
| Address line 3   |  |   |
| Town/city  | Stourport On Severn  |   |
| Postcode   | DY13 9EE   |   |
| Description of site loa  | cation must be completed if postcode is not known:                               | _ |
| Easting (x)  | 381093   |   |
| Northing (y)   | 271239   |   |
| rvorumig (y)   |  |   |
| Description  |  |   |
|  |  |   |
|  |  |   |
| Description  |  |   |
| Description  |  |   |
| Description  2. Applicant Det  | ails   |   |
| Description  2. Applicant Det  | eails  Dr  |   |
| 2. Applicant Det Title First name  | tails  Dr  Jugminder   |   |
| 2. Applicant Det Title First name Surname  | tails  Dr  Jugminder  Sanghera   |   |
| 2. Applicant Det Title First name Surname Company name   | tails  Dr  Jugminder  Sanghera  Mercian House Dental Practice                    |   |
| 2. Applicant Det Title First name Surname Company name Address line 1  | Dr Jugminder Sanghera Mercian House Dental Practice Mercian House                |   |
| Description  2. Applicant Definition  Title  First name  Surname  Company name  Address line 1  Address line 2   | Dr Jugminder Sanghera Mercian House Dental Practice Mercian House                |   |
| Description  2. Applicant Def Title First name Surname Company name Address line 1 Address line 2 Address line 3 | Dr Jugminder Sanghera Mercian House Dental Practice Mercian House 16 York Street |   |

| 2. Applicant Details   |   |              |  |  |  |  |
|--|---|--------------|--|--|--|--|
| Postcode   | DY13 9EE  |              |  |  |  |  |
| 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   | Neill   |              |  |  |  |  |
| Surname  | Hollingworth  |              |  |  |  |  |
| Company name   | Hollingworth Dean-Walker Associates Ltd                             |              |  |  |  |  |
| Address line 1   | 2 Crownhill Meadow  |              |  |  |  |  |
| Address line 2   | Catshill  |              |  |  |  |  |
| Address line 3   |   |              |  |  |  |  |
| Town/city  | BROMSGROVE  |              |  |  |  |  |
| Country  | United Kingdom  |              |  |  |  |  |
| Postcode   | B61 9HH   |              |  |  |  |  |
| Primary number   |   |              |  |  |  |  |
| Secondary number   |   |              |  |  |  |  |
| Fax number   |   |              |  |  |  |  |
| Email  |   |              |  |  |  |  |
|  |   |              |  |  |  |  |
| 4. Description of t  | the Proposal iption of the approved development as shown on the dec | ision lotter |  |  |  |  |
|  | serving surgery 1, creation of openings and installation of         |              |  |  |  |  |
| Reference number   |   |              |  |  |  |  |
| 20/0960/LBC  |   |              |  |  |  |  |
| Date of decision (date<br>must be pre-<br>application<br>submission) | 13/01/2021  |              |  |  |  |  |
|  | tion number(s) to which this application relates                    |              |  |  |  |  |
| Condition number(s)  |   |              |  |  |  |  |
| Conditions 1 & 2   |   |              |  |  |  |  |
| Has the development a  | lready started?   | ⊚ Yes □ No   |  |  |  |  |

| 4. Description of  | the Proposal  |  |       |                      |  |  |
|--|---|--|-------|----------------------|--|--|
| If Yes, please state<br>when the development<br>was started (date<br>must be pre-<br>application<br>submission)  | 01/10/2020  |  |       |                      |  |  |
| Has the development b  | peen completed?   |  | □ Yes | ● No                 |  |  |
| 5.0 (0)  |   |  |       |                      |  |  |
| 5. Part Discharge Are you seeking to disc  | charge only part of a condition?  |  |       | <ul><li>No</li></ul> |  |  |
|  |   |  |       |                      |  |  |
| 6. Discharge of C  |   |  |       |                      |  |  |
|  | escription and/or list of the materials/details that are being  |  |       |                      |  |  |
| Condition 1 - Colour of Grilles - RAL 8023 Orange Brown - Colour Chart Submitted  Condition 2 - Brick, Mortar Mix & Joint - Reclaimed Brick, 3:1 mix Lime Mortar, Stretcher Bond - Photo Sheet Submitted |   |  |       |                      |  |  |
| Condition 2 Bliot, Me  | Tea mix a control production of the control of the | Oliotorio Boria i Prote Griodi Gubrintou |       |                      |  |  |
| 7. Site Visit  |   |  |       |                      |  |  |
|  | om a public road, public footpath, bridleway or other pub   | lic land?                                | Non   | O No.                |  |  |
|  | y needs to make an appointment to carry out a site visit,   |  | Yes   | U NO                 |  |  |
| <ul><li>The agent</li><li>The applicant</li><li>Other person</li></ul>   | ''  | ·  |       |                      |  |  |
|  |   |  |       |                      |  |  |
| 8. Pre-application   | Advice  |  |       |                      |  |  |
| Has assistance or prior  | r advice been sought from the local authority about this a  | pplication?                              | ℚ Yes | ⊚ No                 |  |  |
| 9. Declaration   |   |  |       |                      |  |  |
|  | lanning permission/consent as described in this form and our knowledge, any facts stated are true and accurate an   |  |       |                      |  |  |
| Date (cannot be pre-<br>application)   | 29/07/2021  |  |       |                      |  |  |
|  |   |  |       |                      |  |  |
|  |   |  |       |                      |  |  |
|  |   |  |       |                      |  |  |
|  |   |  |       |                      |  |  |
|  |   |  |       |                      |  |  |