



Planning Services 231 George Street GLASGOW G1 1RX Tel: 0141 287 8555 Email: onlineplanning@glasgow.gov.uk

Applications cannot be validated until all the necessary documentation has been submitted and the required fee has been paid.

Thank you for completing this application form:

ONLINE REFERENCE 100640566-001

The online reference is the unique reference for your online form only. The Planning Authority will allocate an Application Number when your form is validated. Please quote this reference if you need to contact the planning Authority about this application.

Description of Proposed Works to Listed Building

Are the proposals to alter, extend or demolish the listed building(s)? *

Yes No

If Yes, please provide further details: * (Max 500 characters)

HSCP have taken over the lease for the ground floor unit at 59 Bell Street and the intention for the unit is to establish a Complex Needs Drop in Centre which will include a number of medical treatment rooms and interview spaces alongside a staff office. The proposed works primarily relate to an interior renovation.

Has the work already been started and/or completed? *

No Yes – Started Yes - Completed

Please Note: it can be a criminal offence to undertake works that require listed building consent in advance of obtaining consent.

Applicant or Agent Details

Are you an applicant or an agent? * (An agent is an architect, consultant or someone else acting on behalf of the applicant in connection with this application)

Applicant Agent

Agent Details

Please enter Agent details

Company/Organisation:	Glasgow Health and Social Care Partnership		
Ref. Number:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
First Name: *	Claire	Building Name:	Commonwealth House
Last Name: *	O'Neil	Building Number:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Address 1 (Street): *	48 Albion Street
Extension Number:	<input type="text"/>	Address 2:	5th Floor
Mobile Number:	<input type="text"/>	Town/City: *	Glasgow
Fax Number:	<input type="text"/>	Country: *	UK
		Postcode: *	G1 1LH
Email Address: *	<input type="text"/>		

Is the applicant an individual or an organisation/corporate entity? *

Individual Organisation/Corporate entity

Applicant Details

Please enter Applicant details

Title:	<input type="text"/>	You must enter a Building Name or Number, or both: *	
Other Title:	<input type="text"/>	Building Name:	Commonwealth House
First Name: *	<input type="text"/>	Building Number:	<input type="text"/>
Last Name: *	<input type="text"/>	Address 1 (Street): *	48 Albion Street
Company/Organisation	Glasgow Health and Social Care	Address 2:	<input type="text"/>
Telephone Number: *	<input type="text"/>	Town/City: *	Glasgow
Extension Number:	<input type="text"/>	Country: *	UK
Mobile Number:	<input type="text"/>	Postcode: *	G1 1NX
Fax Number:	<input type="text"/>		
Email Address: *	<input type="text"/>		

Site Address Details

Planning Authority:

Glasgow City Council

Full postal address of the site (including postcode where available):

Address 1:

59 BELL STREET

Address 2:

Address 3:

Address 4:

Address 5:

Town/City/Settlement:

GLASGOW

Post Code:

G1 1NX

Please identify/describe the location of the site or sites

Northing

665021

Easting

259667

Existing and Proposed Uses

Please describe the current use: * (Max 500 characters)

Vacant ground floor unit with permission for Class 1A (previously Class 1 & 2).

Please describe the proposed use: * (Max 500 characters)

Proposed use Class 1A - Glasgow Health and Social Care Partnership Drop in Service for people with complex needs. The service is intended to have a number of treatment rooms, consultation rooms and an interview room alongside staff and auxiliary spaces to support the service. This service is primarily for visiting members of the public.

Pre-Application Discussion

Have you discussed your proposal with the planning authority? *

Yes No

Pre-Application Discussion Details Cont.

In what format was the feedback given? *

Meeting Telephone Letter Email

Please provide a description of the feedback you were given and the name of the officer who provided this feedback. If a processing agreement [note 1] is currently in place or if you are currently discussing a processing agreement with the planning authority, please provide details of this. (This will help the authority to deal with this application more efficiently.) * (max 500 characters)

HSCP met with Jordan Howard on the 3rd of October and followed up with email on the 4th of October. It was confirmed that Use Class 1A would be acceptable for this unit and the office space is permissible so long as under 300m2. It was also advised that window manifestations could not cover more than 20% of the glazing. In general it was stated that our proposals were acceptable in principle.

Title:

Mr

Other title:

First Name:

Jordan

Last Name:

Howard

Correspondence Reference Number:

23/02131/PRE

Date (dd/mm/yyyy):

03/10/2023

In what format was the feedback given? *

Meeting Telephone Letter Email

Please provide a description of the feedback you were given and the name of the officer who provided this feedback. If a processing agreement [note 1] is currently in place or if you are currently discussing a processing agreement with the planning authority, please provide details of this. (This will help the authority to deal with this application more efficiently.) * (max 500 characters)

The advice was given that the vent proposal on Walls Street would be generally acceptable given that it was not the main building elevation and that the new vent would be timber and matched the existing doorway design and dimensions. Section 2.85 and 2.86 of SG9 were highlighted.

Title:

Mr

Other title:

First Name:

Jordan

Last Name:

Howard

Correspondence Reference Number:

23/02131/PRE

Date (dd/mm/yyyy):

06/10/2023

Note 1. A Processing agreement involves setting out the key stages involved in determining a planning application, identifying what information is required and from whom and setting timescales for the delivery of various stages of the process.

Listed Building Category

Please state the category of listing (if known) of the building in the list of Buildings of Special Architectural or Historic interest: *

- Category A
 Category B
 Category C
 A (Group)
 B (Group)
 Ecclesiastical Category A
 Ecclesiastical Category B
 Ecclesiastical Category C
 Don't Know

Demolition of Listed Building

Does the proposal involve demolition of a listed building or a building within the curtilage of a listed building? *

- Total or substantial demolition of the listed building
- Total or substantial demolition of a building within the curtilage of the listed building
- Other (partial demolition or alterations)

Listed Building Alterations

Do the proposed works include alterations and/or extension to a listed building? *

Yes No

(This may be in addition to any demolition works specified previously)

Does the proposal include:

Works to the exterior of the building? This would include works to any structure or object fixed to the building
Or to any other buildings within its curtilage: * Yes No

Works to the interior of the building? This should include any stripping out of any internal features eg. Wall,
Ceiling, plasterwork, joinery, panelling, fireplaces, chimney pieces, staircases, ironmongery, doors, flooring,
Floor finishes/floorboards, tiling, stencilled decoration, fixed furniture and fittings, including machinery: * Yes No

Please state the number of attachments you will be including with this proposal, this may include plans, drawings and photographs sufficient to identify the location, extent and character of the items to be altered, extended or removed, and the proposal for their replacement, including any new means of structural support and detailed specification of proposed finishing materials.

Number of plans, drawings and photographs in total? *

12

Proposal Relating to Listed Building

Are there any current applications or existing consents or permissions for this site? *

Yes No

Planning Service Employee/Elected Member Interest

Is the applicant, or the applicant's spouse/partner, either a member of staff within the planning service or an elected member of the planning authority? *

Yes No

Certificates and Notices

Certificate and Notice

The Planning (Listed Buildings and Conservation Areas) (Scotland) Act 1997

The Town and Country Planning (Listed Building and Buildings in Conservation Areas) (Scotland) Regulations 1987

One Certificate must be completed and submitted along with this form; either Certificate A, Certificate B or Certificate C.

Are you the sole owner of ALL the land/building relevant to this proposal? *

Yes No

Are you able to identify and give appropriate notice to ALL the other owners?

Yes No

Certificate Required

The following Land Ownership Certificate is required to complete this section of the proposal:

Certificate B

Certificates

The certificate you have selected requires you to distribute copies of the Notice 1 document below to all of the owners that you have provided before you can complete your certificates.

Notice 1 is required

I understand my obligations to provide the above notice before I can complete the certificates. *

Land Ownership Certificate

Certificate and Notice

The Planning (Listed Buildings and Conservation Areas) (Scotland) act 1997

The Town and Country Planning (Listed Buildings and Buildings in Conservation Areas) (Scotland) Regulations 1987

Certificate B

I hereby certify that –

(1) - I have/The Applicant has served notice on every person other than myself/the applicant who, at the beginning of the period of 21 days ending with the date of the accompanying application was owner [note 1] of any part of the land to which the application relates.

Name:

Address:

Date of Service of Notice: *

Signed: Claire O'Neil

On behalf of: Glasgow Health and Social Care Partnership

Date: 07/11/2023 13:05:13

Note 1 – Any person who, in respect of any part of the land, is the owner or is the lessee under a lease thereof of which not less than 7 years remain unexpired.

Checklist – Application for Listed Building Consent

Please complete the following checklist to make sure you have provided all the necessary information in support of your application. Failure to submit the necessary information may result in your application being deemed invalid. The planning authority will not start processing your application until it is valid.

A Location plan which identifies the land to which the application relates drawn to an identified scale And showing the direction of north. * Yes No

A copy of other detailed plans, drawings, photographs (with annotations to describe the details of Materials and workmanship) as necessary to describe your proposals. * Yes No

Elevations. * Yes No

Floor Plans. * Yes No

Roof Plan. * Yes No

Does your plan include:

- | | |
|---------------------------------------|---|
| Sections. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Perspectives of Photomontages. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Block Plan. * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Special Detailed Drawing. * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Detailed specification of finishes. * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Current or old photographs. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

What other information are you submitting in support of your application? *

- Design Statement.
- Supporting Statement.
- Condition Survey Report.
- Feasibility Study.
- Development Appraisal.
- Environmental Impact Statement.
- Conservation Survey/Statement/Plan.
- Other.

Declare – Listed Building Consent

I, the applicant/agent certify that this is an application for listed building consent as described in this form the accompanying plan/drawings and additional information.

Declaration Name: Miss Claire O'Neil

Declaration Date: 07/11/2023