PLANNING DEPARTMENT

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

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Web: www.plymouth.gov.uk



Application for Approval of Details Reserved by Condition

Town and Country Planning Act 1990 (as amended); Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

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.

Site I coetion	
Site Location	properties a based on the anguery given in the greations
	nendations based on the answers given in the questions.
If you cannot provide a postcode, the de help locate the site - for example "field to	escription of site location must be completed. Please provide the most accurate site description you can, to to the North of the Post Office".
Number	
Suffix	
Property Name	
Derriford Hospital	
Address Line 1	
Derriford Road	
Address Line 2	
Address Line 3	
City Of Plymouth	
Town/city	
Plymouth	
Postcode	
PL6 8DH	
Description of site location	must be completed if postcode is not known:
Easting (x)	Northing (y)

Applicant Details
Name/Company
Title
First name
Surname
Company Name
University Hospitals Plymouth NHS Trust
Address
Address line 1
Derriford Hospital
Address line 2
Derriford Road
Address line 3
Town/City
Plymouth
County
City Of Plymouth
Country
United Kingdom
Postcode
PL6 8DF
Are you an agent acting on behalf of the applicant? Yes No
Contact Details
Primary number

Derriford Hospital

Secondary number	
Fax number	
Email address	
***** REDACTED *****	
Agent Details	
Name/Company	
Title	
Mr	
First name	
Ben	
Surname	
Wilcox	
Company Name	
Stride Treglown	
Address	
Address line 1	_
Norbury Court	
Address line 2	_
The Millfields	
Address line 3	
Town/City	
Plymouth	
County	
Devon	
Country	
United Kingdom	
Postcode	
PL1 3LL	

Contact Details
Primary number
**** REDACTED *****
Secondary number
Fax number
Email address
**** REDACTED *****
Description of the Proposal
Please provide a description of the approved development as shown on the decision letter
Retrospective application for the erection of temporary (up to 5 years) modular medical facility with associated landscaping and parking.
Reference number
23/00015/FUL10
Date of decision (date must be pre-application submission)
11/08/2023
Please state the condition number(s) to which this application relates
Condition number(s)
10
Has the development already started?
○ No
If Yes, please state when the development was started (date must be pre-application submission)
01/09/2022
Has the development been completed?
○ Yes⊙ No
Part Discharge of Conditions
Are you seeking to discharge only part of a condition?
○ Yes② No

Discharge of Conditions Please provide a full description and/or list of the materials/details that are being submitted for approval Landscape and Ecological Management Plan (LEMP)		
Site Visit Can the site be seen from a public road, public footpath, bridleway or other public land?		
Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? ○ Yes ⊙ No		
I/We hereby apply for Approval of details reserved by a condition (discharge) as described in the questions answered, details provided, 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. I/We also accept that, in accordance with the Planning Portal's terms and conditions: - Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published as part of a public register and on the authority's website; - Our system will automatically generate and send you emails in regard to the submission of this application.		
✓ I / We agree to the outlined declaration Signed Stride Treglown Date 05/01/2024		