

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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.

Please complete using block capitals and black ink.

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

1. Applicant Name and Address					
Title:	Mr	First name:	Usma		
Last name:	Rehman				
Company (optional):	Molesworth hotel				
Unit:		House number: 80		House suffix:	
House name:					
Address 1:	Molesworth street				
Address 2:					
Address 3:					
Town:	Rochdale				
County:					
Country:					
Postcode:	Ol16 2aw				

2. Agent Name and Address					
Title:	Mr	First name:	Steven		
Last name:	Jackson				
Company (optional):					
Unit:		House number: 14		House suffix:	
House name:					
Address 1:	Maitland place				
Address 2:					
Address 3:					
Town:	Rossendale				
County:					
Country:					
Postcode:	Bb4 6at				

3. Site Address Details				re-application Advice	
Please provide the full postal address of the application site.		~·		ssistance or prior advice been sought from the local prity about this application?	
Unit:	House 1 House suffix:	"	autiloi	Yes X No	
House name:	Camana anaial hadal		you we	, please complete the following information about the advice vere given. (This will help the authority to deal with this	
Address 1:	Manchester road			cation more efficiently). e tick if the full contact details are not	
Address 2:				n, and then complete as much as possible:	
Address 3:	dress 3:		Office	er name:	
Town:	n: Haslingden		Refere	rence:	
County:					
Postcode (optional):			(must	Date (DD/MM/YYYY):	
	of location or a grid reference. mpleted if postcode is not known):	11	(must be pre-application submission) Details of pre-application advice received?		
Easting:	Northing:				
Description	:				
	ption Of Your Proposal				
Please prov and date of	ide a description of the approved developmen decision in the sections below:	t as shown or	n the c	decision letter, including the application reference number	
Change	of use to hostel for homeless people				
Reference r	number: 2023/0395 Date of 0	decision: ne	6/02/20	(Date must be pre-application	
	the condition number(s) to which this applica		0/02/20	submission) (DD/MM/YYYY)	
1	ondition 2 timber sash windows		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/MM/YYYY):				10/02/2024 (date must be pre-application submission)	
Has the development been completed? Yes X No					
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
6. Discha	rge Of Condition				
Please prov	ide a full description and/or list of the materials	details that	are be	peing submitted for approval:	
Window manufacturer/supplier/installer technical drawings					
7. Part Discharge Of Condition(s) Are you socking to discharge only part of a condition? Yes Value of Value o					
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:					

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed invited the Local Planning Authority has been submitted.	
The original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:
The correct fee:	
9. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	
Date (DD/MM/YYYY): 15/04/2024 (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
12. Site Visit Can the site be seen from a public road, public footpath, bridleway or lift the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:	r other public land? X Yes No X Agent Applicant Other (if different from the agent/applicant's details)

Telephone number:

Contact name:

Email address: