High Peak Borough Council

working for our community

Bux-pcp002v3

Application for prior notification of proposed development by telecommunications code system operators.

Town and Country Planning General Permitted Development Order 1995 Schedule 2, part 24

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:	
First name:	
Last name:	PLEASE CONTACT AGENT
Company (optional):	BT PLC
Unit:	
House number:	81
House suffix:	
House name:	
Address 1:	NEWGATE STREET
Address 2:	
Address 3:	
Town:	LONDON
County:	
Country:	
Postcode:	EC1A 7AJ

HIGH PEAK BOROUGH COUNCIL POST ROOM REC'D 28 MAY 2013

2. Agent Name and Address

Title:	MR
First name:	PHILIP
Last name:	MORTIMORE
Company (optional):	NGS SOLUTIONS LTD
Unit:	B11
House number:	
House suffix:	
House name:	STANLAW ABBEY BUSINESS CENTRE
Address 1:	DOVER DRIVE
Address 2:	
Address 3:	
Town:	ELLESMERE PORT
County:	CHESHIRE
Country:	
Postcode:	CH65 9BF

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	SIDE OF NO·82				
Address 1:	FAIRFIELD ROAD				
Address 2:	JCN OF ST PETERS ROAD				
Address 3:					
Town:	BUXTON				
County:	DERBYSHIRE				
Postcode (optional):	SK17 7DX				

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: 406579 Northing: 373959

Description:

SMALL DSLAM (DIGITAL SUBSCRIBER LINE ACCESS MULTIPLEXER) CABINET, TO BE PLACED AT THE BACK EDGE OF THE FOOTPATH, 100mm OUT FROM BUILDING.

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☑ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☑

Officer name:

Reference:

Date: (DD/MM/YYYY)
(must be pre-application submission)

Details of pre-application advice received?

WEB BASED AND EMAIL CONFIRMATION OBTAINED REGARDING PRIOR APPROVAL APPLICATION REQUIREMENTS.

5. Telecommunications Apparatus

Please specify the type of apparatus to be installed or altered (e.g. call box, mast):

THIS IS A SMALL TELECOMMUNICATIONS CABINET AND FORMS PART OF THE NATIONAL INFINITY PROJECT IN LINE WITH THE UK GOVERNMENTS DIGITAL BRITAIN INITIATIVE. THIS WILL SUPPLY SERVICE TO IN EXCESS OF 200 HOUSEHOLDS

Please provide further details of the apparatus (e.g. height, size, colour, etc):

MID BRONZE OLIVE GREEN BS 381C - 223

HEIGHT - 1300mm WIDTH - 374mm LENGTH - 750mm

Are you replacing an existing installation? ☐ Yes ☑ No

If Yes, please provide further details of the existing apparatus (e.g. height, size, colour etc):

Are you submitting a declaration confirming that the apparatus is in full compliance with the requirements of the radio frequency (RF) public exposure guidelines of the International Commission on Non-Ionizing Radiation Protection (ICNIRP)? The emissions from all mobile phone network operators' equipment on the site must be taken into account when determining compliance.

THIS IS A HARD WIRED COPPER AND FIBRE CABINET ONLY

☐ Yes ☑ No

6. Supplementary Information

Are you also providing a completed Supplementary Information Template (as set out in Annex F of the Code of Best Practice on Mobile Phone Network Development)?

THE ABOVE MENTIONED DOCUMENT RELATES TO MOBILE NETWORKS AND DOES NOT COVER THIS CABINET OR IT'S CONTENTS.

☐ Yes ☑ No

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? ☐ Yes ☑ No

If Yes, please provide details:

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

INFORMED ONLY ONE COPY NOW REQUIRED

The original and 3 copies of a completed and dated prior notification form: ☑ The correct fee: ☑

The original and 3 copies of the location plan to a scale not less than 1:2500: ☑

9. Declaration

I/we hereby apply for planning permission/consent as described in this form 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.

Signed - Applicant:

Or signed - Agent: [redacted]

Date (DD/MM/YYYY): 23/05/2013 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code: Mobile number (optional): [redacted]

Country code:

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
+44	(0) 151 538 3652	

Country code: +44 Mobile number (optional): (0) 7766101992

Country code: Fax number (optional):

Email address (optional): PHILMOATSMORE@NGSSOLUTIONSLTD.CO.UK

12. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☑ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? *(Please select only one)* ☑ Agent ☐ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: Telephone number:

Email address: