



High Peak Borough Council

working for our community

Application for Outline Planning Permission with all matters reserved.
Town and Country Planning Act 1990

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.

1. Applicant Name, Address and Contact Details

Title:	<input type="text"/>	First name:	<input type="text"/>	Surname:	<input type="text"/>	
Company name	<input type="text" value="Kamani Commercial Property"/>					
Street address:	<input type="text" value="c/o Lambert Smith Hampton"/>			Country Code	National Number	Extension Number
	<input type="text"/>			Telephone number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>			Mobile number:	<input type="text"/>	<input type="text"/>
Town/City	<input type="text"/>			Fax number:	<input type="text"/>	<input type="text"/>
County:	<input type="text"/>			Email address:	<input type="text"/>	
Country:	<input type="text" value="United Kingdom"/>					
Postcode:	<input type="text"/>			<input type="text"/>		
Are you an agent acting on behalf of the applicant?				<input checked="" type="radio"/> Yes	<input type="radio"/> No	

2. Agent Name, Address and Contact Details

Title:	<input type="text" value="Miss"/>	First Name:	<input type="text" value="Claire"/>	Surname:	<input type="text" value="Norris"/>	
Company name:	<input type="text" value="Lambert Smith Hampton"/>					
Street address:	<input type="text" value="Lambert Smith Hampton"/>			Country Code	National Number	Extension Number
	<input type="text" value="3 Hardman Street"/>			Telephone number:	<input type="text" value="01612286411"/>	<input type="text"/>
	<input type="text"/>			Mobile number:	<input type="text"/>	<input type="text"/>
Town/City	<input type="text" value="Manchester"/>			Fax number:	<input type="text"/>	<input type="text"/>
County:	<input type="text" value="Greater Manchester (Met County)"/>			Email address:	<input type="text"/>	
Country:	<input type="text" value="United Kingdom"/>					
Postcode:	<input type="text" value="M3 3HF"/>			<input type="text" value="rmoffat@lsh.co.uk"/>		

3. Description of the Proposal

Please describe the proposal:

Has the building or works already been carried out? ☐ Yes ☒ No

4. Site Address Details

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

House:	<input type="text"/>	Suffix:	<input type="text"/>
House name:	<input type="text" value="Hawkshead Mill"/>		
Street address:	<input type="text" value="Hawkshead Road"/>		
	<input type="text" value="Old Glossop"/>		
Town/City:	<input type="text" value="Glossop"/>		
County:	<input type="text" value="Derbyshire"/>		
Postcode:	<input type="text" value="SK15 7ST"/>		

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

Easting:	<input type="text" value="404400"/>
Northing:	<input type="text" value="395105"/>

Description:

Derelict former mill building and associated land

5. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☐ Yes ☒ No

If Yes, you will need to submit an appropriate flood risk assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

☒ Yes ☐ No

Will the proposal increase the flood risk elsewhere?

☐ Yes ☒ No

How will surface water be disposed of?

☐ Sustainable drainage system

☒ Main sewer

☐ Pond/lake

☐ Soakaway

☐ Existing watercourse

6. 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):

Officer name:

Title: First name: Surname:

Reference:

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

Details of the pre-application advice received:

7. Authority Employee/Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

☐ Yes ☒ No

8. Site Area

What is the site area?

9. Residential Units

Does your proposal include the gain or loss of residential units?

☒ Yes ☐ No

9. Residential Units (continued)

Market Housing - Proposed

	Number of bedrooms				
	1	2	3	4+	Unknown
Houses					
Flats/Maisonettes					
Live-Work units					
Cluster flats					
Sheltered housing					
Bedsit/Studios					
Unknown					31

Proposed Market Housing Total 31

Market Housing - Existing

	Number of bedrooms				
	1	2	3	4+	Unknown
Houses					
Flats/Maisonettes					
Live-Work units					
Cluster flats					
Sheltered housing					
Bedsit/Studios					
Unknown					

Existing Market Housing Total 0

Overall Residential Unit Totals

Total proposed residential units	31
Total existing residential units	0

10. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☒ Yes ☐ No ☐ Unknown

Use class/type of use		Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross new internal floorspace proposed (including changes of use) (square metres)	Net additional gross internal floorspace following development (square metres)
A1	Shops Net Tradable Area	0.0	0.0	0.0	0.0
A2	Financial and professional services	0.0	0.0	0.0	0.0
A3	Restaurants and cafes	0.0	0.0	0.0	0.0
A4	Drinking establishments	0.0	0.0	0.0	0.0
A5	Hot food takeaways	0.0	0.0	0.0	0.0
B1 (a)	Office (other than A2)	0.0	0.0	0.0	0.0
B1 (b)	Research and development	0.0	0.0	0.0	0.0
B1 (c)	Light industrial	0.0	0.0	0.0	0.0
B2	General industrial	0.0	0.0	0.0	0.0
B8	Storage or distribution	0.0	0.0	0.0	0.0
C1	Hotels and halls of residence	0.0	0.0	0.0	0.0
C2	Residential institutions	0.0	0.0	0.0	0.0
D1	Non-residential institutions	0.0	0.0	0.0	0.0
D2	Assembly and leisure	0.0	0.0	0.0	0.0
OTHER	Please specify	0.0	0.0	0.0	0.0

For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:

Use Class	Types of use	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
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11. Employment

If known, please complete the following information regarding employees:

	Full-time	Part-time	Equivalent number of full-time
Existing employees	0	0	0
Proposed employees	0	0	0

12. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday Start Time End Time	Saturday Start Time End Time	Sunday and Bank Holidays Start Time End Time	Not Known
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13. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Not applicable

Is the proposal for a waste management development?

☐ Yes ☒ No

14. Existing Use

Please describe the current use of the site:

Vacant derelict former mill

Is the site currently vacant? ☒ Yes ☐ No

If Yes, please describe the last use of the site:

Finishing of garments

When did this use end (if known) (DD/MM/YYYY)?

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

15. 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)

☒ The agent ☐ The applicant ☐ Other person

16. Certificates (Certificate A)

Certificate of Ownership - Certificate A

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/the applicant was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding (*"agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act*).

Title: First name: Surname:
Person role: Declaration date: ☒ Declaration made

17. 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.

☒ Date