

## **High Peak Borough Council**

## working for our community

Application for Planning Permission. Town and Country Planning 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.

1. Applicant Name and Address

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

Applicant Name and Address	2. Agent Name and Address
Title: Mr. First name: IAM	Title: MA First name: TM
Last name: KING	Last name: STUBISING.
Company (optional):	Company (optional): Witchell proctor
Unit: House 126 House suffix:	Unit: 5 House House suffix:
House name:	House name: Man u Vie
Address 1: BUX TON ROMO	Address 1: PEAK CHATELMY BUSINESS PANK
Address 2: 4164 ANE	Address 2: BAShou Pape
Address 3:	Address 3: EAST Movn
Town: STOCKPUT	Town: Ches on Flero
County:	County:
Country:	Country:
Postcode: 5K 6 8 BM.	Postcode: 542 7DA
	J(************************************
3. Description of the Proposal Please describe the proposed development, including any change	of uco
SINGLE STOREY WENDING NEWDING NEW ALTON	
Has the building, work or change of use already started?  If Yes, please state the date when building,	☐ Yes ☑ No
work or use were started (DD/MM/YYYY):	(date must be pre-application submission)
las the building, work or change of use been completed?  If Yes, please state the date when the building, work	Yes No
or change of use was completed: (DD/MM/YYYY):	(date must be pre-application submission)

4. Site Address Details	If Dro application Advise
Please provide the full postal address of the application site.	5. Pre-application Advice Has assistance or prior advice been sought from the local
Unit: House number: House suffix:	authority about this application?  Yes  No
House name: LAND ADJACENT KINKSTUMES	If Yes, please complete the following information about the advic
Address 1: GARRISUN ROAM	you were given. (This will help the authority to deal with this application more efficiently).
Address 2: Bin Cu VALE	Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:	Officer name:
Town:	NOT KMUN (LISA HOUAND)
County: Den Byshin=	Reference:
Postcode (optional): SK 22 IDQ	
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	
	REUSE'S DESIGN DISCUSSED & ACADES LITH PLANMAL OPPILEN
	• 1
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway? Yes V No	Do the plans incorporate areas to store
Is a new or altered pedestrian	If Yes, please provide details:
access proposed to or from the public highway? Yes V No	
Are there any new public roads to be	BIN SCHEME
provided within the site?  Are there any new public  Yes  V No	BIN SCHENCE
rights of way to be provided/	
within or adjacent to the site?  Do the proposals require any diversions  Yes  No	
/extinguishments and/or creation of rights of way?	Have arrangements been made for the separate storage and
If you answered Yes to any of the above questions, please show	collection of recyclable waste? Yes No
details on your plans/drawings and state the reference of the plan (s)/drawings(s)	If Yes, please provide details:
	colones BIN Scheme
]	· 
8. Authority Employee / Member	
With respect to the Authority, Lam: (a) a member of staff	Do any of these statements apply to you? Yes No
(b) an elected member (c) related to a member of staff	The state of the s
(d) related to an elected member	
If Yes, please provide details of the name, relationship and role	
	1

y. IVIateriais If applicable, please st	ate what mater	lais are to h	tva hazu ar	ternally inclu	de type, colour and name		-	-
	Existing (where applic		JE USEU GAI	еглану. пісіц	Proposed	for each material:	Not	Doi Kno
Walls	NANIM	- GN	tstue		NATURA ON to MATCH IN COURSINCE	tston= coloun extre		
Roof	NATURA	r si	ATE		NATION SU			
Windows					Thisen mea.	= 0 E		
Doors								
Boundary treatments (e.g. fences, walls)	stone	Whi	.\$		Stone was	. 183		
Vehicle access and hard-standing			, 		BLOCK PAVE	۵		
Lighting	,				security			
Others (please specify)				-				
re you supplying addit Yes, please state refere	ional information	on on subn	nitted plan	(s)/drawing(s)	/design and access statem	ent? Yes		No
	16	640	A A	<u>jn and access</u>	statement:			
,	16	640						
D. Vehicle Parking								
Please provide inform	ation on the ex	isting and	proposed i	number of on	-site parking spaces:			
Type of Vehicle		Total Existin	g	Total s	proposed (including paces retained)	Difference	• • • • • • • • • • • • • • • • • • • •	
Cars		0			7	in spaces		$\dashv$
Light goods vehicle public carrier vehic	es/ les							
Motorcycles								
Disability spaces								
Cycle spaces							<u> </u>	
Other (e.g. Bus)		***************************************						
Other (e.g. Bus)			-		· · · · · · · · · · · · · · · · · · ·			

T1. Four Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the
Mains sewer Cess pit	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.)
Septic tank Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system?  Yes  No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  No
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere?
	How will surface water be disposed of?
	Sustainable drainage system
	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
notes for further information on when there is a reasonable	MEDUNDANT BAM ULTH'
likelihood that any important biodiversity or geological conservation features may be present or nearby and whether	WASSAT FUN CHUNSIAN to
they are likely to be affected by your proposals.  Having referred to the guidance notes, is there a reasonable	residential use
likelihood of the following being affected adversely or conserved	Is the site currently vacant? Yes \(\frac{1}{2}\) No
and enhanced within the application site, or on land adjacent to or near the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species:  Yes, on the development site	
Yes, on land adjacent to or near the proposed development	
<b>▼</b> No	When did this use end (if known)? DD/MM/YYYY
b) Designated sites, important habitats or other biodiversity features:	(date where known may be approximate)  Does the proposal involve any of the following?
Yes, on the development site	If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development	
☑ No	
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?  Yes  No
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable to the presence of contamination?
No .	to the presence of contamination:
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the proposed development site?	Does the proposal involve the need to
proposed development site?	dispose of trade effluents or waste? Yes V No If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part	of trade effluents or waste
of the local landscape character?	
If Yes to either or both of the above, you <u>may</u> need to provide a full Tree Survey, at the discretion of your local planning authority. If a	
Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning	
authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to	
design, demolition and construction - Recommendations'.	

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!	Propo	sed	Hou	sing					Exist	ing	Hou	sing			
Market	Not		Num	ber o	f Bed	rooms	Total	Market	Not	Γ	Num	ber o	f Bed	rooms	Tota
Housing	known	1	2	3	4+	Unknowr	1	Housing	known	1	2	3	4+	Unknow	
Houses			_	<u> </u>	<u> </u>		<u> </u>	Houses				<u> </u>			
Flats and maisonettes	ļ				<b> </b>			Flats and maisonettes							
Live-work units			_		ļ			Live-work units					_		
Cluster flats			.					Cluster flats					$oldsymbol{ol}}}}}}}}}}}}}}}}}$		
Sheltered housing				ļ		_		Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	Te	otals	<u> </u>						T	otals	5				
	Not		Num	ber o	Red	rooms	Total		Not		Musm	her o	f Rod	rooms	Tota
Social Rented	known	1	2	3	4+	Unknown	ł	Social Rented	Not known	1	2	3	4+	Unknowr	
Houses								Houses							
Flats and maisonettes								Flats and maisonettes							$\vdash$
Live-work units						1		Live-work units				<del> </del>			<b>†</b>
Cluster flats								Cluster flats				<b> </b>			†-
Sheltered housing								Sheltered housing							$\dagger$
Bedsit/studios								Bedsit/studios				<del> </del>			<del> </del>
Unknown type								Unknown type							<del> </del>
	To	otals							To	otals			.1		
Intermediate	Not known	1	Num 2	per of	Bedr 4+	ooms Unknown	Total	Intermediate	Not known	1	Numl 2	ber of	Bedr 4+	ooms Unknown	Tota
Houses				_				Houses	П			-	7	OTIKILOWIT	
Flats and maisonettes			-					Flats and maisonettes					<u> </u>		
Live-work units								Live-work units						-	
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios	$\overline{\Box}$				<u> </u>		
Unknown type								Unknown type							
	To	tals	<u> </u>	<u> </u>		1		3,00	To	tals	<u> </u>		<u> </u>		
Key worker	Not known	1	Numl 2	per of	Bedr 4+	ooms Unknown	Total	Key worker	Not known	1	Numl 2	per of		ooms Unknown	Tota
Houses			-		7.	OTIKLIOWIT		Houses		<u>'</u>		3	47	UTKHOWH	
Flats and maisonettes								Flats and maisonettes		-					
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type		~						Unknown type							
	To	tals				<u> </u>		• maio m sype		tals					
Total proposed re								Total existing							

		•		Non-resident In or change of u	•		pace?	Yes [	No
If yo	ou have answe	ered Yes to th	ne qu	estion above ple	ase add details	in the follow	/ing table:		
U	lse class/type (	of use	Not applicable	Existing gross internal floorspace (square metres)	Gross interna to be lost by use or de (square i	change of molition	floorspace (including	ss internal proposed change of re metres)	Net additional gross internal floorspace following development (square metres)
A1	Sho	ops							
	Net trada	ıble area:							
A2	Financ profession	ial and al services							
A3	Restaurant	s and cafes			-				
A4	Drinking est	ablishments				NI			
A5	Hot food t	akeaways							111/14
B1 (a)	Office (other	-							
B1 (b)	Researd develo				100			211	
B1 (c)	Light in	dustrial							
B2	General i	ndustrial							
B8	Storage or o								
C1	Hotels an				1				
C2	Residential i								
D1	Non-resi institu								
D2	Assembly a	ınd leisure							
OTHER							4//		
Please Specify						:			
	Tot	tal							
In ad	dition, for hot	els, residenti	al ins	titutions and hos	stels, please ad	ditionally inc	licate the loss	or gain of r	ooms
Use class		Not applicable	Existi	ng rooms to be lo of use or demo	ost by change olition	Total room ch	s proposed (i anges of use)	ncluding	Net additional rooms
C1	Hotels								
C2	Residential Institutions						<b>&gt;</b>		
OTHER							,,,		committee apparity.
Please Specify				44-76-41-4			W		
19. Em	ployment								
Please co	omplete the fo	ollowing info		ion regarding en	nployees:		1	T.A.	16.0 4
				Full-time	Part	time			l full-time uivalent
ļ <u> </u>	isting employe								
Pro	posed employ	/ees							
	urs of Oper	_		15005					
ii known		1	-	ing (e.g. 15:30) fo			proposea: Sunday	and	
	Use	IVIO	nday	to Friday	Saturda	<i>y</i>	Bank Holi	days	Not known
						<u> </u>			
21. Site									
Please st	ate the site are	ea in hectare	s (ha)	0.015 K	a				

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22. Industrial or Commercial Proce	esses	and Machinery	/			
Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed or	icts in inclu	cluding de the				
Is the proposal a waste management develo	pme	nt? Yes	<b>V</b> No			
If the answer is Yes, please complete the following	lowin	g table:	استدرا			
	Not applicable	The total capaci- including engined allowance for co tonnes if solid v	ering surcharge Iver or restorati	and making on material	throughput in ton	nes
Inert landfill						· · · · · · · · · · · · · · · · · · ·
Non-hazardous landfill						
Hazardous landfill						
Energy from waste incineration						
Other incineration						
Landfill gas generation plant						
Pyrolysis/gasification				•		
Metal recycling site						~~~
Transfer stations				•		
Material recovery/recycling facilities (MRFs)						
Household civic amenity sites						
Open windrow composting						
In-vessel composting						
Anaerobic digestion					·	
Any combined mechanical, biological and/ or thermal treatment (MBT)		PAPA.				
Sewage treatment works	$\perp$					
Other treatment Recycling facilities construction, demolition and excavation waste			·			
Storage of waste		· · · · · · · · · · · · · · · · · · ·				
Other waste management						
Other developments				, , , , , , , , , , , , , , , , , , ,		
Please provide the maximum annual operati	onal t	hroughput of the fo	ollowing waste	streams:	-	
Municipal					· · · · · · · · · · · · · · · · · · ·	****
Construction, demolition and e		tion				
Commercial and industr	iai					
Hazardous  If this is a landfill application you will need to planning authority should make clear what i	prov nforn	ride further informa nation it requires on	tion before you its website.	ır applicatio	n can be determined. Your was	ite
23. Hazardous Substances  Does the proposal involve the use or storage	of an	u of	1			
the following materials in the quantities state	ed be	low? Yes	No	☐ Not ap	plicable	
If Yes, please provide the amount of each sub	ostan	ce that is involved:		,	<u>.</u>	
Acrylonitrile (tonnes)	Et	thylene oxide (tonn	es)		Phosgene (tonnes)	
Ammonia (tonnes)	Hydro	ogen cyanide (tonn	es)		Sulphur dioxide (tonnes)	
Bromine (tonnes)	L	iquid oxygen (tonn	es)		Flour (tonnes)	
Chlorine (tonnes) Liq	uld p	etroleum gas (tonn	es)	Re	fined white sugar (tonnes)	
Other:			Other:	*****		
Amount (tonnes):			Amount (ton	nes):		

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is part of, an agricultural holding**	day 21 days before the date of this application nobod to which the application relates, and that none of the l	and to which the	the applicant was the application relates is, or
NOTE: You should sign Certificate B, C or application relates but the land is, or is p	r D, as appropriate, if you are the sole owner of the part of, an agricultural holding.	land or building	to which the
Signed - Applicant:	Or signed - Agent: ,	<del>.</del>	Date (DD/MM/YYYY): 26 04 7017.
Town and Country Planning (Deve I certify/ The applicant certifies that I have 21 days before the date of this application application relates.	CERTIFICATE OF OWNERSHIP - CERTIFICATE Belopment Management Procedure) (England) Order of the applicant has given the requisite notice to every and/or agricultural tenant** of any	r <b>2015 Certificate</b> one else (as listed part of the land o	e under Article 14 below) who, on the day or building to which this
Name of Owner / Agricultural Tenant	Address		Date Notice Served
		· <b>4</b>	
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):

One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

24. Ownership Certificates and Agricultural Land Declaration

I certify/ The applicant certifies that:	CERTIFICATE OF OWNERSHIP - CERT velopment Management Procedure) (Englissued for this application aken to find out the names and addresses of of it, but I have/ the applicant has been und	gland) Order 2015 Certificate of the other owners* and/or agri	
The stone taken were			
The steps taken were:			
Name of Owner / Agricultural Tenant	Address		Date Notice Served
Notice of the application has been publis	shed in the following newspaper	On the following date (which	must not be earlier
(circulating in the area where the land is	situated):	than 21 days before the date of	of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
Certify/ The applicant certifies that:     Certificate A cannot be issued for     All reasonable steps have been ta	ken to find out the names and addresses o wner* and/or agricultural tenant** of any	land) Order 2015 Certificate u	21 days before the
The steps taken were:			
Notice of the application has been publish (circulating in the area where the land is s	ned in the following newspaper ituated):	On the following date (which than 21 days before the date of	must not be earlier of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):

24. Ownership Certificates and Agricultural Land Declaration (continued)

25. Planning Application Requirements - Checklist	
Please read the following checklist to make sure you have sent all t	he information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	The correct fee: FNSE GO
The original and 3 copies* of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:	The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details):  The original and 3 copies* of the completed, dated
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application: [	Ownership Certificaté (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):
*National legislation specifies that the applicant must provide the c total of four copies), unless the application is submitted electronica LPAs may also accept supporting documents in electronic format b You can check your LPA's website for information or contact their p	illy or, the LPA indicate that a smaller number of copies is required.  y post (for example, on a CD, DVD or USB memory stick).
genuine opinions of the person(s) giving them.	ny facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed - Agent	Date (DD/MM/YYYY):  26 64 2017. (date cannot be pre-application)
27. Applicant Contact Details	28. Agent Contact Details
27. Applicant Contact Details Telephone numbers	28. Agent Contact Details  Telephone numbers
Telephone numbers  Extension	Telephone numbers  Extension
Telephone numbers  Country code: National number: Extension number:	Telephone numbers  Country code: National number: Extension number:  0/246 \$67539.
Telephone numbers  Country code: National number: Extension number:  Country code. Violational number:	Telephone numbers  Country code: National number:  D/246  Country code: Mobile number (optional):  Extension number:  Extension number:
Telephone numbers  Country code: National number:  Country code.  Country code: Fax number (optional):  Email address (optional):	Telephone numbers  Country code: National number:  D/246  Country code: Mobile number (optional):  Country code: Fax number (optional):
Telephone numbers  Country code: National number:  Country code: Fax number (optional):  Email address (optional):  29. Site Visit	Telephone numbers  Country code: National number:  D/246  S67539.  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):
Country code: National number:  Country code: Fax number (optional):  Email address (optional):  29. Site Visit  Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact?	Telephone numbers  Country code: National number:  D/246  S67539.  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):
Telephone numbers  Country code: National number: Extension number:  Country code: Fax number (optional):  Email address (optional):  29. Site Visit  Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry	Telephone numbers  Country code: National number:  D/246  S67539.  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Or other public land? Yes  No  Applicant Other (if different from the

Email address: