

APPLICATION NO.	
DATE LODGED	
RECEIPT NO.	FEE RECEIVED
CARD	OTHER
KIRKLEES COUNCIL VALIDATION CHECKLIST	SUPPLY 1 COPY (PLUS THE ORIGINAL)

PLANNING - PO Box B93, Civic Centre 3, Huddersfield, HD1 2JR **Tel:** 01484 414746 **E-mail :** dc.admin@kirklees.gov.uk

Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) 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:	Mr	First Name:		Surname:	Hafiz
Company name:	Creative Developments (Huddersfield) Ltd				
Street address:	c/o agent				
Telephone number:					
Mobile number:					
Town/City:					
Fax number:					
Country:					
Email address:					
Postcode:					
Are you an agent acting on behalf of the applicant? ☒ Yes ☐ No					

2. Agent Name, Address and Contact Details

Title:		First Name:	Paul	Surname:	Briggs
Company name:	Northern Design Partnership				
Street address:	The Chapel				
	Millmoor Road				
	Meltham				
Telephone number:	01484854848				
Town/City:	Holmfirth				
Mobile number:					
Fax number:					
Country:					
Email address:					
Postcode:	HD9 5JU				
	paul.briggs@northerndesignpartnership.co.uk				

3. Site Address Details

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

House: Suffix:

House name:

Street address:

Town/City:

Postcode:

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

Easting:

Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☐ Yes ☒ No

5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

Demolition of Dwelling and Erection of 10 Dwellings

Application reference number:

Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Conditions 3, 4, 5, 8, 10, 11, 12, 17, 19

Has the development already started? ☐ Yes ☒ No

6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

All as Discharge of Condition Report Submitted

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

8. 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

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.



Date

13/02/2018