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:		First Name:		Surname:	c/o Agent
Company name:	Coal Pension Properties Limited				
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:	Mr	First Name:	Nick	Surname:	Pleasant
Company name:	NJL Consulting				
Street address:	Park House				
	Park Square West		Telephone number:		01133571347
			Mobile number:		
Town/City:	Leeds		Fax number:		
Country:			Email address:		
Postcode:	LS1 2PW		nickpleasant@njlconsulting.co.uk		

3. Site Address Details

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

House: | Suffix:

House name: Leeds Road Retail Park

Street address: Leeds Road

Town/City: HUDDERSFIELD

Postcode: HD1 6PF

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

Easting: 415481

Northing: 417985

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:

Erection of class A1/A3 building, formation of car parking, access, boundary treatments, landscaping and associated works.

Application reference number: 2016/92574 (amended by 2016/94121) Date of decision: 02/12/2016

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

6 (ventilation equipment)
8 (plant equipment)

Has the development already started? ◉ Yes ○ No If Yes, please state when the development was started: 01/09/2017

Has the development been completed? ○ 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:

Please refer to the application cover letter

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)

8. Site Visit

(•) 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 08/02/2018