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. Site Address

Number	
Suffix	
Property name	Croft Medical Centre
Address line 1	Cobcroft Road
Address line 2	Fartown
Address line 3	
Town/city	Huddersfield
Postcode	HD2 2RU

Description of site location must be completed if postcode is not known:

Easting (x)	414228
Northing (y)	418164

Description

2. Applicant Details

Title	Mr
First name	
Surname	Hafiz
Company name	
Address line 1	Croft Medical Centre, Cobcroft Road
Address line 2	Fartown
Address line 3	
Town/city	Huddersfield

2. Applicant Details

Country	
Postcode	HD2 2RU
Primary number	
Secondary number	
Fax number	
Email address	

Are you an agent acting on behalf of the applicant? (•) Yes ( ) No

3. Agent Details

Title	Mr
First name	Matt
Surname	Grimshaw
Company name	Northern Design Partnership
Address line 1	Millmoor Road
Address line 2	Mill Moor Road
Address line 3	Meltham
Town/city	Holmfirth
Country	
Postcode	HD9 5JU
Primary number	
Secondary number	
Fax number	
Email	

4. Description of the Proposal

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

ERECTION OF 2 STOREY MEDICAL CENTRE WITH INTEGRAL PHARMACY AND PARKING

Reference number

2014/62/90774/W

Date of decision (date must be pre-application submission)	22/05/2014

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

Condition number(s)

5

4. Description of the Proposal

Has the development already started? (●) Yes ( ) No

If Yes, please state when the development was started (date must be pre-application submission): 18/02/2019

Has the development been completed? ( ) Yes (●) No

5. Part Discharge of Conditions

Are you seeking to discharge only part of a condition? ( ) Yes (●) No

6. Discharge of Conditions

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

2012/01
2012/02
Planning Statement Feb 2020

7. 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?

(●) The agent
( ) The applicant
( ) Other person

8. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ( ) Yes (●) No

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 (cannot be pre-application): 18/02/2020