

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	<input type="text"/>
Suffix	<input type="text"/>
Property name	<input type="text" value="Kingsgate Centre"/>
Address line 1	<input type="text" value="King Street"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="Huddersfield"/>
Postcode	<input type="text" value="HD1 2QB"/>
Description of site location must be completed if postcode is not known:	
Easting (x)	<input type="text" value="414705"/>
Northing (y)	<input type="text" value="416651"/>
Description	<input type="text"/>

2. Applicant Details

Title	<input type="text" value="Mr"/>
First name	<input type="text" value="Peter"/>
Surname	<input type="text" value="Everest"/>
Company name	<input type="text" value="WD Kingsgate Ltd"/>
Address line 1	<input type="text" value="9-10 Staple Inn"/>
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town/city	<input type="text" value="London"/>

2. Applicant Details

Country	United Kingdom
Postcode	WC1V 7QH
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	Hector
Surname	Black
Company name	Covell Matthews Architects
Address line 1	6 Manor Place
Address line 2	
Address line 3	
Town/city	Edinburgh
Country	
Postcode	EH3 7DD
Primary number	01312263366
Secondary number	
Fax number	
Email	hector.black@covellmatthews.co.uk

4. Description of the Proposal

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

CHANGE OF USE OF EXISTING UNIT IN A MIXED CLASS A1/A2/A3 RETAIL DEVELOPMENT TO FORM A MIXED A1/A2/A3/A4/D2 RETAIL AND LEISURE DEVELOPMENT, INTERNAL ALTERATIONS AND RECONSTRUCTION OF UPPER LEVEL, WITH EXTENSION, EXTERNAL SLIDE AND FORMATION OF ROOF TERRACÉ FOR USE AS SKY BAR.

Reference number

2018/62/93568/W

Date of decision (date must be pre-application submission) 12/07/2019

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

Condition number(s)

4, 6, 8, 10 & 11

4. Description of the Proposal

Has the development already started?

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

Condition 4 - Planning Statement - 936-Construction Traffic Management Plan
Condition 6 - Planning Statement - 936-Security Measures
Condition 8 - Planning Statement - 936-Provision of Dedicated EV Charging Points
Condition 10 - Planning Statement - 936-Management of the Turning and Drop-off Area
Condition 11 - Planning Statement - 936-Traffic Survey

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

If Other has been selected, please provide contact details:

Contact name:

Title

First name

Surname

Telephone number

Email address:

8. 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 (Must be pre-application submission)

Details of the pre-application advice received

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)