PLANNING PORTAL

Application for a non-material amendment following a grant of planning permission.

Town and Country Planning 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.

Please complete using block capitals and black ink.
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	
First name:	
Last name:	
Company (optional):	Calderdale and Huddersfield Solutions Ltd
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	Trust Headquarters
Address 2:	Acre, Street
Address 3:	
Town:	Huddersfield
County:	West Yorkshire
Country:	
Postcode:	HD3 3EA

2. Agent Name and Address

Title:	
First name:	Debbie
Last name:	Thorp
Company (optional):	Integrated Health Projects
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	17 Navigation Court
Address 2:	Calder Park
Address 3:	
Town:	Wakefield
County:	West Yorkshire
Country:	
Postcode:	WF2 7BJ

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name: Huddersfield Royal Infirmary

Address 1: Acre Street

Address 2: Lindley

Address 3:

Town: Huddersfield

County: West Yorkshire

Postcode (optional): HD3 3EA

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

Easting: 412236 Northing: 417680

Description:

Erection of New Accident and Emergency Department, Vehicular Acces, Car and Cycle Parking

4. 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).
Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Nick Hurst

Reference:

2021 / 20167

Date of advice (DD/MM/YYYY): 03.06.2021

Details of pre-application advice received:

Support for the development was agreed as presented to the Member of the Strategic Planning Committee on 03.06.2021

5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates? ☒ Yes ☐ No

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you are not the sole owner, has notification under article 9 of the DMPO been given? ☒ Yes ☐ No ☐ Not Applicable

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification
Huddersfield and Calderdale Solutions Limited	Trust Headquarters, Acre Street, Huddersfield	06.04.2023

6. Authority Employee / Member

With respect to the Authority, I am:
(a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

Do any of these statements apply to you?

☐ Yes ☒ No

If yes please provide details of the name, relationship and role

7. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:

Erection of Clinical Building to accommodate new Accident and Emergency Department, assosicated vehiculor access, car and cycle parking spaces, plant and landscaping

Reference number:

2021 / 62 / 92488 / W

Date of decision (DD/MM/YYYY):

20.10.2021

What was the original application type?:
(e.g. 'Full', 'Householder and Listed Building', 'Outline')

FULL

For the purpose of calculating fees, which of the following best describes the original application type?

Householder development: development to an existing dwelling-house or development within its curtilage ☐

Other: anything not covered by the above category ☒

8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

1. Removal of the Escape Ramp and Fire Escape door on the East Elevation
2. Change of facing materials from Zinc Standing Seam Rainscreen Cladding to Aluminium Standing Seam Rainscreen Cladding - Colour Grey
3. Change of stair enclosure cladding from Louvres to Perforated Metal sheeting - Colour Grey
4. Relocation of Air Source Heat Pumps - with enclosure from the Car Park to the Roof adjacent to the Plantroom - located on the North Side
5. Relocation of the Short Stay Bike Storage (10. No) from the East Elevation to the Western Boundary Car Park.
6. Feature Rainscreen Cladding Curves Removed
7. Link Corridor - Secondary access removed, including the footpath behind the Trust's H.Q

Are you intending to substitute amended plans or drawings? ☒ Yes ☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

HG0052-IBI-ED-ZZ-SE-A-200100 / 240001 / 200001 P09 / L-700001 P04 / 250101

New plan/drawing number(s):

HG0052-IBI-ED-ZZ-EL-A-20001 P15 / 240001 P08 / SE-A-200001 P10 / L-700001 C06 / 250101 P02

Please state why you wish to make this amendment:

Changes as a result of technical enhancements to the design, including incorporation of a sprinkler system to provide enhanced life safety (Ramp & Fire Escape no long required) ASHP's moved to provide more efficient M&E design. Changes to facing materials due to design development. Cycle store relocated in accordance with Travel Plan Strategy.

9. Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form: ☐

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☐

The correct fee: ☐

10. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Redacted

Or signed - Agent: Debbie Thorp

Date (DD/MM/YYYY): 14.04.2023

11. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
	0333 555 0615	

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

13. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? [x] 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)* [X] Agent ☐ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: Debbie Thorp

Telephone number: 0333 555 0615

Email address: debbie.thorp@vinci-building.co.uk