



|                                          |                    |
|------------------------------------------|--------------------|
| Application Number                       |                    |
| Date Logged                              |                    |
| Receipt No                               | Fee Received       |
| Card                                     | Other              |
| KIRKLEES COUNCIL<br>VALIDATION CHECKLIST | SUPPLY 1 COPY ONLY |

Planning - PO Box 1720, Huddersfield, HD1 9EL  
E-mail: [planning.portal@kirklees.gov.uk](mailto:planning.portal@kirklees.gov.uk) Tel: 01484 414746

## Application for Removal or Variation of a Condition following Grant of Planning Permission or Listed Building Consent

Town and Country Planning Act 1990 (as amended); Planning (Listed Buildings and Conservation Areas Act) 1990 (as amended)

### 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.

### Site Location

**Disclaimer:** We can only make recommendations based on the answers given in the questions.

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".

|                |                                                             |
|----------------|-------------------------------------------------------------|
| Number         | <input type="text"/>                                        |
| Suffix         | <input type="text"/>                                        |
| Property Name  | <input type="text" value="Dewsbury and District Hospital"/> |
| Address Line 1 | <input type="text" value="Halifax Rd"/>                     |
| Address Line 2 | <input type="text"/>                                        |
| Address Line 3 | <input type="text"/>                                        |
| Town/city      | <input type="text" value="Dewsbury"/>                       |
| Postcode       | <input type="text" value="WF13 4HS"/>                       |

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

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Easting (x)                         | Northing (y)                        |
| <input type="text" value="423221"/> | <input type="text" value="422784"/> |

Description

Applicant Details

Name/Company

Title

First name

Surname

Mid Yorkshire Hospitals NHS Trust

Company Name

Mid Yorkshire Hospitals NHS Trust

Address

Address line 1

Rowan House

Address line 2

Pinderfields General Hospital

Address line 3

Aberford Road

Town/City

Wakefield

County

West Yorkshire

Country

United Kingdom

Postcode

WF1 4EE

Are you an agent acting on behalf of the applicant?

☒ Yes

☐ No

Contact Details

Primary number

Secondary number

Fax number

Email address

\*\*\*\*\* REDACTED \*\*\*\*\*

Agent Details

Name/Company

Title

First name

Immy

Surname

Platt

Company Name

Berrys

Address

Address line 1

Shiretown House

Address line 2

41-43 Broad Street

Address line 3

Hereford

Town/City

Hereford, UK

County

Country

United Kingdom

Postcode

HR4 9AR

## Contact Details

Primary number

\*\*\*\*\* REDACTED \*\*\*\*\*

Secondary number

Fax number

Email address

\*\*\*\*\* REDACTED \*\*\*\*\*

## Description of the Proposal

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

ERECTION OF SINGLE STOREY BUILDING WITH ROOF TOP PLANT AREA TO PROVIDE OUTPATIENT THEATRES, TREATMENT ROOMS AND  
CONSULTANT ROOMS WITH LINK TO BOOTHROYD BUILDING, INCLUDING DEMOLITION AND REMODELLING OF EXISTING RAMP AND ASSOCIATED LANDSCAPING AND DRAINAGE

Reference number

2023/62/91345/E

Date of decision (date must be pre-application submission)

31/07/2025

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

Condition number(s)

2

Has the development already started?

- ☒ Yes  
☐ No

If Yes, please state when the development was started (date must be pre-application submission)

31/07/2023

Has the development been completed?

- ☐ Yes  
☒ No

## Condition(s) - Variation/Removal

Please state why you wish the condition(s) to be removed or changed

please refer to covering letter

If you wish the existing condition to be changed, please state how you wish the condition to be varied

please refer to covering letter

## 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

## Pre-application Advice

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

- ☐ Yes  
☒ No

## Ownership Certificates and Agricultural Land Declaration

Certificates under Article 14 - Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)

Please answer the following questions to determine which Certificate of Ownership you need to complete: A, B, C or D.

Is the applicant the sole owner of all the land to which this application relates; and has the applicant been the sole owner for more than 21 days?

- ☒ Yes  
☐ No

Is any of the land to which the application relates part of an Agricultural Holding?

- ☐ Yes  
☒ No

## Certificate Of Ownership - Certificate A

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

**NOTE:** You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

Person Role

☐ The Applicant

☒ The Agent

Title

First Name

Surname

Declaration Date

☒ Declaration made

## Declaration

I/We hereby apply for Removal/Variation of a condition as described in the questions answered, details provided, 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.

I/We also accept that, in accordance with the Planning Portal's terms and conditions:

- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published as part of a public register and on the authority's website;
- Our system will automatically generate and send you emails in regard to the submission of this application.

☒ I / We agree to the outlined declaration

Signed

Date