Application Number	
Date Logged	
Receipt No	Fee Received
Card	Other
KIRKLEES COUNCIL VALIDATION CHECKLIST	SUPPLY 1 COPY ONLY

Planning - PO Box 1720, Huddersfield, HD1 9EL
E-mail: planning.portal@kirklees.gov.uk **Tel:** 01484 414746

Application for Approval of Details Reserved by Condition

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

Suffix

Property Name

National Health Innovation Campus

Address Line 1

Old Leeds Road

Address Line 2

Address Line 3

Town/city

Huddersfield

Postcode

HD1 1TW

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

Easting (x)

414771

Northing (y)

416894

Description

NHIC.

Applicant Details

Name/Company

Title

First name

Gemma

Surname

Berry

Company Name

The University of Huddersfield

Address

Address line 1

Estates and Facilities

Address line 2

University of Huddersfield

Address line 3

Queensgate

Town/City

Huddersfield

County

Country

Postcode

HD1 3DH

Are you an agent acting on behalf of the applicant?

- [x] Yes
- [ ] No

Applicant Contact Details

Primary number

***** REDACTED ******

Secondary number

Fax number

Email address

***** REDACTED ******

Agent Details

Name/Company

Title

Miss

First name

Abigail

Surname

Baker

Company Name

DLP Planning

Address

Address line 1

DLP Planning

Address line 2

Ground Floor V1 Velocity

Address line 3

Tenter Street

Town/City

Sheffield

County

Country

GB

Postcode

S14BY

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

Outline application for erection of health and research innovation campus comprising: Class F1(a)-education; Class E(e)-medical/healthservices; Class E(g)(i)-offices; Class E(g)(ii)-research/development of products/processes; multi storey car park; Class E(a)-display/retail of goods; Class E(b)-sale of food/drink; Class E(d)-indoor sport/recreation/fitness.

Reference number

2021/60/91544/W

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

08/10/2021

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

Condition number(s)

Condition 4 - Phasing Plan
A plan showing the phases of development shall be submitted to and approved in writing by the Local Planning Authority prior to the submission of any application for the approval of Reserved Matters. The phases of the development thereafter shall be carried out in accordance with the submitted phasing plan and any reference to phase or phases in the following conditions shall refer to the phases detailed in the plan thereby approved.

Has the development already started?

- [x] Yes
- [ ] No

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

09/01/2023

Has the development been completed?

- [ ] Yes
- [x] No

Part Discharge of Conditions

Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

◯ Yes
⊘ No

Discharge of Conditions

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

Masterplan - Phasing Plan: 2026.10.25 Volume 2 - Phasing - Building 3 MSCP.

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

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

***** REDACTED ******

First Name

***** REDACTED ******

Surname

***** REDACTED ******

Reference

2026/20350

Date (must be pre-application submission)

05/08/2026

Details of the pre-application advice received

The proposed development to be submitted under the reserved matters Phase 3, would deviate from the previously-approved phasing plan whcih confired the site would be developed under Phase 5. As noted in the decision letter dated 04/11/2022 (relating to Discharge of Conditions application 2022/91412), should changes to the phasing plan be required throughout the wider site's development, a fresh Discharge of Condition application (seeking a further discharge of outline condition 4) would be necessary.

Declaration

I/We hereby apply for Approval of details reserved by a condition (discharge) 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

Abigail Baker

Date

11/11/2026