Development Management

Welwyn Hatfield Borough Council

The Campus, Welwyn Garden City, Herts AL8 6AE

T: 01707 357000 F: 01707 357255 E: planning@welhat.gov.uk www.welhat.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. Applicant Na	ame, Address aı	nd Contact Details							
Title: Mr	First Name:	Ed		Surname:	Crewdson				
Company name:	The One Healthcar	e Group Ltd							
Street address:	Tallis House								
	2 Tallis street		Telephone numb	er:					
			Mobile number:						
Town/City:	London		Fax number:						
Country:	United Kingdom		Email address:						
Postcode:	EC4Y 0AB								
Are you an agent	acting on behalf of th	ne applicant?	Yes	lo					
2. Agent Name, Address and Contact Details									
Title:	First Name:	Manning		Surname:	Elliott				
Company name:	Manning Elliott Arc	hitects							
Street address:	Suite 1								
	Manelli House		Telephone numb	er: 0176	8868800				
	4 Cowper Road		Mobile number:						
Town/City:	Penrith		Fax number:						
Country:	United Kingdom		Email address:						
Postcode:	CA11 9BN		sam.hall@manning-elliott.co.uk						

3. Site Addres	ss Details								
Full postal addre	ss of the site (including full postcode where available)	Description:							
House:	Suffix:								
House name:	Plot 6000								
Street address:	Hatfield Avenue								
	Hatfield Business Park								
	Hertfordshire								
Town/City:	HATFIELD								
Postcode:	AL10 9UA								
	cation or a grid reference ted if postcode is not known):								
Easting:	521939								
Northing:	209337								
<u> </u>									
4. Pre-applica	tion Advice								
Has assistance or prior advice been sought from the local authority about this application? Yes No									
5 December	of the Proposal								
ט. טescription	of the Proposal								
	description of the approved development as shown on								
		e parking, boundary treatment, landscaping, lighting and access							
Application refere		Date of decision: 05/11/2015							
Please state the Condition number	condition number(s) to which this application relates: r(s):								
15, 17									
Has the developr	nent already started? No If Yes, p	elease state when the development was started: 22/08/2016							
Has the developr	nent been completed? Yes No								
<u>'</u>	· – -								
6. Discharge	of Condition(s)								
J. District ye	20								
	full description and/or list of the materials/details that an	re being submitted for approval:							
- Letter from On	I plan has been prepared by Aecom le Healthcare confirming implementation of the green tra	avel plan							
	t system odour statement								
7. Part Discha	arge of Condition(s)								
Are you seeking	to discharge only part of a condition?								
8. Site Visit									
	een from a public road, public footpath, bridleway or oth								
If the planning au	nthority needs to make an appointment to carry out a site	e visit, whom should they contact? (Please select only one)							

8. Site Visit							
The agent	The applicant	Other person					
9. Declaration							
drawings and add	itional information. I/we		form and the accompanying plans/ /our knowledge, any facts stated are	V	Date	07/04/2017	\neg

true and accurate and any opinions given are the genuine opinions of the person(s) giving them.