## **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 N   | ame, Address a                  | nd Contact Details |                                 |          |         |  |  |
|------------------|---------------------------------|--------------------|---------------------------------|----------|---------|--|--|
| Title: Mr        | First Name:                     | Jason              |                                 | Surname: | Button  |  |  |
| Company name:    | Cambria Automobi                | les Plc.           |                                 |          |         |  |  |
| Street address:  | Iress: Cambria Automobiles Plc. |                    |                                 |          |         |  |  |
|                  |                                 |                    | Telephone numb                  | er:      |         |  |  |
|                  |                                 |                    | Mobile number:                  |          |         |  |  |
| Town/City:       |                                 |                    | Fax number:                     |          |         |  |  |
| Country:         |                                 |                    | Email address:                  |          |         |  |  |
| Postcode:        |                                 |                    |                                 |          |         |  |  |
| Are you an agent | acting on behalf of the         | he applicant?      | Yes                             | lo       |         |  |  |
|                  |                                 |                    |                                 |          |         |  |  |
| 2. Agent Name    | , Address and (                 | Contact Details    |                                 |          |         |  |  |
| Title: Mr        | First Name:                     | Mike               |                                 | Surname: | Rolfe   |  |  |
|                  |                                 | WIKE               |                                 | Surname. | Rolle   |  |  |
| Company name:    | SRA Architects                  |                    |                                 |          |         |  |  |
| Street address:  | Queen Square Hou                | use                |                                 |          |         |  |  |
|                  | Charlotte Street                |                    | Telephone numb                  | er: 0122 | 5827444 |  |  |
|                  |                                 |                    | Mobile number:                  |          |         |  |  |
| Town/City:       | Bath                            |                    | Fax number:                     |          |         |  |  |
| Country:         | United Kingdom                  |                    | Email address:                  |          |         |  |  |
| Postcode:        | BA1 2LL                         |                    | mike.rolfe@sra-architects.co.uk |          |         |  |  |

| 3. Site Addres  | ss De     | tails          |                    |   |            |                     |               |                      |                          |               |    |
|---|-----------|----------------|--------------------|---|------------|---------------------|---------------|----------------------|--------------------------|---------------|----|
| Full postal addre   | ess of th | ne site (inclu | dina full postco   | de where availabl                                   | le)        | Description:        |               |                      |                          |               |    |
| House:  | ,         |                | Suffix:            |   | ]          |                     | he roundabou  | ut junction to Gyp   | sy Moth Avenue ar        | nd Mosquit    | 0  |
| House name:   | Plot 4    | 100            |                    |   | ]          | Way, Hatfield E     | Business Parl | k, Hatfield          |                          |               |    |
| Street address:   | Gypsy     | / Moth Aver    | ue                 |   | ]          |                     |               |                      |                          |               |    |
|   |           | ld Business    |                    |   | ]          |                     |               |                      |                          |               |    |
|   |           |                |                    |   | ]          |                     |               |                      |                          |               |    |
| Town/City:  | Hatfie    | ld             |                    |   | ]<br>]     |                     |               |                      |                          |               |    |
| Postcode:   | AL10 9UH  |                |                    |   |            |                     |               |                      |                          |               |    |
| i ootoodo.  | 71210     |                |                    |   |            |                     |               |                      |                          |               |    |
| Description of lo   |           |                |                    |   |            |                     |               |                      |                          |               |    |
| Easting:  | 521481    |                |                    |   | ]          |                     |               |                      |                          |               |    |
| Northing:   | 209302    |                |                    |   |            |                     |               |                      |                          |               |    |
|   |           |                |                    |   |            |                     |               |                      |                          |               |    |
| 4. Pre-applica  | ation /   | Advice         |                    |   |            |                     |               |                      |                          |               |    |
| ••  |           |                |                    |   |            |                     |               |                      |                          |               |    |
| Has assistance of   | or prior  | advice beer    | sought from th     | ne local authority a                                | about thi  | s application?      |               | Yes                  | No                       |               |    |
| If Yes, please co   | mplete    | the followin   | g information a    | bout the advice yo                                  | ou were    | given (this will he | elp the autho | rity to deal with th | nis application more     | e efficiently | ): |
| Officer name:   |           |                |                    |   |            |                     |               |                      |                          |               |    |
| Title: Mr   |           | First name:    | Alan               |   |            |                     | Surname:      | Story                |                          |               |    |
| Reference:  |           |                |                    |   |            |                     |               |                      |                          |               | _  |
| Date (DD/MM/Y)  | YYY):     | 26/01/2018     | (Must b            | e pre-application                                   | submiss    | ion)                |               |                      |                          |               |    |
| Details of the pre  | e-applic  | ation advice   | received:          |   |            |                     |               |                      |                          |               |    |
| Phone call with Steve Jenkins of iTransport on 26/01.   |           |                |                    |   |            |                     |               |                      |                          |               |    |
| These drawings reflect discussion with Alan Story of HCC. The keys points are:  |           |                |                    |   |            |                     |               |                      |                          |               |    |
| 1. The bus stop is relocated to the east and is designed in accordance with HCC's 'Quality Bus Infrastructure Design Guide' and mirrors the bus stop on |           |                |                    |   |            |                     |               |                      | ۱                        |               |    |
| the opposite side of Mosquito Way;  |           |                |                    |   |            |                     |               |                      |                          |               |    |
| 2. The triangular island within our proposed site access is now widened to provide a minimum crossing width of 4m; and                                  |           |                |                    |   |            |                     |               |                      |                          |               |    |
| 3. The swept pa   | ath tracl | king of a car  | transporter has    | s been re-run and                                   | l continue | es to safely acco   | mmodate tha   | at type of vehicle   | entering and existing    | ng the site.  |    |
|   |           |                |                    |   |            |                     |               |                      |                          |               | _  |
| 5. Description  | n of th   | e Propos       | al                 |   |            |                     |               |                      |                          |               |    |
| 0. D000. ip.iio.  | 0         | от торос       | a.                 |   |            |                     |               |                      |                          |               |    |
|   |           |                |                    | opment as showr                                     |            |                     |               |                      |                          |               |    |
|   |           |                |                    | o 537 Units of De <sup>o</sup><br>1, SG and Hotel u |            |                     |               |                      | sses B1, B2, SG ar<br>ss | nd Hotel us   | e  |
| Application refer   | ence n    | umber:         | 6/2015/2           | 043/OUTLINE   |            |                     | Da            | ate of decision:     | 05/07/2016               |               |    |
| Please state the Condition number   |           | on number(     | s) to which this   | application relates                                 | s:         |                     |               |                      |                          |               |    |
| Condition 5   | 51(5).    |                |                    |   |            |                     |               |                      |                          |               |    |
| Has the develop   | ment a    | readv starte   | d? O Yes           | No  |            |                     |               |                      |                          |               | _  |
|   | <b>.</b>  | . saay oluite  |                    |   |            |                     |               |                      |                          |               |    |
| 0 D''   | -/ ^      | ( )            |                    |   |            |                     |               |                      |                          |               |    |
| 6. Discharge  | OT CO     | naition(s)     |                    |   |            |                     |               |                      |                          |               |    |
| Please provide a  | a full de | scription and  | d/or list of the m | naterials/details th                                | nat are be | eing submitted fo   | or approval:  |                      |                          |               |    |
|   |           |                |                    |   |            |                     |               |                      |                          |               |    |

| 6. Discharge of Condition(s)  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| ITB13336-GA-006 Rev A, ITB13336-GA-007 Rev A & ITB13336-GA-008 for the discharge of condition 5   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 7. Part Discharge of Condition(s)   |  |  |  |  |  |  |
| Are you seeking to discharge only part of a condition?  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 8. Site Visit   |  |  |  |  |  |  |
| Can the site be seen from a public road, public footpath, bridleway or other public land?   |  |  |  |  |  |  |
| If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  |  |  |  |  |  |  |
| ○ The agent   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 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  29/01/2018 |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |