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:	First Name:			Surname:	C/O Agent
Company name:					
Street address:	C/O Agent				
			Telephone number	er:	
			Mobile number:		
Town/City:			Fax number:		
Country:			Email address:		
Postcode:					
Are you an agent	acting on behalf of the	ne applicant?	Yes \(\rightarrow N \)	0	
2. Agent Name	e, Address and C	Contact Details			
Title: Mr	First Name:	Ryan		Surname:	Albone
Company name:	BBR Architects				
Street address:	Merchant House				
	Bancroft		Telephone number	er: 0146	2420800
			Mobile number:		
Town/City:	Hitchin		Fax number:		
Country:	United Kingdom		Email address:		
Postcode:	SG5 1JW		info@bbr-archite	cts.co.uk	

3. Site Addres	ss Details		
Full postal addre	ess of the site (including full postcode where available)	Description:	
House:	31 Suffix:		
House name:			
Street address:	Salisbury Square		
Town/City:	HATFIELD		
Postcode:	AL9 5JD		
	ocation or a grid reference eted if postcode is not known):		
Easting:	523300		
Northing:	208616		
4. Pre-applica	ation Advice		
Has assistance of	or prior advice been sought from the local authority abo	ut this application?	No
5. Description	n of the Proposal		_
	a description of the approved development as shown on from existing offices (B1) to six residential dwellings (C3		one dwelling and erection of
	xisting car park to provide three dwellings.		3
Application refer	ence number: S6/2015/1034/MA	Date of decision:	13/08/2015
Please state the Condition number	condition number(s) to which this application relates: er(s):		
6			
Has the develop	ment already started? Yes No If Yes,	please state when the development was started:	01/07/2015
Has the develon	ment been completed? Yes No If Yes,	please state when the development was completed:	01/01/2017
rias tric acvelop	ment been completed: 9 163 9 140 11 163,	please state when the development was completed.	01/01/2017
C Disabansa	of Condition(a)		
6. Discharge	of Condition(s)		
Please provide a	a full description and/or list of the materials/details that a	are being submitted for approval:	
6 - Details of pe	destrian gate. Plan enclosed showing new layout. All m	naterials to be black metal to match existing.	
7. Part Discha	arge of Condition(s)		
Are you seeking	to discharge only part of a condition?	☐ Yes No	
8. Site Visit			
Can the site be s	seen from a public road, public footpath, bridleway or ot	her public land?	
If the planning a	uthority needs to make an appointment to carry out a si	te visit, whom should they contact? (Please select or	nly one)

8. Site Visit			
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	Date	10/01/2017	

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

10/01/2017

 \checkmark

Date