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 Detail	ls			
Title: Mr	First Name:	Ed		Surname:	Crewdson	
Company name:	The One Healthcar	re Group Ltd		_		
Street address:	Tallis House					
	2 Tallis Street		Telephone nun	nber:		
			Mobile number	:		
Town/City:	London		Fax number:			
Country:	United Kingdom		Email address:	Email address:		
Postcode:	EC4Y 0AB					
Are you an agent	acting on behalf of th	he applicant?	Yes	No		
2. Agent Name	e, Address and C					
Title:	First Name:	Manning		Surname:	Elliott	
Company name:	Manning Elliott Arc	chitects				
Street address:	Suite 1					
	Manelli House		Telephone nun	nber: 0176	8868800	
	4 Cowper Road		Mobile number	:		
Town/City:	Penrith		Fax number:			
Country:	United Kingdom		Email address:	Email address:		
Postcode:	CA11 9BN		sam.hall@mai	sam.hall@manning-elliott.co.uk		

3. Site Addres	ss Details					
Full postal addre	ess 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					
	ocation or a grid reference eted if postcode is not known):					
Easting:	521939					
Northing:	209337					
4. Pre-applica	ation Advice					
Has assistance (or prior advice been sought from the local authority about	ut this application?				
5. Description	n of the Proposal					
Please provide a	a description of the approved development as shown on	the decision letter:				
1) Formation of new access						
2) Erection of electric substation and switchroom, gas meter housing and re-organisation of parking layout to previously approved private healthcare facility (S6/2015/1061/MA)						
Application reference number: 1) 6/2016/1039/MAJ 2) 6/2016/1620/MAJ Date of decision: 05/11/2015						
Please state the Condition number	condition number(s) to which this application relates:					
	(applies only to application 6/2016/1620/MAJ)					
Condition 3 (applies to both application 6/2016/1620/MAJ and 6/2016/1039/MAJ)						
Has the development already started? Yes No If Yes, please state when the development was started: 22/08/2016						
rias ine develop	ment been completed? Yes No					
0 D' 1	(0 10 ()					
6. Discharge	of Condition(s)					
Please provide a	a full description and/or list of the materials/details that a	re being submitted for approval:				
	ng proposal drawing nd planting proposal drawing					
	a pranting proposal araning					
7 Part Discha	arge of Condition(s)					
7.1 art Dische	arge or 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)								
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 07/04/2017								