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:	Ed		Surname:	Crewdson		
Company name:	The One Healthcare Group Ltd						
Street address:	Tallis House						
	2 Tallis Street		Telephone numb	er:			
			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 the	ne applicant?	Yes	lo			
2. Agent Name, Address and Contact Details							
Tido. Mr				C	Lieu		
Title: Mr	First Name:	Sam		Surname:	Hall		
Company name:	Manning Elliott Par	tnership					
Street address:	Suite 1						
	Manelli House		Telephone numb	oer: 0176	8868800		
	4 Cowper Road		Mobile number:				
Town/City:	Penrith		Fax number:				
Country:	United Kingdom		Email address:	Email address:			
Postcode:	CA11 9BN		sam.hall@manr	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:							
Street address:							
	Hatfield business Park						
Town/City:	HATFIELD						
Postcode:	AL10 9UA						
Description of location or a grid reference (must be completed if postcode is not known):							
Easting:	521939						
Northing:	209337						
4. Pre-applica	tion Advice						
Has assistance or prior advice been sought from the local authority about this application? Yes No							
5. Description	of the Proposal						
D							
	description of the approved development as shown on vate healthcare facility (use class 2), to include car/cycle	the decision letter: parking, boundary treatment, landscaping, lighting and access					
Application reference number: S6/2015/1061/MA Date of decision: 05/11/2015							
Please state the condition number(s) to which this application relates:							
Condition number(s):							
18							
Has the development already started? Yes No If Yes, please state when the development was started: 22/08/2016							
Has the development been completed? Yes No							
6. Discharge of Condition(s)							
Please provide a full description and/or list of the materials/details that are being submitted for approval: - Acoustic commissioning report prepared by Lee Cunningham Partnership							
Acoustic comi	masioning report prepared by Lee odining name and armere	niip					
7 D(D' - '	anne of Complition (-)						
7. Part Discha	arge of Condition(s)						
Are you seeking to discharge only part of a condition? O Yes No							
And you seeming to disorialize only part of a condition:							
0.04-1/14							
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							
o agoin							

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.

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Date

06/10/2017