

# Planning Application - part 1



## A1. Applicant Details

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**Organisation**

Odeon Cinemas Ltd

**Name**

**Title**      **Forename**      **Surname**

Mr      Curtis      Ellard

### A1.1 Address Details

**Name or flat number**

6th Floor

**Property number or name**

LEE House

**Street**

90 Great Bridgewater Street

**Locality**

**Town**

Manchester

**County**

**Postal Town**

**Postcode**

M1 5JW

### A1.2 Communication Details

**Telephone No.**

**Nat Code**      **Extn No.**

**Daytime Telephone No.**

**Fax No.**

**Email Address**

**DX Number**

## A2. Agent Details

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**Organisation**

NBDA Ltd

**Name**

**Title**

**Forename**

**Surname**

Mr

Ben

Farrand

### A2.1 Address Details

**Name or flat number**

**Property number or name**

**Street**

**Locality**

**Town**

**County**

**Postal Town**

**Postcode**

The Old Church

Palmerston Street

Bollington

Cheshire

SK10 5PX

### A2.2 Communication Details

**Telephone No.**

**Daytime Telephone No.**

**Fax No.**

**Email Address**

**DX Number**

**Nat Code**

**Extn No.**

01625575550

01625576606

design@nbda-architects.co.uk

## 1. Site Address Details

### 1.1 Address Details

Name or flat number	<input type="text" value="Odeon Cinema"/>
Property number or name	<input type="text" value="14"/>
Street	<input type="text" value="Parkway"/>
Locality	<input type="text"/>
Town	<input type="text" value="LONDON"/>
County	<input type="text"/>
Postal Town	<input type="text"/>
Postcode	<input type="text" value="NW1 7AA"/>
UPRN	<input type="text" value="00"/>
Location	<input type="text"/>

## 2. Description of the Proposed Development

### Development Description

## 3. Type of Application

### Type

- ☐ Outline  
☐ Approval of Reserved Matters  
☒ Full  
☐ Renewal of temporary permission  
☐ Renewal of unexpired permission  
☐ Removal of Condition  
☐ Variation of Condition

**Outline or Reserved Matters Applications.**  
 Following recent legislation changes to outline permission please read the help-text for new requirements.

Layout (Previously Siting)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Scale (Previously Design)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
External Appearance	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Means of Access	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Landscaping	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Reference Number of existing application	<input type="text"/>
Date of previous decision (yyyy-mm-dd)	<input type="text"/>
Condition Number	<input type="text"/>

### Proposal Type

**New building(s)** ☐ Yes ☒ No

<b>Alteration or Extension to building(s)</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Change of use</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Demolition</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Other operations</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

## 4. Access

Is existing access affected?

**Pedestrian** ☐ Yes ☒ No

Is a new access type proposed?

**Vehicular** ☐ Yes ☒ No

**Pedestrian** ☐ Yes ☒ No

**Vehicular** ☐ Yes ☒ No

**Disability Access**

As existing

## 5. Other Information

**A. Planting of trees, shrubs or hedges**

☐ Yes ☒ No

**B. Lopping or topping of trees or the removal of trees shrubs or hedges**

☐ Yes ☒ No

**C. Storage of waste**

☐ Yes ☒ No

## 6. Public Rights Of Way

Do you propose to alter or divert a Public Right of Way?

☐ Yes ☒ No

Is the site adjacent to a Public Right Of Way?

☐ Yes ☒ No

Describe the proposed alteration of the Public Right of Way

## 7. Materials

**Walls**

Smooth Terrecotta Rainscreen Cladding panels, 900 by 450mm.

**Roof**

NA

**Site boundaries (fences, walls, etc.), driveways, paved areas and other hard surfaced areas**

## 8. Site Area & Floor Space

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**Site Area****Units**☒ square metres  
☐ hectares**Width of site frontage****metres****Is the application for new building works?**☒ Yes ☐ No**Please state the existing floorspace of the building****sq.m****Please state the proposed new floorspace****sq.m****Is the proposal for a change of use?**☐ Yes ☒ No**Please state the floorspace related to the change of use****sq.m****Does the proposal involve the removal or demolition of any part of the existing building?**☒ Yes ☐ No**Description of removal/demolition**

## 9. Existing Uses

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**Current use of land or building****If vacant what was the land or building last used for?**

## 10. Residential Information

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**Select the type of land the development is on**☒ Brown-field

☐ Green-field  
☐ Part Greenfield, Part Brownfield  
☐ Don't Know  
☐ Yes ☒ No

Is the number of residential units changing?

If Yes, fill out the table below:

	Existing	Proposed	Net Gain
Houses or Bungalows	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Flats/Maisonettes/Apartments	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Bedsits	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

## 11. Interest

State the applicant's interest in the land

☒ Owner  
☐ Lessee  
☐ Prospective purchaser  
☐ Other

If Other give details

Does the applicant own or control any adjoining land?

☐ Yes ☒ No

Has any part of the site been in council ownership?

☐ Yes ☒ No

## 12. Height

State the height of the new development

metres

## 13. Car Parking

Please fill out the car parking space details in the table below:

	Existing	Proposed	Net Gain
Car Spaces	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Goods Vehicle Spaces	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cycle Spaces	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Disability Spaces	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

## 14. Drainage

State method of disposal for surface water

**State method of disposal for foul sewage**

If septic tanks are used, have the ground conditions been investigated? If "Yes" submit the details with the application

☐ Yes ☒ No

## 15. Previous Applications

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Any previous known applications for this proposal?

☐ Yes ☒ No

Reference Number

Date of Application (yyyy-mm-dd)

## 16. Details

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Has the proposal for works or development already been carried out?

☐ Yes ☒ No

Is the application for any of the following purposes listed below?

Industry

☐ Yes ☒ No

Office

☐ Yes ☒ No

Warehousing

☐ Yes ☒ No

Storage

☐ Yes ☒ No

Shopping

☐ Yes ☒ No

Any commercial use involving staff/parking/operating hours

☐ Yes ☒ No

Signature

Electronically submitted; no signature required.

## Certificate A

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I certify that:

on the day 21 days before the date of the accompanying application nobody, except the applicant, was the owner of any part of the building/land to which the application relates.

### Signatory

	Title	Forename	Surname
Signatory	<input type="text" value="Mr"/>	<input type="text" value="Ben"/>	<input type="text" value="Farrand"/>
Signature	Electronically submitted; no signature required.		
Date (yyyy-mm-dd)	<input type="text" value="2007-09-04"/>		

Under the provisions of the Planning Acts, if any person issues a certificate which purports to comply with the requirements of this Act and contains a statement which he knows to be false or misleading in a material particular, he shall be guilty of an offence. Please ensure that the information you have provided is accurate.



## Agricultural Holdings Certificate

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**X** None of the land to which the application relates is, or is part of, an agricultural holding. ☐ I have/the applicant has given the requisite notice to every person other than my/him/herself who, on the day 21 days before the date of this application was a tenant of an agricultural holding on all or part of the land to which the application relates as follows:

### Signatory

	Title	Forename	Surname
Signatory	<input type="text" value="Me"/>	<input type="text" value="Ben"/>	<input type="text" value="Farrand"/>
Signature	Electronically submitted; no signature required.		
Date (yyyy-mm-dd)	<input type="text" value="2007-09-04"/>		

Under the provisions of the Planning Acts, if any person issues a certificate which purports to comply with the requirements of this Act and contains a statement which he knows to be false or misleading in a material particular, he shall be guilty of an offence. Please ensure that the information you have provided is accurate.

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