

This form is specifically designed to be printed and completed offline.
Please complete this form in block capitals using black ink to facilitate scanning.

You are advised to read the accompanying guidance notes and per-question help text.

If you would rather make this application online, you can do so on our website:
<https://www.planningportal.co.uk/apply>

Application for Planning Permission

Town and Country Planning Act 1990 (as amended)

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



Knowsley Council

Website: www.knowsley.gov.uk/environment/planningandbuilding/

Directorate of Regeneration and Neighbourhoods
Housing, Planning and Building Control
PO Box 26
Archway Road
Huyton Knowsley
Merseyside L36 9FB

Tel: (0151) 443 2381

Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website. Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information.

If you require any further clarification, please contact the Local Planning Authority directly.

1. Applicant Name and Address

Title:	<input type="text" value="MR"/>	First name:	<input type="text" value="BERNARD"/>
Last name:	<input type="text" value="MAGUIRE"/>		
Company (optional):	<input type="text"/>		
Unit:	<input type="text"/>	House number:	<input type="text" value="32"/>
		House suffix:	<input type="text"/>
House name:	<input type="text"/>		
Address 1:	<input type="text" value="TARBOCK ROAD"/>		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text" value="LIVERPOOL"/>		
County:	<input type="text" value="MERSEYSIDE"/>		
Country:	<input type="text" value="ENGLAND"/>		
Postcode:	<input type="text" value="L36 5XW"/>		

2. Agent Name and Address

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>		
Company (optional):	<input type="text"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/>
		House suffix:	<input type="text"/>
House name:	<input type="text"/>		
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text"/>		
County:	<input type="text"/>		
Country:	<input type="text"/>		
Postcode:	<input type="text"/>		

3. Description of the Proposal

Please describe the proposed development, including any change of use:

CHANGE OF USE FROM VILLAGE HALL & FLAT TO 3 4 BED TERRACED HOUSES.

Has the building, work or change of use already started?

Yes No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

(date must be pre-application submission)

Has the building, work or change of use been completed?

Yes No

If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):

(date must be pre-application submission)

Reference number of permission in principle being relied on (technical details consent applications only):

Is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)?

Yes No

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: Northing:

Description:

5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name:

Reference:

Date (DD/MM/YYYY): (must be pre-application submission)

Details of pre-application advice received?

6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? Yes No

Is a new or altered pedestrian access proposed to or from the public highway? Yes No

Are there any new public roads to be provided within the site? Yes No

Are there any new public rights of way to be provided within or adjacent to the site? Yes No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? Yes No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

[Empty box for details]

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? Yes No

If Yes, please provide details:
1 AREA BEHIND EXISTING SUB STATION
1 AREA BY FRONT ENTRANCE IN MIDDLE OF BLDG. BEHIND WALK
1 BY MAIN DOOR ON RIGHT.

Have arrangements been made for the separate storage and collection of recyclable waste? Yes No

If Yes, please provide details:
RECYCLING BINS.

8. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? Yes No With respect to the authority, I am:
(a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

If Yes, please provide details of their name, role and how you are related to them.

[Empty box for details]

9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	BRICK / SANDSTONE	AS EXISTING.	<input type="checkbox"/>	<input type="checkbox"/>
Roof	SLATE / FLAT FELT - ASPHALT	AS EXISTING.	<input type="checkbox"/>	<input type="checkbox"/>
Windows	TIMBER	AS EXISTING. CREAM.	<input type="checkbox"/>	<input type="checkbox"/>
Doors	TIMBER	TO BE DECIDED PRESENT, BLACK, BLUE, WHITE.	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	EXISTING	EXISTING.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing	EXISTING.	BY SUB STATION AS PLAN. ADDED PARKING	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	SMALL EXTERIOR MAIN LED SENSOR LIGHTS AS REQUIRED	SMALL EXTERIOR LED SENSOR LIGHTS AS REQUIRED (BATTER) 2500K	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:
 ALL AS SUBMITTED TO PLANNING DEPT.

10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	7	9	2
Light goods vehicles/ public carrier vehicles	NONE	NONE	/
Motorcycles	NONE.	NONE	/
Disability spaces	NONE	NONE	/
Cycle spaces	2	2	NONE
Other (e.g. Bus)	NONE	NONE	/
Other (e.g. Bus)	NONE	NONE	/

11. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer Cess pit
- Septic tank Other
- Package treatment plant

Are you proposing to connect to the existing drainage system? Yes No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

ALL INTERNAL ALTERATIONS TO EXISTING.

12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

- Yes No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No

How will surface water be disposed of?

- Sustainable drainage system Existing watercourse
- Soakaway Pond/lake
- Main sewer

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

c) Features of geological conservation importance:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

14. Existing Use

Please describe the current use of the site:

VACANT FOR SEVERAL YEARS

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

VILLAGE HALL / COUNCIL CHAMBER / FLAT.

When did this use end (if known)? DD/MM/YYYY 9.2022 ?
(date where known may be approximate)

Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? Yes No

Land where contamination is suspected for all or part of the site? Yes No

A proposed use that would be particularly vulnerable to the presence of contamination? Yes No

15. Trees and Hedges SURVEY SUBMITTED

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? Yes No
 If Yes, please complete details of the changes in the tables below:

Proposed Housing							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>					12 BED	12
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a+b+c+d+e+f) =							A

Existing Housing							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input checked="" type="checkbox"/>		2				1
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a+b+c+d+e+f) =							F

Social, Affordable or Intermediate Rent							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a+b+c+d+e+f) =							B

Social, Affordable or Intermediate Rent							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a+b+c+d+e+f) =							G

Affordable Home Ownership							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a+b+c+d+e+f) =							C

Affordable Home Ownership							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a+b+c+d+e+f) =							H

Starter Homes							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a+b+c+d) =							D

Starter Homes							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a+b+c+d) =							I

Self Build and Custom Build							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>					12 BEDS	12
Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a+b+c+d) =							3

Self Build and Custom Build							
Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input checked="" type="checkbox"/>		2				2 BED
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a+b+c+d) =							1 FLAT

Total proposed residential units (A+B+C+D+E) = 3

Total existing residential units (F+G+H+I+J) = 1

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total): 2

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

Yes No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres) (a)	Gross internal floorspace to be lost by change of use or demolition (square metres) (b)	Total gross internal floorspace proposed (including change of use) (square metres) (c)	Net additional gross internal floorspace following development (square metres) (d = c - a)
B2 General industrial	<input checked="" type="checkbox"/>	/	/	/	/
B8 Storage or distribution	<input checked="" type="checkbox"/>	/	/	/	/
C1 Hotels and halls of residence	<input checked="" type="checkbox"/>	/	/	/	/
C2 Residential institutions	<input checked="" type="checkbox"/>	/	/	/	/
C2A Secure Residential institutions	<input checked="" type="checkbox"/>	/	/	/	/
C4 Homes in Multiple Occupation	<input checked="" type="checkbox"/>	/	/	/	/
E(a) Display/Sale of goods other than hot food	<input checked="" type="checkbox"/>	/	/	/	/
E(b) Sale of food and drink for consumption mostly on the premises	<input checked="" type="checkbox"/>	/	/	/	/
E(c)(i) Financial services	<input checked="" type="checkbox"/>	/	/	/	/
E(c)(ii) Professional services	<input checked="" type="checkbox"/>	/	/	/	/
E(c)(iii) Other appropriate services in a commercial, business or service locality	<input checked="" type="checkbox"/>	/	/	/	/
E(d) Indoor sport, recreation, or fitness - Excluding motorised vehicles, firearms, swimming, and skating	<input checked="" type="checkbox"/>	/	/	/	/
E(e) Medical or health services - Except premises attached to the residence of the provider	<input checked="" type="checkbox"/>	/	/	/	/
E(f) Creche, day nursery or day centre - Except where including a residential use	<input checked="" type="checkbox"/>	/	/	/	/
E(g)(i) Offices - Except where not suitable in a residential area	<input checked="" type="checkbox"/>	/	/	/	/
E(g)(ii) Research and development - Except where not suitable in a residential area	<input checked="" type="checkbox"/>	/	/	/	/
E(g)(iii) Industrial processes - Except where not suitable in a residential area	<input checked="" type="checkbox"/>	/	/	/	/
F1 Learning and non-residential institutions	<input checked="" type="checkbox"/>	/	/	/	/
F2 Local community uses (essential shops, meeting places, sport, and recreation)	<input checked="" type="checkbox"/>		NONE		
OTHER	<input type="checkbox"/>	520		670	150
Please Specify	<input type="checkbox"/>		NONE		
		520	NONE	670	150

18. All Types of Development: Non-residential Floorspace (continued)

Does the proposal include use as a shop (e.g. For the display/sale of goods under Use Class E(a), the sale of essential goods under Use Class F2, or as part of any other use)

Yes No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use		Not applicable	Existing tradable floor area (square metres) (e)	Tradable floor area to be lost by change of use or demolition (square metres) (f)	Total tradable floor area proposed (including change of use)(square metres) (g)	Net additional tradable floor area following development (square metres) (h = g - e)
E(a)	Display/Sale of goods other than hot food	<input type="checkbox"/>				
F2	Local community uses (essential shops, meeting places, sport, and recreation)	<input type="checkbox"/>				
OTHER		<input type="checkbox"/>				
Please Specify		<input type="checkbox"/>				
Total						

Does the proposal include loss or gain of rooms for hotels, residential institutions, or hostels?

Yes No

If you have answered Yes to the question above please add details in the following table:

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
C2A	Secure Residential Institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please Specify		<input type="checkbox"/>			

19. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees	N/A	A	
Proposed employees			

20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
	N/A	A		

21. Site Area

Please state the site area in hectares (ha)

APPROX 1/2 ACRE INC BUILDING, ?

26. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.

- | | | | |
|--|-------------------------------------|---|-------------------------------------|
| The original and 3 copies* of a completed and dated application form: | <input checked="" type="checkbox"/> | The correct fee: | <input checked="" type="checkbox"/> |
| The original and 3 copies* of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: | <input checked="" type="checkbox"/> | The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details): | <input checked="" type="checkbox"/> |
| The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application: | <input checked="" type="checkbox"/> | The original and 3 copies* of a fire statement, if required (see help text and guidance notes for details): | <input type="checkbox"/> |
| | | The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings): | <input type="checkbox"/> |

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

Plans can be bought from one of the Planning Portal's accredited suppliers: <https://www.planningportal.co.uk/buyaplanningmap>

27. 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.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

(date cannot be pre-application)

28. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

29. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

30. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

Agent

Applicant

Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: