

Application to determine if prior approval is required for a proposed: Demolition of Buildings

Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) - Sch 2, Part 11, Class B

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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:		First name:	
Last name:			
Company (optional):	MAJOR DEVELOPMENTS TEAM, KNOWSLEY METROPOLITAN BOROUGH COUNCIL		
Unit:		House number:	
		House suffix:	
House name:			
Address 1:	MUNICIPAL BUILDINGS		
Address 2:	20 ARCHWAY ROAD		
Address 3:			
Town:	HUYTON		
County:	MERSEYSIDE		
Country:			
Postcode:	L36 9UX		

2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):	MAJOR DEVELOPMENTS TEAM, KNOWSLEY METROPOLITAN BOROUGH COUNCIL		
Unit:		House number:	
		House suffix:	
House name:			
Address 1:	MUNICIPAL BUILDINGS		
Address 2:	20 ARCHWAY ROAD		
Address 3:			
Town:	HUYTON		
County:	MERSEYSIDE		
Country:			
Postcode:	L36 9UX		

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:					
Address 1:	KIOSK A				
Address 2:	ST CHADS PARADE				
Address 3:					
Town:	KIRKBY				
County:	MERSEYSIDE				
Postcode (optional):	L32 8RD				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northing:			
Description:					

4. 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:

ALAN KILROE

Reference:

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

Details of pre-application advice received?

5. Proposed Demolition Works

Please describe the building(s) to be demolished:

KIOSK A IS A SMALL BUILDING AT THE WESTERN END OF ST CHADS PARADE, WHICH CONTAINS FOUR UNITS.

Please state why demolition needs to take place:

CONTINUED VACANCY OF ALL 4 UNITS WITHIN THE KIOSK IS RESULTING IN THE COUNCIL INCURRING SIGNIFICANT COSTS. BY DEMOLISHING THE KIOSK THE COUNCIL WILL SAVE MONEY, WHILST OPENING UP THE SPACE AND IMPROVING THE PUBLIC REALM.

Please describe the proposed method of demolition:

THE PROPOSED METHOD OF DEMOLITION WILL BE THOROUGHLY DISCUSSED WITH THE CONTRACTOR TO ENSURE THE PROCESS IS CARRIED OUT EFFICIENTLY. AS A COUNCIL WE ARE COMMITTED TO ENSURING THE DEMOLITION IS DONE CORRECTLY WITH MINIMAL DISRUPTION TO THE PUBLIC WHICH IS WHY ALL DEMOLITION WORKS WILL BEGIN AFTER 4PM.

Please provide details of the proposed restoration of the site:

ONCE DEMOLISHED WE WILL WORK COLLABORATIVELY WITH THE CONTRACTOR TO ENSURE THE AREA IS LEVELLED OFF AND THE PUBLIC REALM IS RESTORED.

Please state the expected date of commencement of works (DD/MM/YYYY): DATE MUST BE POST SUBMISSION

Please state the expected date of completion of works (DD/MM/YYYY): DATE MUST BE POST SUBMISSION

Are there any public rights of way within the site or immediately adjoining the site? ☒ Yes ☐ No

Is redevelopment or rebuilding proposed at a later date? ☐ Yes ☒ No

Does the proposal involve the felling or pruning of any tree(s)? ☐ Yes ☒ No

If Yes, please show details on a plan and provide the reference number of the plan(s):

1.		4.	
2.		5.	
3.		6.	

Please describe how and where spoil/rubble would be disposed:

THE RUBBLE GENERATED FROM THE DEMOLITION WILL BE REMOVED IN A SAFE AND RESPONSIBLE MANNER. THE CONTRACTOR AND OUR ASSET MANAGERS WILL COLLABORATE CLOSELY TO DETERMINE THE SAFEST AND MOST EFFICIENT ROUTE FOR WASTE REMOVAL, ENSURING THAT ALL PROCEDURES COMPLY WITH THE SAFETY REGULATIONS AND MINIMISE DISRUPTION TO THE SURROUNDING AREAS.

6. 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: ☐

The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: ☐

A statement that a site notice has been posted in accordance with B.2 (b) (iv) of Part 11 of Schedule 2 to the General Permitted Development Order 2015: ☐

In cases where the building is not a community asset and is used for a purpose falling within Class A4 (drinking establishments) of the Schedule to the Use Classes Order, a written request to the local planning authority as to whether the building has been nominated: ☐

The correct fee: ☐

*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.

7. 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)

8. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

9. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

10. 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: