JEFFCOCK ROAD.

Please send to: The Planning Service, Howden House, 1 Union Street, Sheffield, S1 2SH.

PLANNING PORTAL

Telephone: 0114 2734218 Email: planningdc@sheffield.gov.uk

Sheffield guidance at www.sheffield.gov.uk/planning

Sheffield City Council

Application for prior notification of proposed demolition.

Town and Country Planning (General Permitted Development) Order 1995 Schedule 2 Part 31

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

ublication of applications on planning authority websites

ease note that the information provided on this application form and in supporting documents may be published on the ithority's website. If you require any further clarification, please contact the Authority's planning department.

ease complete using block capitals and black ink.
s important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

. Applicant Name and Address

tle:	MRS	First name:	STEPHANIE		
ast name:	GRAYSON				
ompany ptional):	SHEFFIELD CITY COUNCIL				
nit:		House number:		House suffix:	
ouse ame:	MOORFOOT BUILDING				
ddress 1:	LEVEL 11, WEST WING				
ddress 2:					
ddress 3:					
own:	SHEFFIELD				
ounty:	SOUTH YORKSHIRE				
ountry:	ENGLAND				
ostcode:	S1 4PL				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site Address Details

Please provide the full postal address of the application site.

Unit:	
House number:	
House suffix:	
House name:	GARAGES
Address 1:	1-19 JEFFCOCK ROAD
Address 2:	
Address 3:	
Town:	SHEFFIELD
County:	SOUTH YORKSHIRE
Postcode (optional):	S35 4HL

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:

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:

2 ROWS OF GARAGES 1 ROW OF 8 1 ROW OF 11

Please state why demolition needs to take place:

PART OF THE GARAGE PROJECT

Please describe the proposed method of demolition:

AT CONTRACTORS DISCRETION

Please provide details of the proposed restoration of the site:

DEMOLISH STRUCTURES DOWN TO SLAB MAKE THE ROAD SURFACE SAFE FOR PARKING.

Please state the expected date of commencement of works (DD/MM/YYYY): 19.06.17 DATE MUST BE POST SUBMISSION

Please state the expected date of completion of works (DD/MM/YYYY): 23.06.17 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:

DISPOSED OF BY CONTRACTOR RUBBLE PLACED IN SKIPS AND LATER TAKEN TO LANDFILL.

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 has been submitted.

The original and 3 copies of a completed and dated application form: ☐ The correct fee: ☐

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: ☐

7. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant: [redacted]

Or signed - Agent:

Date (DD/MM/YYYY): 6/3/17 (date cannot be pre-application)

8. Applicant Contact Details

Telephone numbers

Country code: [redacted] Extension number:

Country code: Fax number (optional):

Email address (optional): [redacted]

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: STEPHANIE GRAYSON

Telephone number: [redacted]

Email address: [redacted]