FOR ASSISTANCE IN COMPLETING THIS FORM CONTACT
Economy and Environment
Planning Service
Number One Riverside
Smith St
Rochdale
OL16 1XU
Phone : 01706 924928 EMAIL : development.control@rochdale.gov.uk WEB : www.rochdale.gov.uk

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

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

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.

Please complete using Block Capitals and black ink.
It is important that you read these accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MRS
First name:	SHARON
Last name:	CARECRAFT
Company (optional):	
Unit:	
House number:	19
House suffix:	
House name:	CRESPIAN ROAD
Address 1:	MANCHESTER
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	M40 7AS

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:	

Page 1 of 6 pages (version 4/2013)

3. Site Address Details

Please provide the full postal address of the application site.

Unit:	
House number:	287
House suffix:	
House name:	
Address 1:	MANCHESTER ROAD
Address 2:	
Address 3:	CASTLETON
Town:	ROCHDALE
County:	
Postcode (optional):	OL11 2ST

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. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below.

PARTIAL CHANGE OF USE TO GROUND FLOOR TO CREATE EXTENSION TO DWELLING SINGLE STOREY REAR EXTENSION TO EXISTING HAIRDRESSERS. INSALLATION OF SHOPFRONT. APPLICATION OF RENDER TO FRONT AND REMOVAL OF BRICKWORK

Reference number: Date of decision: (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	CONDITIONS	6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started? ☑ Yes ☐ No

If Yes please state when the development started (DD/MM/YYYY): 6/6/2025 (date must be pre-application submission)

Has the development been completed? ☐ Yes ☑ No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

FULL FINAL TECHNICAL DRAWINGS. CALCULATIONS + SPECIFICATIONS PROVIDING PART OF EXTERNAL BRICK TO BE USED WHICH MATCHES NEIGHBOURING PROPERTIES.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☐ Yes ☑ No

If Yes please indicate which part of the condition your application relates to:

8. Planning ApplicationRequirements - Checklist

Please read the following checklist to makesure you havesent all the information in support of your proposal. Failure tosubmit 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 hasbeen submitted.

The original and 3 copies of a completed and dated application form: ☑

The original and 3 copies of other plansand drawings or information necessary to describe thesubject of theapplication: ☑

The correct fee: ☑

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and theaccompanying plans/drawingsand additional information. I/we confirm that, to the best of my/our knowledge, any factsstated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant: [redacted]

Signed - Agent:

Date (DD/MM/YYYY): 02/07/2025 (date cannot be pre-application)

10. Applicant ContactDetails

Telephone numbers

Country code: | National number: [redacted] | Extension number:

Country code: | Mobilenumber (optional):

Country code: | Fax number (optional):

Email address(optional):

11. Agent ContactDetails

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobilenumber (optional):

Country code: | Fax number (optional):

Email address(optional):

12. Site Visit

Can thesite beseen from a public road, public footpath, bridleway or other public land? ☑ Yes ☐ No

If the planning authority needs to makean appointment to carry outasite 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: [redacted]