Hinckley & Bosworth Borough Council
A Borough to be proud of

planning@hinckley-bosworth.gov.uk
01455 238141

Council Offices
Argents Mead
Hinckley
Leicestershire
LE10 1BZ

Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

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.

1. Applicant Name, Address and Contact Details

Title: Mr | First name: P | Surname: Hilyer

Company name:

Street address: Park House Farm

Town/City: Desford

County: Leicestershire

Country:

Postcode: LE9 9JJ

	Country Code	National Number	Extension Number
Telephone number:			
Mobile number:			
Fax number:			

Email address:

Are you an agent acting on behalf of the applicant? (•) Yes ( ) No

2. Agent Name, Address and Contact Details

Title: Miss | First Name: Paula | Surname: Jamieson

Company name: Ice Renewables

Street address: Crabtree Hall Business Centre

Town/City: Northallerton

County: North Yorkshire

Country:

Postcode: DL7 9LN

	Country Code	National Number	Extension Number
Telephone number:			
Mobile number:			
Fax number:			

Email address: paula.jamieson@icerenewables.com

3. Site Address Details

Full postal address of the site (including full postcode where available)

House: | Suffix:

House name: Parkhouse Farm

Street address: Leicester Lane

Desford

Town/City: Leicester

County:

Postcode: LE9 9JJ

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

Easting: 449731

Northing: 303556

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):

Officer name:

Title: Mr First name: Robert Surname: Morgan

Reference:

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

Details of the pre-application advice received:

Advice was sought over the requirements for Condition 7 relating to the Shadow Flicker mitgation protocol.

5. Description of Proposal

Please provide a description of the approved development as shown on the decision letter:

Erection of two turbines including associated transformer and control compounds and formation of associated infrastructure.

Application reference number: 11/00329/FUL Date of decision: 27/04/2011

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

Condition number(s):

Condition 7 - Shadow Flicker
Condition 8 - Construction Method Statement
Condition 10 - Traffic Management Plan

Has the development already started? ( ) Yes (•) No

6. Discharge of Condition(s)

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

Condition 7 - Shadow Flicker mitigation protocol (details to be emailed)
Condition 8 - Construction Method Statement
Condition 10 - Traffic Management Plan

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition? ( ) Yes (•) No

8. 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)

(•) The agent ( ) The applicant ( ) Other person

9. 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.

☒ Date 10/10/2012