

Secretary
Development and Planning Commission
Suite 631
Europort
Gibraltar

16 MAY 2014

TOWN PLANNING AND BUILDING CONTROL

RECEIVE

Form 1

Tel: 350 20075483 Fax: 350 20074086

## APPLICATION FOR PLANNING AND BUILDING CONTROL APPROVAL Under Sections 17 and 18 of the Town Planning Act, 1999 and Section 45 of the Public Health Act

Please read the guidance notes and complete in block letters. For Outline Planning Applications return <u>5 copies</u> of this form and of the plans, for Planning/Building Control Approval applications return <u>8 copies</u> (in both cases 1 set to be at A1 and the remainder at A3 size) to the above address.

1	Applicant's name and address (Not Agent):	2.	Name and address of Agent:	
	Gibraltar Health Authority St. Bernard's Hospital Europort, Gibraltar Tel No: 20072266 ext2008 Fax No		John O'Reilly, architect For and on behalf of the GHA Estates and Clinical Engineering Department St. Bernard's Hospital, Europort, Gibraltar Tel No: 20072266 ext2368 Fax No:	
	Email: <u>Derek.Alman@Gha.gi</u>		Email: John.oreilly@gha.gi	
3	Location of proposed works:	4	Status of applicant (tick appropriate box):	
	Site at rear of Block 3 Hospital Complex, St. Bernard's Hospital, Europort, Gibraltar.		Freeholder Leaseholder  Tenant Other (Please Specify)	
	Property No, CP/FP:			
5	Application Type (Please tick box):	6	Previous Permission:	
	Outline Planning Application		If this is an application for a permit following the grant of outline planning permission, please state reference number of approved outline planning application:	
	Planning/Building Control Application		BA <i>NOT APPLICABLE</i>	
7	Description of Development (briefly describe proposals)  Proposed extension to the rear of Block 3 of the Hospital to allow for an extension to the Rehabilitation department, and associated works.			
	Tick box if development involves:			
	New build Demolition		New access to highway	
	Change of use Alterations/extension	×	Altered access to highway	
8	Estimated cost of works:£1,000,000  Use of existing building or land:		Owner of building or land (Name and address): (a) Freeholder:	
10			Government of Gibraltar:	
	State the current use of the site: Hospital		(a) Leaseholder:	
	If vacant state last use:		Royal Bank of Scotland	

					· · · · · · · · · · · · · · · · · · ·
11	Density of development (Fi Site area: 517 sq.m. Site outlined in RED sea Aggregate area of floor space N/A	e site plan	12	State total number of Existing: Parking in Proposed: No change	the Basement of the Hospital
13	Percentage of plot cove  (a) Existing building:  (b) Proposed building:	. N/A %	14	building(s) in metres:  3.97m high abo	ate overall height of proposed  ve existing Podium  I is 35.95m above pavement
15	Environmental Impact Assessment:  Does your proposal, require the submission of an Environmental Impact Assessment under the Town Planning (Environmental Impact Assessment) Regulations 2000?				
16	Felling of trees:  Please tick box if develop felling of tree(s) and show location on plan.			Drainage: Method of surface & fo	oul water drainage (tick box)  Existing
18	Floor space		·		
	Use	Existing sq m		Proposed sq m	Total sq m
	Residential			-	-
	Industrial	-		-	-
	Office			•	-
	Shop			_	-
	Storage/distribution			-	-
	Other (please specify) Hospital	31,570 sq.m.		265 sq.m.	31,835 sq.m.
	Total	31,570 sq.m.		265 sq.m.	31,835 sq.m.

Housing Type	No of units		Type of units	No of units	
	Existing	Proposed		Existing	posed
Detached			1 bedroom		
Semi-detached			2 bedroom		
Terraced			Jedroom		
Apartments			4 bedroom		
			Others		
Total			Total		

20	Ownership details (see guidance notes)  We need to know who owns the application site. If you do not own the site or if you only own part of it, we need to know the name(s) of the owner(s). We also need to be sure that any other owner(s) knows that you have made an application. Please read the attached guidance notes if in doubt.  If you are the sole owner of the whole site Certificate A will apply. Please tick the appropriate box below:					
	CERTIFICATE A	$\overline{\times}$				
	I certify that at the beginning of the period 21 days ending with the date of this application, nobody, except the applicant, was the owner(s) of any part of the land to which this application relates.					
	CERTIFICATE B					
	I certify that the applicant (or his ager at the beginning of the period 21 days to which the application relates, as lis					
	Owner's name	Address at which notice was served	Date on which notice was served			
	Continue on a separate sheet if necessary					

21				
	Public Participation Some types of development are subject to public participation requirements under Section 1 of the Town Planning Act (referred to as "Section 19 developments"). Some common Section 19 developments include: construction of buildings more than 4m in height, extensions of one or more additional streys where the height would exceed 4m, swimming pools, use of land as bar/restaurant (including fast for restaurants). For the complete list seek advice from the Town Planning Division or refer to the Town Planning (General Procedures) Regulations, 2001, that can be viewed at <a href="https://www.gibraltarlaws.gov.gi">www.gibraltarlaws.gov.gi</a>			
	If Section 19 applies you must:  a. Place a notice (use form S19 attached) on six and this must remain for at least 14 days – you are advised to place the notice on site the same day are application is submitted. On completion of the 14 days, complete and submit the attached certificate (Form S19 (Cert) attached).			
	b. Place a notice (use four \$19\$ attached) in the Gibraltar Gazette, a daily and weekly newspaper. Copies of each of the nutrications in which the notices are published must be submitted as soon as possible after their publication.			
	Thek the box if the proposal is a Section 19 development.			
22	<b>Drawings</b> List all drawings, plans and other documents included with the application. <b>NB</b> Location and site plan MUST be included.			
	Drawings included within the Outline Planning Application are the following: D101 Existing Site Details, D102 Existing Floor Plans & Elevation, D103 Proposed Floor Plan & Montage, D104 Proposed South Elevation — Rehab Dept.			
and	e hereby apply for permission to carry out the development described in this application and accompanying plan(s) documents. I understand that an initial fee is payable on acknowledgement with a further fee payable following the tinspection following the grant of Building Control approval.			
Sig	Signed Date14th May 2014			

4 - Fm1Nov08