

Secretary
Development and Planning Commission Suite 631 Europort Gibraltar

TOWN PLANNING AND

07 FEB 2013

Form 1

Tel: 350 20075483

Fax: 350 20074086

RECEIVE

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 at A3 size) to the above address.

1	Applicant's name and address (Not Agent): GISRALIAR HEALTH AUTHORITY ST. BERNARD'S HOSPITAL HARBOUR VIEWS ROAD Tel No: 20071700 Fax No: E-mail.	2	Name and address of Agent: TECHNICAL SERVICES DEFT. JOSHUA HASSAN HOUSE SECRETARY'S LANE Tel No. E-mail: Gino. malto a gibraltan. gav. gi				
3	Location of proposed works: EXTERNAL LAND SCAPED GARDEN AREA OF HOSPITAL AREA Property No: CP/FP:	4	Status of applicant (tick appropriate box): Freeholder Leaseholder				
5	Application Type: (please tick appropriate box): Outline Planning Application Planning/Building Control Application	6	Previous permission: If this is an application for a permit following the grant of outline planning permission, please state reference number of approved outline planning application: BA				
7	Description of development: (briefly describe proposals) THE CONSTRUCTION OF A RAMP & STAIRLIET TO ENBBLE PATIENTS AT GHA TO ACCESS GARDEN AREA						
	Tick box if development involves: New build Demolition Change of use Alterations/extension		New access to highway				
ઙ	Estimated cost of works:	9	Owner of building or land (Name and address):				
10	Use of existing building or land: State the current use of the site LANDSCARED GARDEN If vacant state last use	(b) Leaseholder					

11	Density of development (Floo	velopment (Floor Space Index):		12	State total number of parking spaces:			
	Site area	eda S	lg m		- <u>-</u> .			
	Aggregate area of floorspace	MH	•		Existing:			
	within building	Se	q m		Proposed:			
13	presentage of proteorere	ıl by:		14	Height of building:			
	(a) Existing building		%		State overall height of proposed building(s) in metres:			
	(b) Proposed building	(b) Proposed building%			NA			
15	Environmental Impact Ass	sessment:						
	Does your proposal, require the submission of an Environmental Impact Assessment under the Town Planning (Environmental Impact Assessment) Regulations 2000?							
16	Felling of trees:			17	Drainage:			
	Please tick box if developme	nt involves the	felling of	-	Method of surface & foul water drainage (tick box)			
	free(s) and show species and	nd show species and location on plan.			New Existing			
1.5							1	
18	Floorspace				Martine and the Second Sec			
	Use	Existing sq m			Proposed sq m	Total sq m		
	Residential			\perp				
	Industrial			\perp				
2000	Office			1				
	Shop			\perp				
difference	Storage/distribution							
	Other (please specify)			\perp				
TOTAL STREET	Total				•			
19	Residential type:							
Sec. Sec.	Housing Type	No of units		The state of the s	Type of units	No of units		
		Existing	Proposed			Existing	Proposed	
The state of the s	Detached			L	bedroom			
	Semi-detached				2 bedroom			
Total Control	Terraced			3	3 bedroom			
and or design.	Apartments			4	bedroom			
		i 1	1		`\4L			
ĺ					Others			

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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								
	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 agent) has given the requisite notice (Form S21A attached) to everyone else who, at the beginning of the period 21 days ending with the date of this application, was the owner of any part of the land to which the application relates, as listed below:								
	Owner's name	Address at which notice was served		Date on which notice was served					
				Politica de					
		(Continue or	a separate sheet if necessary					
21	Public Participation			**************************************					
	Some types of development are subject to public participation requirements under Section 19 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 storeys where the height would exceed 4m, swimming pools, use of land as bar/restaurant (including fast food 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 www.gibraltarlaws.gov.gi If Section 19 applies you must: a. Place a notice (use form S19 attached) on site and this must remain for at least 14 days - you are advised to place the notice on site the same day the application is submitted. On completion of the 14 days, complete and submit the attached certificate (Form S19(Cert) attached). b. Place a notice (use form S19 attached) in the Gibraltar Gazette, a daily and weekly newspaper. Copies of each of the publications in which the notices are published must be submitted as soon as possible after their publication. Tick the box if the proposal is a Section 19 development.								
Ĭ		uments included with the application. ncluded.							
ınd Irst	hereby apply for permission to carry of decuments. I understand that an initial inspection following the grapt of Builted	out the development described in this application for its payable on acknowledgement with a furding Control approval. Date	on and a	ecompanying plan(s) payable following the					