



Application for Modification of Condition(s) relating to Construction Working Hours



Stratford-on-Avon District Council

Planning Department, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX
Telephone: 01789 267575 Email: info@stratford-dc.gov.uk Website: www.stratford.gov.uk

If you find the text on this form difficult to read we may be able to supply it in a format better suited to your needs.

PRIVACY STATEMENT

Please see our privacy notice at www.stratford.gov.uk/privacy

Development Details

Site address

Site postcode

Related application number

Relevant planning condition number

Proposal

Please outline the proposed working hours and days of week that extended hours would apply to

Hours

Existing approved hours

Duration of time for extended hours (✓)

up to 3 months

3-6 months

more than 6 months (but no later than 1 April 2021)

Date when proposed modification to take effect
(DD / MM / YYYY)

If the proposed extended hours only apply to part of the application site or a phase of development please provide a plan showing the area where the extended hours would apply.

Applicant / Agent Details

Contact name

Contact address

Contact postcode

Contact telephone number

Contact email address

Details of any additional mitigation measures that will be put in place if the request is agreed.

Explain why the request is necessary to facilitate safe working, allow tasks to be completed where social distancing can be challenging and / or how coronavirus has impacted on the delivery of a site and therefore why the buildout rate needs now to be stepped up.

Please state any communication arrangements made.

This may be between the developer / site manager, local residents and businesses.

Member of a construction scheme or similar? (✓)

Yes No

Existing approved CMP attached? (✓)

Yes No

In addition to the information requested in this form, please also complete the Risk Assessment which can be downloaded from the Council's website (www.stratford.gov.uk) or which can be obtained by contacting planning.enforcement@stratford-dc.gov.uk

Completed Risk Assessment attached? (✓)

Yes No

Declaration

Signed

NAME IN CAPITALS

Name of company
(if applicable)

Date of signing
(DD / MM / YYYY)

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