

Creches and Day Nurseries



P1D

Official Use
Applic No.

.....
Receipt No.
.....

Additional Information Required

- ◆ See Dev. Control Advice Notes 9 & 13 respectively
- ◆ Please complete 2 copies of this form.

1. Does your proposal form part of a larger scheme for which planning permission is not at present sought? Yes No

If **Yes**, give what information you can about the larger scheme

2. Is the proposal related to an existing use, on or near the site? Yes No

If **Yes**, please explain the relationship.

3.

Numbers of Children	Existing Area (m ²)	Proposed Addition (m ²)	Total (m ²)
0 – 2 years			
2 – 5 years			
Over 5 years			
Total Children			

4.

Numbers of Staff		Existing	Proposed	Total
Caring Staff	Full time			
	Part time			
Ancillary Staff	Full time			
	Part time			
Total	Full time			
	Part time			

5.

Average number of vehicles arriving at premises daily	Existing	Expected Increase	Total
Parents/Guardians			
Staff			
Other Visitors			
Goods/Services			

Note.

Please ensure that a submitted plan (1/500 scale) shows what provision has been made or will be made for parking, loading and unloading of vehicles within the site.

Signed Date

On behalf of

Nursing and Residential Homes

Official Use
Applic No.

.....
Receipt No.

Additional Information Required

- ◆ See Dev. Control Advice Notes 9 & 13 respectively
- ◆ Please complete 2 copies of this form.

1. Does your proposal form part of a larger scheme for which planning permission is not at present sought? Yes No

If **Yes**, give what information you can about the larger scheme

2. Is the proposal related to an existing use, on or near the site? Yes No

If **Yes**, please explain the relationship.

3. Please give details of the proposed floorspace?

Existing Area (m²) *(if appropriate)*

Proposed Addition (m²)

Total (m²)

Numbers of Staff / Patients		Existing	Proposed	Total
Patients				
Nursing Staff (per shift)	Full time			
	Part time			
Ancillary Staff (per shift)	Full time			
	Part time			
Total Staff (per shift)	Full time			
	Part time			

Average number of vehicles arriving at premises daily	Existing	Expected Increase	Total
Staff			
Visitors / Customers			
Goods			

Note.

Please ensure that a submitted plan (1/500 scale) shows what provision has been made or will be made for parking, loading and unloading of vehicles within the site.

Signed _____ Date _____
On behalf of _____