

Creches and Day Nurseries

Official Use	
Application No.:	_____
Date Received:	_____

Additional Information Required

- See Dev. Control Advice Note 13
- Please complete 2 copies of this form

Please note that when you submit a planning application the information, including plans, maps and drawings, will appear on the Planning Register which is publicly available and, along with other associated documentation (with the exception of personal telephone numbers, email addresses or sensitive personal data), will also be published on the internet on the Public Access site (www.planningni.gov.uk/public-access-info). The Department for Infrastructure and the 11 Councils will process your information in line with the General Data Protection Regulations (GDPR) requirements. A copy of the full Privacy Statement is available at www.infrastructure-ni.gov.uk/dfi-privacy. To request a hard copy, please contact the relevant Data Protection Officer as listed in the statement.

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.

Number 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.

Number 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
Parent/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 _____

Form P1D

Nursing and Residential Homes

Official Use

Application No.: _____

Date Received: _____

Additional Information Required

- See Dev. Control Advice Notes 9
- Please complete 2 copies of this form

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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) _____

- 4.

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			

5.

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 _____