



Informal Request for Extension to approved Working Hours on a Construction Site (10 day Request)

Lichfield District Council - Development Management Department, District Council House, Frog Lane, Lichfield WS13 6YZ.
Telephone: 01543 308174 Email: Devcontrol@Lichfielddc.gov.uk Website: www.Lichfielddc.gov.uk

PRIVACY STATEMENT

Please see our privacy notice at www.lichfielddc.gov.uk/freedom-information/privacy-notice_

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 longer than 31 May 2021)

| |
|--|
| |
| |
| |

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 | <input type="text"/> |
| Contact address | <input type="text"/> <input type="text"/> <input type="text"/> |
| Contact postcode | <input type="text"/> |
| Contact telephone number | <input type="text"/> |
| Contact email address | <input type="text"/> |

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

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

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.

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Please state any communication arrangements made.

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

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |



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.lichfielddc.gov.uk) or which can be obtained by contacting dev.control@lichfielddc.gov.uk

Completed Risk Assessment attached? (✓)

Yes No

Declaration

Signed

NAME IN CAPITALS

Name of company
(if applicable)

Date of signing
(DD / MM / YYYY)

| | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|