



WOKINGHAM BOROUGH COUNCIL

Wokingham Borough Council
Planning Services
PO Box 157, Civic Offices, Shute End
Wokingham, Berkshire
RG40 1WR
email: development.control@wokingham.gov.uk
Phone: 0118 974 6000

Application for Approval of Details Reserved by Condition

Town and Country Planning Act 1990 (as amended); Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Site Location

Disclaimer: We can only make recommendations based on the answers given in the questions.

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".

Number

Suffix

Property Name

Wokingham Community Hospital

Address Line 1

Barkham Road

Address Line 2

Address Line 3

Wokingham

Town/city

Wokingham

Postcode

RG41 2RE

Description of site location must be completed if postcode is not known:

Easting (x)

Northing (y)

Description

Applicant Details

Name/Company

Title

First name

Surname

Company Name

Address

Address line 1

Address line 2

Address line 3

Town/City

County

Country

Postcode

Are you an agent acting on behalf of the applicant?

Yes
 No

Contact Details

Primary number

Secondary number

Fax number

Email address

***** REDACTED *****

Agent Details

Name/Company

Title

Ms.

First name

HING LING

Surname

LEUNG

Company Name

EDTS

Address

Address line 1

EDTS Office, St. Mark's Hospital

Address line 2

St. Mark's Road

Address line 3

Town/City

Maidenhead

County

Berkshire

Country

Postcode

SL6 6DU

Contact Details

Primary number

***** REDACTED *****

Secondary number

Fax number

Email address

***** REDACTED *****

Description of the Proposal

Please provide a description of the approved development as shown on the decision letter

Wokingham Borough Council granted permission for erection of a log cabin building to provide a sensory room at the back garden of Phoenix Unit at Wokingham Hospital

Reference number

242151

Date of decision (date must be pre-application submission)

25/10/2024

Please state the condition number(s) to which this application relates

Condition number(s)

4. Landscaping - Prior to the commencement of the development there shall be submitted to and approved in writing by the local planning authority a scheme of landscaping, which shall specify species, planting sizes, spacing and numbers of trees/shrubs to be planted, and any existing trees or shrubs to be retained.

Has the development already started?

Yes
 No

Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

Yes
 No

Discharge of Conditions

Please provide a full description and/or list of the materials/details that are being submitted for approval

Proposed location of new tree - Copper Beech tree - *Fagus Silvatica f. purpurea* 12-14cm girth at the back garden - which will be shown on drawing SJA TPP 24061-041

Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

Yes
 No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?

The agent
 The applicant
 Other person

Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes
 No

If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):

Officer name:

Title

***** REDACTED *****

First Name

***** REDACTED *****

Surname

***** REDACTED *****

Reference

222957

Date (must be pre-application submission)

28/10/2022

Details of the pre-application advice received

The proposal is considered acceptable in principle within the existing hospital grounds and the recognised need for the sensory room, however appropriate mitigation between the proposed development and the existing trees needs to be demonstrated in the submission of any future application.

Declaration

I/We hereby apply for Approval of details reserved by a condition (discharge) as described in the questions answered, details provided, and the accompanying plans/drawings and additional information.

I/We confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

I/We also accept that, in accordance with the Planning Portal's terms and conditions:

- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published as part of a public register and on the authority's website;
- Our system will automatically generate and send you emails in regard to the submission of this application.

I / We agree to the outlined declaration

Signed

Ling Leung

Date

23/01/2025