



Minerals & Waste Planning E3 County Hall Market Road Chelmsford CM1 1QH

Phone: 03330139808

Mineralsandwastedm@essex.gov.uk www.essex.gov.uk/planning

(Privacy Statement available on website)

Application for removal or variation of a condition following grant of planning permission. Town and Country Planning Act 1990.
Planning (Listed Buildings and Conservation Areas) Act 1990

## 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.

1. Applicant Name, Address and Contact Details						
Title:	First name:	Surname:				
Company name	Gent Fairhead & Co Limited					
Street address:	Court of Noke		Country Code	National Number	Extension Number	
	Pembridge	Telephone number:				
		Mobile number:				
Town/City	Leominster	Fax number:				
County:	Herefordshire United Kingdom	Email address:				
Postcode:	HR6 9HW	Littali addi ess.				
Are you an agent acting on behalf of the applicant?  • Yes • No						
2. Agent Name, Address and Contact Details  Title: Thomas Surname: McPhie						
Company name:	Holmes & Hills					
Street address:	Dale Chambers		Country Code	National Number	Extension Number	
	Bocking End	Telephone number:		01376 529262		
		Mobile number:				
Town/City	Braintree	Fax number:				
County:	Essex					
Country:		Email address:				
Postcode:	CM7 9AJ	tsm@holmes-hills.co.uk	(			

3. Site Address	s Details	
Full postal address of	s of the site (including full postcode where available)  Description:	
House:	Suffix:	
House name:	Rivenhall Airfield	
Street address:	Coggeshall Road (A120)	
Town/City:	Braintree Braintree	
,	Essex	
County:	CO5 9DF	
Postcode:	COD YUF	
	ation or a grid reference ed if postcode is not known):	
Easting:	582972	
Northing:	220158	
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4. Pre-applicati	tion Advice	
Has assistance or pr	orior advice been sought from the local authority about this application?  • Yes • No	
If Yes, please compl	plete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):	
Officer name:		
Title: Ms	First name: Claire Surname: Tomalin	
Reference:		
Date (DD/MM/YYYY)	Y): (Must be pre-application submission)	
Details of the pre-ap	application advice received:	
. Description o	of Proposal	=
. Description e	or reposal	
Please provide a des	escription of the approved development as shown on the decision letter:	
generators; Material treatment of residual paper; Combined Ho	Management Facility comprising: Anaerobic Digestion Plant treating mixed organic waste, producing biogas converted to electricity through biogas ials Recovery Facility for mixed dry recyclable waste to recover materials e.g. paper, plastic, metals; Mechanical Biological Treatment facility for the ual municipal and residual commercial and industrial wastes to produce a solid recovered fuel; De-inking and Pulping Paper Recycling Facility to reclair Heat and Power Plant (CHP) utilising solid recovered fuel to produce electricity, heat and steam; extraction of minerals to enable buildings to be partial und level within the resulting void; visitor/education centre; extension to existing access road; provision of offices and vehicle parking; and associated sand storage tanks.	
Application reference	nce number: ESS/55/14/BTE Date of decision: 26/03/2015	
Please state the con	ondition number(s) to which this application relates:	
Condition number(s		
2		
Has the developme	nent already started? Yes   No	ر
6. Condition(s)	) - Removal	$\equiv$
Please state why you	rou wish the condition(s) to be removed or changed:	
	tion 2 (application drawings) of planning permission ESS/55/14/BTE to allow amended layout of the integrated waste management facility.	
_	sting condition to be changed, please state how you wish the condition to be varied:	
Amend the wording	ng such that the condition 2 refers to amended drawings. The details of the amendments and the drawings are explained in the supporting informatio	n

7. 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? (Please select only one)
○ The agent ○ The applicant • Other person	
If Other has been selected, please provide:	
Contact name:	
Title: Mr First name: Steven	Surname: Smith
Telephone number:	
Country code: National number: 07854054304	Extension number:
Email Address: ssmith@honace.com	

## 8. Certificates (Certificate B)

## Certificate of Ownership - Certificate B

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) and/or agricultural tenant ("agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990) of any part of the land or building to which this application relates.

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8. Certific	ates (Certificate B - continued)				
Owner/Agric	ultural Tenant		Date notice served		
Name	Gent Fairhead & Co Limited				
Number:	Suffix: House name:				
Street:	Court of Noke				
Locality:	Pembridge		04/08/2015		
Town:	Herefordshire				
Postcode:	HR6 9HW				
Name	Gent Fairhead Aggregates Limited				
Number:	Suffix: House name:				
Street:	Court of Noke				
Locality:	Pembridge		04/08/2015		
Town:	Herefordshire				
Postcode:	HR6 9HW				
1 ostoode.					
Name	Cemex UK Operations Limited				
Number:	Suffix: House name:				
Street:	Cemex House		04/00/2015		
Locality:	Colharbour Lane Colharbour Lane		04/08/2015		
Town:	Thorpe Egham				
Postcode:	TW20 8TD				
Name	Trustees of the Bradwell Estate				
Number:	Suffix: House name:				
Street:	c/o Strutt & Parker				
Locality:	Coval Hall		04/08/2015		
Town:	Chelmsford				
Postcode:	CM1 2QF				
Name	JL & DL Smith and Mrs A Smith (agricultural tenants)				
Number:	Suffix: House name:				
Street:	c/o Stanfords				
Locality:	Wyncolls Road		04/08/2015		
Town:	Colchester				
Postcode:	CO4 9HU				
Title: Mr	First name: Thomas Surname: McPhie				
Person role:	Agent Declaration date: 04/08/2015		Declaration made		
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additional inf	apply for planning permission/consent as described in this form and the accompanying plans/drawings a formation. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and en are the genuine opinions of the person(s) giving them.	nd I any			
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