

## Application for Hazardous Substances Consent

Official Use	
Application No.	_____
Fee Received £	_____
Receipt No.	_____

This form is specifically designed to be downloaded and completed offline. If completing a printed version, please use black ink and block capitals as the document will be scanned once received by the Planning Authority.

If you would rather make this application online, you can do so on the Planning Portal (<https://submissions.planningsystemni.gov.uk/app/>).

Please note that when you submit a planning application the information you provide including all plans, maps, drawings, forms and associated assessments will appear on the Planning Register which is publicly available and, along with any other associated documentation (with the exception of personal telephone numbers, personal e-mail addresses or sensitive personal data), may also be published online on the Planning Portal (<https://planningregister.planningsystemni.gov.uk/>). The Planning Authority will process your information in line with the General Data Protection Regulations (GDPR) requirements. A copy of the full Privacy Statement is available on the Planning Portal. To request a hard copy, please contact the Data Protection Officer for the relevant Planning Authority.

To find contact details for the Planning Authorities, including the postal or e-mail address to send offline applications to, please check their website or visit [www.nidirect.gov.uk/contacts/planning-offices-ni](http://www.nidirect.gov.uk/contacts/planning-offices-ni).

### Section A

**Applicant's name and address**

**Agent's name and address (if applicable)**

Name:		Name:	
Address:		Address:	
Town/City:		Town/City:	
Postcode:		Postcode:	
Tel:		Tel:	
Mobile:		Mobile:	
E-mail:		E-mail:	
Your Ref.:		Your Ref.:	

### Section B – Site Address

Give the full postal address of the site. If you cannot provide a postcode, then please give the most accurate site description you can in order to help locate the site. (*Please outline the site in red on the location plan*)

## Section C - Hazardous Substances Details

If required, please refer to Schedule 2 of [The Planning \(Hazardous Substances\) \(No. 2\) Regulations \(Northern Ireland\) 2015](#) for a list of substances.

What type of Hazardous Substance Consent does this application relate to?

- Application for a new consent (Section 109)** - Please add separate details for each substance relevant to this application, and the manner in which kept and used. Every dangerous substance that is above 2% of its threshold must be accounted for.
- Application to grant consent without compliance with conditions previously attached (Section 111)** - Legislation requires that this type of consent requires a change of location plan if the application relates to a condition restricting the location of a hazardous substance. A change in location plan is a plan of the land to which the application relates, drawn to a scale of not less than 1 to 1,250, which identifies the location of the hazardous substance at the date of the application and the proposed location requiring the application.
- A copy of the existing hazardous substances consent to which the application relates must be provided.
- Application for continuation of consent where there has been a change in the person in control of part of the land (Section 116)** - Legislation requires that this type of consent requires a change of control plan must be submitted with the application. A change of control plan is a plan of the land to which the application relates, drawn to a scale of not less than 1 to 1,250, which identifies the location of the hazardous substance at the date of the application and the proposed location requiring the application.
- A copy of the existing hazardous substances consent to which the application relates must be provided.

### Details for Substance(s)

Please include the following details:

- Name or relevant category or description of substance
- Part and entry number in Schedule 2 to the 2015 (No.2) Regulations
- Information in relation to each vessel to be used for storing the substance, including:
  - Vessel No.
  - Whether each is to be installed above ground, buried or mounded
  - maximum capacity (cubic metres)
  - highest vessel design temperature (Celsius)
  - highest vessel design pressure (bar absolute)

## Section D – Hazardous Substances – Additional Details

Has any application for hazardous substance consent or planning permission relating to the application site been made which has not yet been determined?

Yes

No

Will any such application be submitted at the same time as this application?

Yes

No

Please detail the main activities which will be carried out (or proposed) on, over or under the land which this application relates to.

Please detail how and where each relevant substance is to be kept and used

**NOTE: In order to produce a land use planning assessment it is a requirement to provide a detailed map showing the exact location of the vessels on site.**

Please detail how each relevant substance would be transported to and from the land which this application relates to

If there was a major accident, would there be any potential consequences for the vicinity of the land to which this application relates?

Yes

No

If yes, please provide details of the vicinity of the land to which the application relates if there was a major accident

Detail the measures taken or proposed to be taken to limit the consequences of a major accident

## Section E - Certificate of Ownership

### Regulation 7 of the Planning (Hazardous Substances) (No. 2) Regulations (Northern Ireland) 2015

Please fill in **ONE** of the following certificates . This form constitutes a statement of ownership, not proof of ownership.

#### CERTIFICATE A

I hereby certify that the accompanying application is made by or on behalf of

\_\_\_\_\_

(Please use BLOCK LETTERS)

who is in actual possession of every part of the land to which the said application relates and is entitled to  
(*tick as appropriate*)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

a fee simple absolute

a fee tail

a life estate

a tenancy of which at least 40 years remain unexpired in the land

Signature of Applicant / Agent \_\_\_\_\_ Date: \_\_\_\_\_

or

#### CERTIFICATE B

I hereby certify that the accompanying application is made by or on behalf of

\_\_\_\_\_

(Please use BLOCK LETTERS)

Who is the trustee of a trust or settlement which affects every part of the land to which the accompanying application relates and that at the date of the application:

- (a) a beneficiary under the trust or settlement is in the actual possession of every part of the land; and
- (b) no person other than a beneficiary under the trust or settlement is entitled to enter into the actual possession of any part of the said land within a period of 40 years.

Signature of Applicant / Agent \_\_\_\_\_ Date: \_\_\_\_\_

Or

**CERTIFICATE C**

I hereby certify that the §requisite notice of the accompanying application has been given by or on behalf of

\_\_\_\_\_ (Please use BLOCK LETTERS)

to any person, who at the beginning of the period of 21 days ending with the date of the said application was, in relation to all or any part of the land affected by the application:

- (a) a person then in actual possession;
- (b) the trustee of a trust or settlement where a beneficiary under the trust or settlement was in actual possession and no person other than such a beneficiary was entitled to enter into actual possession within a period of 40 years; and
- (c) a person [not being a person falling within (a) or (b)] entitled to enter into actual possession within a period of 40 years.

The persons upon whom notice was served are:

Name and Address	Interest	Date of service of notice
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Applicant / Agent \_\_\_\_\_ Date: \_\_\_\_\_

§ Copies of the requisite notice (Form P2A) may be obtained from your local planning office

or

**CERTIFICATE D**

1. I hereby certify that the person making the accompanying application:

- (a) is unable to issue a certificate in accordance with either Regulation 7 of the Planning (Hazardous Substances) (No.2) Regulations (Northern Ireland) 2015;
- (b) has made due enquiries and is of the opinion that they are unable to issue a certificate which would satisfy the requirements of Regulation 7 of the said Order for the following reasons;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) has given the requisite notice of the application to the undermentioned persons who, at the beginning of the period of 21 days ending with the date of the said application, were in the actual possession of all or part of the land to which the application relates, namely:

Name and Address:	Date of service of notice:
_____	_____
_____	_____
_____	_____
_____	_____

2. Notice of the said application has been published in the \_\_\_\_\_  
(newspaper) on \_\_\_\_\_ (date) and a copy of the newspaper in which the notice  
appeared is enclosed.

Signature of Applicant / Agent \_\_\_\_\_ Date: \_\_\_\_\_

§ Copies of the requisite notice (Form P2A) may be obtained from your local planning office.

**WARNING: Any person who knowingly or recklessly issues this certificate containing a statement which is false or misleading is guilty of an offence and liable on summary conviction to a fine.**

## Section F - Authority Employee / Elected Member Interest

Are you / the applicant / the applicant's spouse or partner, a member of staff within the council or an elected member of the council?

Yes  No

Are you / the applicant / the applicant's spouse or partner, a relative of a member of staff in the council or an elected member of the council or their spouse or partner?

Yes  No

If you have answered yes to either of the above questions, you / the applicant / the applicant's spouse or partner may have a duty to declare an interest in this application under the Authority's code of conduct or scheme of delegation. If necessary, a council officer may be in touch with you to confirm details.

## Declaration

**The information \*I / we have given in this form and accompanying plans is correct and complete to the best of my / our knowledge and belief.**

**\* I / We apply for Hazardous Substances Consent to carry the works described in the application and the accompanying plans.**

Signature of \*Applicant / Agent \_\_\_\_\_ Date \_\_\_\_\_

On behalf of \_\_\_\_\_

*\* Delete as appropriate*