**REQUEST TO SEFTON MBC FOR EXTENDED WORKING HOURS DURING COVID-19**

**DATE OF REQUEST :**

**DEVELOPER :**

**SITE ADDRESS :**

**PLANNING APPLICATION REFERENCE NO AND RELEVANT PLANNING CONDITION:**

**HOURS OF WORKING REQUESTED**

|  |  |  |
| --- | --- | --- |
| DAY | START TIME | FINISH TIME |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

**We confirm that the full extent of operations proposed to take place outside any already agreed hours of working are as follows:**

**We confirm the following:**

1. **That no working will take place on Sundays or Bank Holidays**
2. **That no piling operations or other excessively noisy operations will take place outside of previously agreed hours**
3. **That the operations will occur for a period of no more than 56 days from the date of the Sefton MBC’s agreement**
4. **That adjoining residents will be issued with 3 days notice of our intention to commence the operations above, and**
5. **That a point of contact will be issued to residents should any concerns/complaints over site activity and we agree to these being published online by Sefton MBC**

**Our contact details will be shared with residents as follows:**

**Details of any previous requests agreed for this site, including dates and reference numbers plus details of complaints received, and how they were resolved:**

**DEVELOPER SIGNATURE**

**DATE**

**LPA SIGNATURE**

**DATE**