

Application for Planning Permission for Crown Development Town and Country Planning Act 1990

Please complete using block capitals and black ink.

1. Applicant Name and Address

Title:	<input type="text"/>	First name:	<input type="text"/>		
Last name:	<input type="text"/>				
Company (optional):	<input type="text" value="The Home Office"/>				
Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	<input type="text" value="2 Marsham Street"/>				
Address 2:	<input type="text"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text" value="London"/>				
County:	<input type="text"/>				
Country:	<input type="text"/>				
Postcode:	<input type="text" value="SW1P 4DF"/>				

2. Agent Name and Address

Title:	<input type="text"/>	First name:	<input type="text"/>		
Last name:	<input type="text"/>				
Company (optional):	<input type="text" value="Cushman and Wakefield"/>				
Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	<input type="text" value="St Paul's House"/>				
Address 2:	<input type="text" value="23 Park Square South"/>				
Address 3:	<input type="text"/>				
Town:	<input type="text" value="Leeds"/>				
County:	<input type="text" value="West Yorkshire"/>				
Country:	<input type="text"/>				
Postcode:	<input type="text" value="LS1 2ND"/>				

3. Description of the Proposal

Please describe the proposed development, including any change of use:

Retrospective planning permission for construction of urgent operational development comprising an initial triage processing centre ('ITPC') together with associated engineering works, infrastructure works, access works, fencing, parking and landscaping.

Full planning permission for construction of urgent operational development comprising the Manston Reception Centre ('MRC') for triage and processing and training facilities both temporary and permanent (up to a maximum 108,982 floorspace sqm GEA) including demolition, infrastructure works, engineering works, access works, fencing, parking and landscaping ('together the proposed development')

Has the building work or change of use already started? Yes No

If Yes, please state the date when building work, or use were started (DD/MM/YYYY):

December 2021

(date must be pre-application submission)

Has the building work, or change of use been completed? Yes No

If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Units	<input type="text"/>	House/ Unit Number:	<input type="text"/>	House Suffix:	<input type="text"/>
Site name:	Former RAF Manston				
Address 1:	Manston Road				
Address 2:	<input type="text"/>				
Address 3:	<input type="text"/>				
Town:	Ramsgate				
County	<input type="text"/>				
Postcode (optional)	CT12 5BS				

Description of location or grid reference.

(must be completed if postcode is not known):

Easting:

Northing:

Description:

Former RAF base comprising of buildings used for training and administrative offices, storage, accommodation, dining hall, medical centre, fire training, gym, classrooms, sports pitch, car parking, and open space.

5. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? Yes No

Is a new or altered pedestrian access proposed to or from the public highway? Yes No

Are there any new public roads to be provided within the site? Yes No

Are there any new public rights of way to be provided within or adjacent to the site? Yes No

Do the proposals require any diversions /extinguishments and/ or creation of rights of way? Yes No

If you answered Yes to any of the above questions, please show details on your plan(s)/drawing(s) and state the reference of the plan(s)/ drawing(s)

6. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? Yes No

If Yes, please provide details:

Operational Waste Management Strategy, June 2025, Atkins Realis, Revision 6

Have arrangements been made for the separate storage and collection of recyclable waste? Yes No

If Yes, please provide details:

Operational Waste Management Strategy, June 2025, Atkins Realis, Revision 6

7. Biodiversity Net Gain

Do you believe that, if the development is granted planning permission, the Biodiversity Gain Condition (as set out in [Paragraph 13 of Schedule 7A of the Town and Country Planning Act 1990](#)) would apply?

Yes No

If No, please provide reasons, with reference to which exemptions or transitional arrangements you believe apply:

Urgent Crown Development is exempt from Biodiversity Net Gain

If Yes, please provide information requested in 1-6 below:

1. Please provide the date the pre-development biodiversity value of onsite habitat(s) have been calculated: (this should be one of the following dates: i) the date of this application; or ii) an earlier proposed date).

2. Please provide the pre-development biodiversity value of onsite habitats on this date:

If a date earlier than the date of the submission of the planning application has been specified in 1, please provide reasons why this date has been used:

3. Has there been any loss (or degradation) of any onsite habitat(s), resulting from activities carried out before the date specified in 1. either:

Yes

- on or after 30 January 2020 which were not in accordance with a planning permission; or
- on or after 25 August 2023 which were in accordance with a planning permission?

No

If yes, please provide details including: the date immediately before this activity was carried out; the onsite biodiversity value on this date; and any supporting evidence (or reference to relevant document containing these details).

4. Please state the publication date of the biodiversity metric tool(s) used to calculate the onsite biodiversity value(s) in 2. (and if applicable 3.).

5. Does the application site have irreplaceable habitat(s) (corresponding to the descriptions in The Biodiversity Gain Requirements (Irreplaceable Habitat) Regulations 2024) which exist on land to which this application relates on the date specified in 1.

Yes

No

If yes, please provide a description of these and any further details (for example reference to relevant document):

6. Please confirm your application is accompanied by the following:

- The completed biodiversity metric tool(s) showing the calculation of the pre-development biodiversity value shown in 2. (and if applicable 3.) on the date specified in 1. (and if applicable 3.)
- Plan(s), showing onsite habitat(s) existing on the date specified in 1.; and
- If applicable, plan(s) showing onsite irreplaceable habitat(s) existing on the date specified in 1.

Yes

Please provide details (for example reference to relevant document):

Note: Plans must be drawn to an identified scale, and showing the direction of North.

8. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls				X
Roof				X
Windows				X
Doors				X
Boundary treatments (e.g. fences, walls)				X
Vehicle access and hard-standing				X
Lighting				X
Others (please specify)				X

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

Yes

No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

9. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	■	■	■
Light goods vehicles/ public carrier vehicles			
Motorcycles		■	■
Disability spaces			
Cycle spaces		■	■
Other (e.g. Bus)		■	■
Other (e.g. Bus)			

10. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer Cess pit
 Septic tank Other
 Package treatment plant

Are you proposing to connect to the existing drainage system? Yes No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

Foul sewage disposal strategy to be confirmed – please see Drainage Feasibility Report, June 2025. Atkins Realis v10

11. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No

How will surface water be disposed of?

- Sustainable drainage system Existing watercourse
 Soakaway Pond/lake
 Main sewer

12. Biodiversity and Geological Conservation

Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

b) Designated sites, important habitats, or other biodiversity features

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

c) Features of geological conservation importance

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

Please see Section 7 for Biodiversity Net Gain

13. Existing Use

Please describe the current use of the site:

C2A Secure Residential Institution

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

When did this use end (if known)?
DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? Yes No

Land where contamination is suspected for all or part of the site? Yes No

A proposed use that would be particularly vulnerable to the presence of contamination? Yes No

14. Trees and Hedges

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No

If Yes to either or both of the above, you may need to provide a Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'

15. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

16. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?
If Yes, please provide details below:

Yes

No

17. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain, or change of use of non-residential floorspace? Yes No

If you have answered 'Yes' to the question above please add details in the following table:

Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use) (square metres)	Net additional gross internal floorspace following development (square metres)
B2 – General Industrial (other than falling within Class E)		<input type="checkbox"/>				
B8 – Storage and Distribution		<input type="checkbox"/>				
C1 – Hotels		<input type="checkbox"/>				
C2 – Residential Institutions		<input type="checkbox"/>				
C2A – Secure Residential Institutions		<input type="checkbox"/>	22847	7991	59097	36250
E - Commercial, Business and Service:	(a) retail (other than hot food)	<input type="checkbox"/>				
	Shops	<input type="checkbox"/>				
	Net tradeable area:	<input type="checkbox"/>				
	(b) sale of food and drink (mostly consumed on the premises)	<input type="checkbox"/>				
	(c) (i) Financial services	<input type="checkbox"/>				
	(c) (ii) Professional services (other than health or medical)	<input type="checkbox"/>				
	(c) (iii) any other service	<input type="checkbox"/>				
	(d) Indoor sports, recreation or fitness	<input type="checkbox"/>				
	(e) medical or health services	<input type="checkbox"/>				
	(f) creche, day nursery	<input type="checkbox"/>				
	(g) (i) office (to carry out operational or administrative functions)	<input type="checkbox"/>				
	(g) (ii) research and development of products or processes	<input type="checkbox"/>				
(g) (iii) any industrial process (can be carried out within a residential area)	<input type="checkbox"/>					
F.1 - Learning and non-residential institutions:	(a) Education	<input type="checkbox"/>				
	(b) display works of art	<input type="checkbox"/>				
	(c) museum	<input type="checkbox"/>				
	(d) public library	<input type="checkbox"/>				
	(e) public hall or exhibition hall	<input type="checkbox"/>				
	(f) public worship or religious instruction	<input type="checkbox"/>				
	(g) law court	<input type="checkbox"/>				
F.2 - Local Community	(a) Shop selling essential goods (premises not over 280 metres squared and no other such facility in 1000m radius)	<input type="checkbox"/>				
	(b) hall or meeting place for local community (principal use)	<input type="checkbox"/>				
	(c) outdoor sport or recreation	<input type="checkbox"/>				
	(d) indoor or outdoor swimming pool or skating rink	<input type="checkbox"/>				
Other – Please Specify		<input type="checkbox"/>				
Total						

17. All Types of Development: Non-residential Floorspace (Continued)

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms.

Use Class/ Type of Use	Not Applicable	Existing Rooms to be lost by change of use or demolition	Total rooms proposed (including change of use)	Net additional rooms
C1 - Hotels	<input checked="" type="checkbox"/>			
C2 - Residential Institutions	<input checked="" type="checkbox"/>			
C2A - Secure Residential Institutions	<input checked="" type="checkbox"/>			
Other – Please specify:	<input checked="" type="checkbox"/>			

18. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

19. Hours of Operation

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not Known
Temporary ITPC	24 hours	24 hours	24 hours	
Permanent MPC	24 hours	24 hours	24 hours	
Training Facility	0800 – 1800hrs	N/A	N/A	

20. Site Area

Please state the site area in hectares (ha):

37.6

21. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation, or air conditioning. Please include the type of machinery which may be installed on site:

Please refer to the Energy and Sustainability Statement, July 2025 Atkins Realis v6 and Planning Proposal Statement Cushman and Wakefield for details of plant on site.

Is the proposal a waste management development? Yes, No

If the answer is Yes, please complete the following table:

	Not applicab	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application, you will need to provide further information before your application can be determined. Your wasteplanning authority should make clear what information it requires on its website.

22. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?

Yes No Not Applicable

If Yes, please provide the amount of each substance that is involved (tonnes):

Acrylonitrile	<input type="text"/>	Ethylene oxide	<input type="text"/>	Phosgene	<input type="text"/>
Ammonia	<input type="text"/>	Hydrogen cyanide	<input type="text"/>	Sulphur dioxide	<input type="text"/>
Bromine	<input type="text"/>	Liquid oxygen	<input type="text"/>	Flour	<input type="text"/>
Chlorine	<input type="text"/>	Liquid petroleum gas	<input type="text"/>	Refined white sugar	<input type="text"/>
Other:	<input type="text"/>	Other:	<input type="text"/>		
Amount:	<input type="text"/>	Amount:	<input type="text"/>		

23. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application
form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

I certify/The appropriate authority certifies that on the day 21 days before the date of this application nobody except the appropriate authority was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

NOTE: You should sign Certificate B, C or D, as appropriate, if the appropriate authority is not the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

* "owner" as defined in Article 2 of The Town and Country Planning (Crown Development Applications) (Procedure and Written Representations) Order 2025.

** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

I certify/ The appropriate authority certifies that I have/the appropriate authority 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* and/or agricultural tenant** of any part of the land or building to which this application relates.

* "owner" as defined in Article 2 of The Town and Country Planning (Crown Development Applications) (Procedure and Written Representations) Order 2025.

** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

Name of Owner / Agricultural Tenant	Address	Date Notice Served
Ministry of Defence	Whitehall, London, SW1A 2HB	20/6/2025

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

23. Ownership Certificates and Agricultural Land Declaration (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

* "owner" as defined in Article 2 of The Town and Country Planning (Crown Development Applications) (Procedure and Written Representations) Order 2025.

** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the appropriate authority has been unable to do so.

* "owner" as defined in Article 2 of The Town and Country Planning (Crown Development Applications) (Procedure and Written Representations) Order 2025.

** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

24. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

- | | | | |
|--|-------------------------------------|---|-------------------------------------|
| Completed and dated application form: | <input checked="" type="checkbox"/> | The correct fee: | <input checked="" type="checkbox"/> |
| Plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: | <input checked="" type="checkbox"/> | Particulars or evidence which would be required by the relevant local planning authority (see Article 11 (2)(d) of the Order), and (if required): design and access statement, and fire statement: | <input checked="" type="checkbox"/> |
| Any other plans and drawings or information necessary to describe the subject of the application: | <input checked="" type="checkbox"/> | Completed and dated Certificates in relation to notice of applications (A, B, C or D – as applicable): | <input checked="" type="checkbox"/> |
| Where the application is made by a person authorised in writing by the appropriate authority, a copy of that authorisation: | <input checked="" type="checkbox"/> | A statement setting out the reasons the appropriate authority considers that the development to which the application relates is of national importance, | <input checked="" type="checkbox"/> |

25. Declaration

I/we hereby apply for planning permission/consent as described in this form 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.

Signed - Applicant

Or signed – Agent:

Date

15/08/2025

(date cannot be pre-application)

26. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

27. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

28. 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) Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Telephone number:

Email address:

