Delegated Decision Notification

This form is used both to give notice of an officer's intention to make a Key decision and to record any delegated decision which has been taken. The decision set out on this form therefore reflects the decision that it is intended will be made, or that has been made. Although set out in the past tense a decision for which notice is being given may be subject to amendment or withdrawal.

LEAD DIRECTOR ¹ :	Director of City Development		
SUBJECT":	Land to the East of Otley		
DECISION	The Director of City Development approved that one to one negotiations are		
DETAILS":	entered in to with Persimmon Homes for the disposal of the Council owned land		
	as identified on the attached plan. Disposal is proposed to be by way of an		
	option agreement, the terms of which will be reported back to the Director of		
	City Development for consideration with a recommendation.		
TYPE OF	☐ Key Decision (Executive)		
DECISION:	Is the decision eligible for call-in? ^{i∨} ☐ Yes ☐ No		
	Is the decision exempt from call-in? [∨] ☐ Yes ☐ No		
	Significant Operational Decision (Council or Executive ^{vi} – not subject to call-		
	in)		
	Administrative Decision (Council or Executive ^{vii} – not subject to publication		
	or call-in)		
NOTICEVIII / CALL-	Date the decision was published in the List of Forthcoming Key Decisions:		
IN (KEY			
DECISIONS	If not on the List of Forthcoming Key Decisions for at least 28 clear days, the		
ONLY):	reason why it would be impracticable to delay the decision:-		
	If exempt from call-in, the reason why call-in would prejudice the interests of the		
	Council or the public:-		
	'		
AFFECTED	Otley & Yeadon		
WARDS:			
DETAILS OF	Executive Member Date consulted: Interest disclosed?ix		
CONSULTATION	☐ Yes (Date of dispensation:)		
UNDERTAKEN:	⊠ No		

	Ward Councillor Date consulted:	Interest disclosed?
		Yes (Date of dispensation:)
		⊠ No
	Others ^x (please Date consulted:	Interest disclosed?
	specify:)	Yes (Date of dispensation:)
		⊠ No
CAPITAL		
INJECTION	Injection approval required?	s 🖂 No
APPROVAL	(If yes, you must complete the Approval box below)	
REQUIRED:		
CAPITAL		Capital Scheme Number:
INJECTION		XXXXX / XXX / XXX
APPROVAL	(Name:)	
	(Title:)	Date:
CONTRACT	Contract Reference Number	Contract Title
DETAILS		·
(PROCUREMENT		
DECISIONS ONLY)		
		Supplier
IMPLEMENTATION	Officer accountable for implementation	
(KEY DECISIONS		
ONLY)	Timescales for implementation ^{xi}	
CONTACT	Mary Stockton	Telephone number ^{xii} : (0113) 3952793
PERSON:		
DECISION MAKER		Date:
/ AUTHORISED		, ,
SIGNATORY ^{XIII} :	mus t.	20/11/14.
	(Name: Martin Farrington)	, ,