


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 ⁱ :	Director of City Development		
SUBJECT ⁱⁱ :	21 Victoria Avenue, Yeadon, Leeds LS19 7AS		
DECISION DETAILS ⁱⁱⁱ :	The Chief Officer Economy and Regeneration Officer has approved terms for the acquisition of 21 Victoria Avenue, Yeadon and for it to be added to the Housing Leeds housing portfolio of Council houses.		
TYPE OF DECISION:	<input type="checkbox"/> Key Decision (Executive) Is the decision eligible for call-in? ^{iv} <input type="checkbox"/> Yes <input type="checkbox"/> No Is the decision exempt from call-in? ^v <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Significant Operational Decision (Council or Executive ^{vi} – not subject to call-in) <input type="checkbox"/> Administrative Decision (Council or Executive ^{vii} – not subject to publication or call-in)		
NOTICE ^{viii} / CALL-IN (KEY DECISIONS ONLY):	Date the decision was published in the List of Forthcoming Key Decisions: If not on the List of Forthcoming Key Decisions for at least 28 clear days, the 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 WARDS:	Otley & Yeadon		
DETAILS OF CONSULTATION UNDERTAKEN:	Executive Member	Date consulted:	Interest disclosed? ^x <input type="checkbox"/> Yes (Date of dispensation:) <input checked="" type="checkbox"/> No

	Ward Councillor Cllr C Campbell Cllr R Downes Cllr S Lay	Date consulted: 14 July 2015	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input checked="" type="checkbox"/> No
	Others ^x (please specify:) Not applicable	Date consulted:	Interest disclosed? <input type="checkbox"/> Yes (Date of dispensation:) <input checked="" type="checkbox"/> No
CAPITAL INJECTION APPROVAL REQUIRED:	Injection approval required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, you must complete the Approval box below)		
CAPITAL INJECTION APPROVAL	(Name:) (Title:)	Capital Scheme Number: XXXXX / XXX / XXX Not applicable Date:	
CONTRACT DETAILS (PROCUREMENT DECISIONS ONLY)	Contract Reference Number Not applicable	Contract Title Not applicable	Supplier Not applicable
IMPLEMENTATION (KEY DECISIONS ONLY)	Officer accountable for implementation Timescales for implementation ^{xi}		
CONTACT PERSON:	Diane McPhee	Telephone number ^{xii} : x 50374	
DECISION MAKER / AUTHORISED SIGNATORY ^{xiii} :	 (Name: Tom Bridges)	Date: 27.09.16	