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 :	Chief Planning Officer		
SUBJECT":	City of Loado Troc Droconystion Order (No. 28) 2016		
SUBJECT.	City of Leeds Tree Preservation Order (No.28) 2016		
	Land at Station Road, Methley, Mickletown		
DECISION	The Chief Planning Officer has agreed that the above Tree Preservation Order		
DETAILS":	will be confirmed as per the report of the City Solicitor (Corporate Governance)		
TYPE OF	Key Decision (Executive)		
DECISION:	Is the decision eligible for call-in? ^{iv} No		
	Is the decision exempt from call- in? ^v Yes ⊠ 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)		
NOTICE ^{VIII} / 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:-N/A		
AFFECTED	Kippax and Methley		
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? 🗌 Yes 🗌 No		
APPROVAL	(If yes, you must complete the Approval box below)		
REQUIRED:			
CAPITAL		Capital Scheme Number:	
INJECTION			
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}		
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CONTACT	Katherine Stephenson	Telephone number ^{xii} : 3787670	
PERSON:			
DECISION MAKER		Date:	
/ AUTHORISED	-Twiedly Hell.		
SIGNATORY ^{xiii} :	1 medley 1 UM-	2015 March 2017	
	(Name: Tim Hill)		
SIGNATORY ^{xiii} :	J	2015 March 2011	