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":	Land at Stanks Gardens and Swarcliffe Avenue, Swarcliffe, Leeds, LS14		
DECISION	The Chief Officer Economy and Regeneration has given approval to declare the		
DETAILS":	subject site surplus to Council requirements and sell it on the open market by		
	inviting offers by way of informal tender.		
TYPE OF	☐ Key Decision (Executive)		
DECISION:	Is the decision eligible for call-in?iv		
	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	Cross Gates and Whinmoor		
WARDS:			
DETAILS OF	Executive Member Date consulted: Interest disclosed?ix		
CONSULTATION	☐ Yes (Date of dispensation:)		
UNDERTAKEN:	□ No		

	Ward Councillor	Date consulted:	Interest disclosed?	
	Cllr P Gruen	22/12/16	Yes (Date of dispensation:)	
	Cllr J Walker Cllr P Grahame		⊠ No	
	Others* (please	Date consulted:	Interest disclosed?	
	specify:)		Yes (Date of dispensation:)	
			□ No	
CAPITAL		THE STATE OF THE S		
INJECTION	Injection approval required?			
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 N	lumber	Contract Title	
DETAILS				
(PROCUREMENT				
DECISIONS ONLY)				
			Supplier	
IMPLEMENTATION	Officer accountable fo	or implementation		
(KEY DECISIONS		·		
ONLY)	Timescales for implementation ^{xi}			
,				
CONTACT	Mike Ross		Telephone number ^{xii} : 37 87672	
PERSON:				
DECISION MAKER			Date:	
/ AUTHORISED				
SIGNATORYXIII:			04/07/17	
	(Name: Tom Bridges)		1/5//1/	