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":	Compensation – settlements resulting from schemes or from compulsory	
	acquisitions of land or property by the council – East Leeds Orbital Road	
	(Capital Scheme Number 32856)	
DECISION	The Chief Officer - Asset Management and Regeneration has approved the	
DETAILS":	payments and property purchases on the terms as set out in the confidential	
	appendix to accompany this report.	
TYPE OF	☐ Key Decision (Executive)	
DECISION:	ls the decision eligible for call-in?i ✓ Yes ✓ No	
	Is the decision exempt from call-in? ^v Yes No	
	Significant Operational Decision (Council or Executive - 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		
WARDS:	Crossgates & Whinmoor	
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:)	
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:)	Date:	
	(Title:)		
CONTRACT	Contract Reference Number	Contract Title	
DETAILS			
(PROCUREMENT			
DECISIONS ONLY)			
,		Supplier	
IMPLEMENTATION	Officer accountable for implementation		
	Officer accountable for implementation		
(KEY DECISIONS	The second of th		
ONLY)	Timescales for implementation ^{xi}		
CONTACT		Telephone number ^{xii} : 87684	
PERSON:	Mary Stockton		
DECISION MAKER	\wedge		
/ AUTHORISED	MM	Date: 13 - 0 8 -18	
SIGNATORYXIII:		Date: 15 00 18	
	Name: Angela Barnicle		