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":	Former Kirkstall District Centre, Beecroft Street, Leeds			
DECISION	The Chief Officer Asset Management and Regeneration has approved that the			
DETAILS":	site comprising the former Kirkstall District Centre, Beecroft Street, be sold as			
	detailed in the confidenti	ial schedule.		
TYPE OF	☐ Key Decision (Executive)			
DECISION:	Is the decision eligible for	or call-in?iv	es 🗌 No	
	Is the decision exempt from call-in? ^v 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 cell in the recent why cell in would are indicated by			
	If exempt from call-in, the reason why call-in would prejudice the interests of the Council or the public:-			
	Council of the public.			
AFFECTED	Kirkstall			
WARDS:				
DETAILS OF	Executive Member	Date consulted:	Interest disclosed?ix	
CONSULTATION	Cllr R Lewis	Not consulted	Yes (Date of dispensation:)	
UNDERTAKEN:			No No	

	Ward Councillor	Date consulted	: Interest disclosed?
	Cllr H Bithell	22.11.18	Yes (Date of dispensation:)
	Cllr J Illingworth Cllr F Venner		No
	Others ^x	Date consulted	: Interest disclosed?
	Not applicable		Yes (Date of dispensation:)
			☐ No
CAPITAL			
INJECTION	Injection approval require	ed? 🗌 Yes	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 Num	nber	Contract Title
DETAILS			
(PROCUREMENT			
DECISIONS ONLY)			Constinu
			Supplier
IMPLEMENTATION	Officer accountable for in	mplementation	
(KEY DECISIONS			
ONLY)			
CONTACT	Paul Fleming		Telephone number ^{xi} :
PERSON:			0113 37 88935
DECISION MAKER			Date:
/ AUTHORISED			
SIGNATORYXII:			20/0/18
	(Name: Angela Barnicle	9)	