ARUN DISTRICT COUNCIL

AB/55/12/DOC.

Arun Civic Centre
Maltravers Road
Littlehampton
West Sussex BN17 5LF
Tel: 01903 737756
www.arun.gov.uk

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	
First name:	
Last name:	R.C. DIOCESE OF ARUNDEL AND BRIGHTON
Company (optional):	
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	BISHOP'S HOUSE
Address 2:	THE UPPER DRIVE
Address 3:	
Town:	HOVE
County:	SUSSEX
Country:	
Postcode:	BN3 6LE

2. Agent Name and Address

Title:	MR
First name:	STUART
Last name:	NASH
Company (optional):	ST ANN'S GATE ARCHITECTS
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	ST ANN'S GATE
Address 2:	THE CLOSE
Address 3:	
Town:	SALISBURY
County:	WILTSHIRE
Country:	ENGLAND
Postcode:	SP1 2EB

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name: ARUNDEL CATHEDRAL HALL

Address 1: LONDON ROAD

Address 2:

Address 3:

Town: ARUNDEL

County: WEST SUSSEX

Postcode (optional): BN18 9BA

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: | Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☑ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☑

Officer name: PETER CLEVELAND

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

APPLICATION FOR LISTED BUILDING CONSENT FOR ALTERATIONS AND REFURBISHMENT. AMENDMENT TO PREVIOUS APPROVAL AB/24/11/L

Reference number: AB 119 11 L | Date of decision: 26-01-2012 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	CONDITION 5	6.	
2.	CONDITION 7	7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started? ☑ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY): 26-09-2011 (date must be pre-application submission)

Has the development been completed? ☐ Yes ☑ No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

DRAWINGS 766/22/5/30, 766/22/5/31, 766/22/5/32 ATTACHED

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☐ Yes ☑ No

If Yes, please indicate which part of the condition your application relates to:

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form: ☐

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☐

The correct fee: N/A

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent: S. Hall

Date (DD/MM/YYYY): 11-04-2012 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
01722	555200	

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☑ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? *(Please select only one)* ☐ Agent ☐ Applicant ☑ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: ASHLEY HALL

Telephone number: 07836 378202

Email address: