WEST SUSSEX

ARUN DISTRICT COUNCIL

For Official use only

App No: AB/95/07 /LB/~~CA~~

Date: 10.7.07

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PLANNING (LISTED BUILDINGS AND CONSERVATION AREAS) ACT 1990

APPLICATION FOR LISTED BUILDING/CONSERVATION AREA CONSENT

6 copies of this form to be submitted

IT IS IMPORTANT THAT YOU READ THE NOTES PREPARED FOR GUIDANCE OF APPLICANTS

1. APPLICANT DETAILS

Full Name: THE ORDERS OF ST JOHN CARE TRUST

Address: ST WILFRIDS ARUNDEL PRIORY
2 LONDON ROAD
ARUNDEL
WEST SUSSEX

Post Code:

Telephone No: [redacted]

AGENT DETAILS

Full Name: CLUTTONS LLP ATTN P BROWN

Address: 1 LONDON ROAD
ARUNDEL
WEST SUSSEX

Post Code: BN18 9BH

Telephone No: [redacted]

2. TYPE OF APPLICATION

I/WE APPLY for Listed Building/Conservation Area Consent

(a) (i) Demolish a Listed Building	☐ Yes	☒ No
(ii) Partially demolish a Listed Building	☐ Yes	☒ No
OR		
(b) Alter and/or extend a Listed Building	☒ Yes	☐ No
OR		
(c) (i) Demolish a building situated within a Conservation Area	☐ Yes	☒ No
(ii) Partially demolish a building situated witin a Conservation Area	☐ Yes	☒ No
OR		
(d) (i) Affix an advertisement on a Listed Building	☐ Yes	☒ No

AS DESCRIBED IN THIS APPLICATION AND THE ACCOMPANYING PLANS

3. PARTICULARS

(a) Full address or location of the building, the subject of this application

Address/Location: ST WILFRIDS ARUNDEL PRIORY
2 LONDON ROAD
ARUNDEL

CP40(LB) 4427439597

Post Code:

(b) State whether applicant owns or controls any adjoining buildings ☐ Yes ☒ No

(c) Area of the land to which the application relates 6150 ~~hectares~~/sq. metres

Dimensions of the site must be clearly indicated on the plans in metric

(d) **Full description** of the proposed works including the proposed uses of each part of the building

INTERNAL ALTERATIONS TO FORM NEW CARE OFFICE AND STAFF CHANGING ROOM

(e) Are you seeking consent for works already carried out? ☐ Yes ☒ No

If YES, give the date(s) when the works were carried out ___ / ___ / _____

(f) If the answer to 2(a) above is YES,

(i) the reference and date of a planning permission for redevolpment, if any

(ii) the date of the making of a contract for redevelopment, if any

4. PARTICULARS OF USE OF BUILDING

(a) Present use RESIDENTIAL CARE HOME

(b)If vacant, the last use N/A

5. GRANT (Applicable to Listed Buildings only)

Has a grant been made in respect of works which have been or are proposed to be executed on the Listed Building under:

The Historic Buildings and Ancient Monuments Act, 1953 by the Historic Buildings Council ☐ Yes ☒ No

If YES, state date of receipt of grant ___ / ___ / _____

6. PLANS - 6 COPIES REQUIRED

List of drawings and plans submitted - indicate Drawing Numbers and Scale

2946/13 SITE LOCATION PLAN 1:1250
2946/18 EXISTING FLOOR PLAN 1:50
2946/19A PROPOSED FLOOR PLAN 1:50

7. IT IS IMPORTANT THAT THIS APPLICATION IS SIGNED AND DATED

Signed: [redacted] Date: 0 8 / 0 6 / 2 0 0 7

on behalf of THE ORDER OF ST JOHN CARE TRUST *(insert applicants name if signed by an agent)*

8. CERTIFICATE UNDER SECTIONS 11 & 21 OF THE PLANNING (LISTED BUILDINGS & CONSERVATION AREAS) ACT 1990

N.B. A signed Certificate MUST accompany this application.

If the applicant is the owner (a) the following certificate should be completed and signed

(a) 'Owner' means a person having a freehold or a leasehold interest of which not less than 7 years remain unexpired

I hereby certify that:

No person other than *~~myself/~~the applicant was the owner (a) of any of the building to which the *application/*~~appeal~~ relates at the beginning of the period of 21 days ending with the date of the accompanying *application/*~~appeal~~.

Signed: [redacted] Date: 0 8 / 0 6 / 2 0 0 7

on behalf of THE ORDER OF ST JOHN CARE TRUST *(insert applicants name if signed by an agent)*

DATA PROTECTION

The information contained in this form will be used by Arun District Council for the purposes indicated and will be further used or transferred to other organisations or individuals, only as the law permits.