

A/73/15/DOC



ARUN DISTRICT COUNCIL TECHNICAL SUPPORT
28 MAY 2015
ACTION...

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

A/73/15/DOC

You can complete a

arun.gov.uk/apply

Publication of appli
Please note that the inf
Authority's website. If

Application for approval of matters reserved
by condition imposed under A/74/12/ relating
to conditions 16, 17, 18 & 35 for Travel Plan,
Vehicle Routing Management Plan, Landscape
Scheme & schedule & samples of materials &
finishes.

lished on the
nt.

Please complete using bl
It is important that you r

your application.

1. Applicant Name and Address			
Title:	MR	First name:	PAUL
Last name:	SDPP		
Company (optional):	FARGRO LTD		
Unit:	House number:	House suffix:	
House name:			
Address 1:	TODDINGTON LANE		
Address 2:			
Address 3:			
Town:	LITTLEHAMPTON		
County:	WEST SUSSEX		
Country:	UK		
Postcode:	BN17 7PP		

2. Agent Name and Address			
Title:	MR	First name:	BEN
Last name:	HARVEY		
Company (optional):	LIAM RUSSELL ARCHITECTS		
Unit:	House number:	House suffix:	
House name:			
Address 1:	BROAD REACH		
Address 2:			
Address 3:	POPETACKLE		
Town:	SHOREHAM BY SEA		
County:	WEST SUSSEX		
Country:	UK		
Postcode:	BN43 5ET		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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:

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:

Reference number:

Date of decision:

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

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

1.	CONDITION 18 - LANDSCAPING	6.	
2.	CONDITION 16 - TRAVEL PLAN	7.	
3.	CONDITION 17 - VEHICLE ROUTING PLAN	8.	
4.	CONDITION 35 - EXTERNAL MATERIALS	9.	
5.		10.	

Has the development already started?

☒ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY):

(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:

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: ☐

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

t:

Date (DD/MM/YYYY):

(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

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:

Telephone number:

Email address:

