

Application for Planning Permission.  
Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://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                                                                    | 2. Agent Name and Address                                                            |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Title: <input type="text"/> First name: <input type="text"/>                                     | Title: <input type="text"/> First name: <b>BRIAN</b>                                 |
| Last name: <input type="text"/>                                                                  | Last name: <b>HEAP (ARCHITECTURAL CONSULTANT)</b>                                    |
| Company (optional): <b>RUSHINGTON GOLF CENTRE LPD</b>                                            | Company (optional): <input type="text"/>                                             |
| Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/> | Unit: <input type="text"/> House number: <b>2</b> House suffix: <input type="text"/> |
| House name: <input type="text"/>                                                                 | House name: <input type="text"/>                                                     |
| Address 1: <b>GOLFERS LANE</b>                                                                   | Address 1: <b>HAMILTON CLOSE</b>                                                     |
| Address 2: <input type="text"/>                                                                  | Address 2: <b>POWICK</b>                                                             |
| Address 3: <input type="text"/>                                                                  | Address 3: <input type="text"/>                                                      |
| Town: <b>ANGMERING</b>                                                                           | Town: <input type="text"/>                                                           |
| County: <b>WEST SUSSEX</b>                                                                       | County: <b>WORCESTER</b>                                                             |
| Country: <input type="text"/>                                                                    | Country: <input type="text"/>                                                        |
| Postcode: <b>BN16 4NB</b>                                                                        | Postcode: <b>WR2 4NH</b>                                                             |

**3. Description of the Proposal**

Please describe the proposed development, including any change of use:

**PROPOSED NEW RETAIL UNIT WITH MEZZANINE TOGETHER WITH ASSOCIATED CAR PARKING AND SERVICE ROAD**

Has the building, work or change of use already started? ☐ Yes ☒ No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY): 

**N/A**

 (date must be pre-application submission)

Has the building, work or change of use been completed? ☐ Yes ☒ No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY): 

**N/A**

 (date must be pre-application submission)

SDate: 2015-04-02 #5 SRevision: 6149 5

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: 

RUSTINGTON GOLF CENTRE

Address 1: 

GOLFERS LANE

Address 2:

Address 3:

Town: 

ANGMERING

County: 

WEST SUSSEX

Postcode (optional): 

BN16 4NB

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

Easting:  Northing:

Description:

5. 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: 

DAVID INNES

Reference: 

MEETING AT COUNCIL OFFICES

Date (DD/MM/YYYY): 

23-2-2017

  
(must be pre-application submission)

Details of pre-application advice received?  

A MEETING WAS HELD TO DISCUSS THESE PROPOSALS AND TO ESTABLISH THE REQUIREMENTS FOR THE SUBMISSION AND THE RETAIL IMPACT ASSESSMENT

6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? ☒ Yes ☐ No

Is a new or altered pedestrian access proposed to or from the public highway? ☒ Yes ☐ No

Are there any new public roads to be provided within the site? ☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? ☐ Yes ☒ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)  

THERE ARE ACCESS IMPROVEMENTS TO THE SITE ENTRANCE WHICH WERE APPROVED IN JAN 17 A/77/16/PL . SEE ALSO TRAFFIC CONSULTANTS SUBMISSION WITH THIS APPLICATION FOR ADDITIONAL IMPROVEMENTS

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☒ Yes ☐ No

If Yes, please provide details:  

REFUSE ENCLOSURE INDICATED ON THE DRAWINGS AND DESCRIBED IN THE DESIGN AND ACCESS STATEMENT

Have arrangements been made for the separate storage and collection of recyclable waste? ☒ Yes ☐ No

If Yes, please provide details:  

AS DESCRIBED ABOVE

8. Authority Employee / Member

With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member

Do any of these statements apply to you? ☐ Yes ☒ No

If Yes, please provide details of the name, relationship and role  

N/A

9. Materials

If applicable, please state what materials are to be used externally.. Include type, colour and name for each material:

|                                             | Existing<br>(where applicable)                         | Proposed<br><b>SEE ELEVATION DRAWINGS<br/>AND PLANS WITH MATERIAL<br/>DESCRIPTIONS</b> | Not<br>applicable                   | Don't<br>Know            |
|---------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| Walls                                       | N/A                                                    | <b>TIMBER AND CLADDING</b>                                                             | <input type="checkbox"/>            | <input type="checkbox"/> |
| Roof                                        | N/A                                                    | <b>MEMBRANE ROOF</b>                                                                   | <input type="checkbox"/>            | <input type="checkbox"/> |
| Windows                                     | N/A                                                    | <b>ALUMINIUM FRAMES</b>                                                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| Doors                                       | N/A                                                    | <b>ALUMINIUM FRAMES</b>                                                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) | <b>LANDSCAPE, HEDGES OR<br/>FENCING</b>                | <b>FENCING + PLANTING - SEE<br/>SITE LAYOUT</b>                                        | <input type="checkbox"/>            | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         | <b>TARMAC/CONCRETE</b>                                 | <b>TARMAC, CONCRETE, BLOCK<br/>PAVING</b>                                              | <input type="checkbox"/>            | <input type="checkbox"/> |
| Lighting                                    | <b>CAR PARK + SECURITY LIGHTING<br/>EX DEVELOPMENT</b> | <b>CAR PARK + SECURITY<br/>LIGHTING</b>                                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| Others<br>(please specify)                  |                                                        |                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? ☒ Yes ☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

**DESIGN + ACCESS STATEMENT, TRANSPORT ASSESSMENT, TRAVEL PLAN, FLOOD RISK ASSESSMENT  
DRAINAGE STRATEGY, PLANNING SUMMARY, TOPOGRAPHIC SURVEY NO AD16136-1.01  
ARCHITECTS DRAWINGS 16-160022 - PL34A, PL35A, PL36C, PL37-41 INC TREE + ARBORICULTURAL REPORT**

10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

| Type of Vehicle                                  | Total<br>Existing     | Total proposed (including<br>spaces retained) | Difference<br>in spaces |
|--------------------------------------------------|-----------------------|-----------------------------------------------|-------------------------|
| Cars                                             | <b>346</b>            | <b>624</b>                                    | <b>278</b>              |
| Light goods vehicles/<br>public carrier vehicles | <b>-</b>              | <b>-</b>                                      | <b>-</b>                |
| Motorcycles                                      | <b>-</b>              | <b>-</b>                                      | <b>-</b>                |
| Disability spaces                                | <b>16 (INC ABOVE)</b> | <b>31 (15 NEW INC ABOVE)</b>                  | <b>15</b>               |
| Cycle spaces                                     | <b>-</b>              | <b>.</b>                                      |                         |
| Other (e.g. Bus)                                 | <b>-</b>              | <b>3 min. BUS SPACES</b>                      | <b>3</b>                |
| Other (e.g. Bus)                                 | <b>-</b>              |                                               |                         |

SDate: 2015-04-02 #5 \$Revision: 6149 \$

11. Foul Sewage

Please state how foul sewage is to be disposed of:

- ☒ Mains sewer
- ☐ Cess pit
- ☐ Septic tank
- ☐ Other
- ☐ Package treatment plant

Are you proposing to connect to the existing drainage system? ☒ Yes ☐ No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

SEE DRAINAGE STRATEGY AND FLOOD RISK ASSESSMENT DOCUMENT

12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

FLOOD RISK ZONE 1 ☐ Yes ☒ No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? ☐ Yes ☒ No

Will the proposal increase the flood risk elsewhere? ☐ Yes ☒ No

How will surface water be disposed of?

- ☒ Sustainable drainage system
- ☐ Existing watercourse
- ☒ Soakaway
- ☐ Pond/lake
- ☒ Main sewer
- SEE FLOOD RISK ASSESSMENT AND DRAINAGE STRATEGY

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site? SEE ORIGINAL BASELINE ECOLOGICAL AUDIT REPORT BY BETTS ECOLOGY SUBMITTED WITH APPLICATION REF A/77/16/PL

a) Protected and priority species:

- ☐ Yes, on the development site
- ☐ Yes, on land adjacent to or near the proposed development
- ☒ No

b) Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site
- ☐ Yes, on land adjacent to or near the proposed development
- ☒ No

c) Features of geological conservation importance:

- ☐ Yes, on the development site
- ☐ Yes, on land adjacent to or near the proposed development
- ☒ No

15. Trees and Hedges

Are there trees or hedges on the proposed development site? ☒ Yes ☐ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☒ Yes ☐ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

SEE TREE SURVEY AND ARBORECUPTURAL REPORT

14. Existing Use

Please describe the current use of the site:

3 HOVE ACADEMY GOLF COURSE

Is the site currently vacant? ☐ Yes ☒ No

If Yes, please describe the last use of the site:

N/A

When did this use end (if known)?

DD/MM/YYYY

(date where known may be approximate)

N/A

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☐ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☐ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☐ No

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? ☐ Yes ☒ No  
If Yes, please complete details of the changes in the tables below:

| Proposed Housing                     |                          |                    |   |   |    |         |       |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
| Market Housing                       | Not known                | Number of Bedrooms |   |   |    |         | Total |
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         | g     |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         | A     |

| Social Rented                        | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         | g     |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         | B     |

| Intermediate                         | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         | g     |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         | C     |

| Key worker                           | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         | g     |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         | D     |

Total proposed residential units (A + B + C + D) =

| Existing Housing                     |                          |                    |   |   |    |         |       |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
| Market Housing                       | Not known                | Number of Bedrooms |   |   |    |         | Total |
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         | g     |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         | E     |

| Social Rented                        | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         | g     |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         | F     |

| Intermediate                         | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         | g     |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         | G     |

| Key worker                           | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         | a     |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         | b     |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         | c     |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         | d     |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         | e     |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         | f     |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         | g     |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         | H     |

Total existing residential units (E + F + G + H) =

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total): N/A

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☒ Yes ☐ No

| If you have answered Yes to the question above please add details in the following table: |                                     |                                     |                                                    |                                                                                     |                                                                                   |                                                                                |
|-------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Use class/type of use                                                                     |                                     | Not applicable                      | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross internal floorspace proposed (including change of use)(square metres) | Net additional gross internal floorspace following development (square metres) |
| A1                                                                                        | Shops                               | <input type="checkbox"/>            | N/A                                                | N/A                                                                                 | 3807m <sup>2</sup>                                                                | 3807m <sup>2</sup>                                                             |
|                                                                                           | Net tradable area:                  | <input type="checkbox"/>            | N/A                                                | N/A                                                                                 |                                                                                   |                                                                                |
| A2                                                                                        | Financial and professional services | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A3                                                                                        | Restaurants and cafes               | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A4                                                                                        | Drinking establishments             | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A5                                                                                        | Hot food takeaways                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (a)                                                                                    | Office (other than A2)              | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (b)                                                                                    | Research and development            | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (c)                                                                                    | Light industrial                    | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B2                                                                                        | General industrial                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B8                                                                                        | Storage or distribution             | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C1                                                                                        | Hotels and halls of residence       | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C2                                                                                        | Residential institutions            | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D1                                                                                        | Non-residential institutions        | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D2                                                                                        | Assembly and leisure                | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| OTHER                                                                                     |                                     | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Please Specify                                                                            |                                     | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
|                                                                                           | Total                               |                                     | (NOTE: G.E.A. is 3807m <sup>2</sup> )              |                                                                                     | 3807 m <sup>2</sup>                                                               | 3807m <sup>2</sup>                                                             |

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

| Use class      | Type of use              | Not applicable                      | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|----------------|--------------------------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------|----------------------|
| C1             | Hotels                   | <input checked="" type="checkbox"/> |                                                          |                                                 |                      |
| C2             | Residential Institutions | <input checked="" type="checkbox"/> |                                                          |                                                 |                      |
| OTHER          |                          | <input checked="" type="checkbox"/> |                                                          |                                                 |                      |
| Please Specify |                          | <input checked="" type="checkbox"/> |                                                          |                                                 |                      |

19. Employment

Please complete the following information regarding employees:

|                    | Full-time | Part-time | Total full-time equivalent |
|--------------------|-----------|-----------|----------------------------|
| Existing employees | N/A       | N/A       | N/A                        |
| Proposed employees | 16        | 34        | Anticipated 50             |

20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

| Use         | Monday to Friday | Saturday   | <del>Sunday and Bank Holidays</del> | Sunday / Not known                               |
|-------------|------------------|------------|-------------------------------------|--------------------------------------------------|
| RETAIL UNIT | 9am to 8pm       | 9am to 6pm | 9am to 6pm                          | 6 hour trading in the period between 9am and 6pm |
|             |                  |            |                                     |                                                  |
|             |                  |            |                                     |                                                  |

21. Site Area

Please state the site area in hectares (ha) 3.45 Ha Approx

22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? ☐ Yes ☒ No

If the answer is Yes, please complete the following table:

|                                                                    | Not applicable           | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
|--------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Inert landfill                                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Non-hazardous landfill                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Hazardous landfill                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Energy from waste incineration                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other incineration                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Landfill gas generation plant                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Pyrolysis/gasification                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Metal recycling site                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Transfer stations                                                  | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Material recovery/recycling facilities (MRFs)                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Household civic amenity sites                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Open windrow composting                                            | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| In-vessel composting                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Anaerobic digestion                                                | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Any combined mechanical, biological and/or thermal treatment (MBT) | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Sewage treatment works                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other treatment                                                    | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Recycling facilities construction, demolition and excavation waste | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Storage of waste                                                   | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other waste management                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other developments                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |

Please provide the maximum annual operational throughput of the following waste streams:

|                                         |  |
|-----------------------------------------|--|
| Municipal                               |  |
| Construction, demolition and excavation |  |
| Commercial and industrial               |  |
| Hazardous                               |  |

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☐ No ☒ Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes)

Ammonia (tonnes)

Bromine (tonnes)

Chlorine (tonnes)

Other:

Amount (tonnes):

Ethylene oxide (tonnes)

Hydrogen cyanide (tonnes)

Liquid oxygen (tonnes)

Liquid petroleum gas (tonnes)

Other:

Amount (tonnes):

Phosgene (tonnes)

Sulphur dioxide (tonnes)

Flour (tonnes)

Refined white sugar (tonnes)

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

**\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.**

Date (DD/MM/YYYY): \_\_\_\_\_

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land or building to which this application relates.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

**\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990**

| Name of Owner / Agricultural Tenant | Address                                                      | Date Notice Served |
|-------------------------------------|--------------------------------------------------------------|--------------------|
| RUSTINGTON INVESTMENTS LTD          | GOLFERS LANE . ANGERING . WEST SUSSEX<br>BN16 4NB            | 28-4-2017          |
| VIRGIN ACTIVE HEALTH CLUBS          | VIRGIN ACTIVE LTD . 100 ALDERSGATE STREET<br>LONDON EC1A 4LX | 28-4-2017          |
|                                     |                                                              |                    |
|                                     |                                                              |                    |
|                                     |                                                              |                    |

Date (DD/MM/YYYY):

28-4-2017

24. Ownership Certificates and Agricultural Land Declaration (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners\* and/or agricultural tenants\*\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

|                                     |         |                    |
|-------------------------------------|---------|--------------------|
|                                     |         |                    |
| Name of Owner / Agricultural Tenant | Address | Date Notice Served |
|                                     | N/A     |                    |
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |
|                                     |         |                    |

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

|  |
|--|
|  |
|--|

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

25. 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 (LPA) has been submitted.

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

The original and 3 copies\* of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

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

☒

☒

☒

The correct fee:

The original and 3 copies\* of a design and access statement, if required (see help text and guidance notes for details):

The original and 3 copies\* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):

☐

☒

☒

to be paid direct by applicant to the council

38-4-17

(date cannot be before application)

\*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

26. 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:

Date (DD/MM/YYYY):

38-4-17

(date cannot be before application)

27. Applicant Contact Details

Telephone numbers

|               |                           |                   |
|---------------|---------------------------|-------------------|
| Country code: | National number:          | Extension number: |
|               |                           |                   |
| Country code: | Mobile number (optional): |                   |
|               |                           |                   |
| Country code: | Fax number (optional):    |                   |
|               |                           |                   |

Email address (optional):

28. Agent Contact Details

Telephone numbers

|               |                           |                   |
|---------------|---------------------------|-------------------|
| Country code: | National number:          | Extension number: |
| 01905         | 830000                    |                   |
| Country code: | Mobile number (optional): |                   |
|               |                           |                   |
| Country code: | Fax number (optional):    |                   |
|               |                           |                   |

Email address (optional):

29. 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: