BR/109/14/DOC

ARUN
DISTRICT COUNCIL

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: MR
First name: DARREN
Last name: SCHOFIELD
Company (optional): BELLWAY HOMES LTD - WESSEX
Unit:
House number:
House suffix:
House name: BELLWAY HOUSE
Address 1: EMBANKMENT WAY
Address 2: CASTLEMAN BUSINESS CENTRE
Address 3:
Town: RINGWOOD
County: HAMPSHIRE
Country:
Postcode: BH24 1EU

2. Agent Name and Address

Title:
First name:
Last name:
Company (optional):
Unit:
House number:
House suffix:
House name:
Address 1:
Address 2:
Address 3:
Town:
County:

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Application for approval of details reserved by Condition 6 (surface water drainage) following a grant of planning permission BR/142/12/

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3. Site Address Details

Please provide the full postal address of the application site.

Unit: ☐ House number: ☐ House suffix: ☐

House name:

Address 1: BOGNOR REGIS COMMUNITY COLLEGE

Address 2: WESTLOATS LANE

Address 3:

Town:

County: WEST SUSSEX

Postcode (optional): PO21 5LH

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:
TOM CALLAWAY - ENGINEER

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission) 23/04/14

Details of pre-application advice received?
CONFIRMED CURRENT DRAWINGS & CALCULATIONS ARE ACCEPTABLE & CONFIRMATION ON CELLULAR STORAGE BEING USED FOR ATTENUATION ONLY

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 APPROVAL OF RESERVED MATTERS OUTLINE APPROVAL BR/124/08 FOR RESIDENTIAL DEVELOPMENT COMPRISING 114 HOUSES & FLATS ON TWO SITES INCLUDING ASSOCIATED ACCESS, PARKING & LANDSCAPING

Reference number: BR/142/12 Date of decision: 19/10/2012 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	6	6.	
2.		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): 01/04/2013 (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:

CONDITION 6 (SEE ATTACHED LETTER & DOCUMENTATION)

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 correct fee: ☑

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

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: [redacted]

Or signed - Agent:

Date (DD/MM/YYYY): 28/04/2014 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: [redacted] Extension

Country code:

Country code: Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

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:

Telephone number:

Email address:

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