ARUN
DISTRICT COUNCIL

Arun Civic Centre
Maltravers Road
Littlehampton
West Sussex
BN17 5LF
Tel: 01903 737737

www.arun.gov.uk

ARUN DISTRICT COUNCIL
No. BR 123 10

Application for Outline Planning Permission with all matters reserved.
Town and Country Planning Act 1990

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:	MRS
First name:	HAZEL
Last name:	CAMPLING
Company (optional):	ARUN DISTRICT COUNCIL
Unit:	
House number:	
House suffix:	
House name:	THE CIVIC CENTRE
Address 1:	MALTRAVERS ROAD
Address 2:	LITTLEHAMPTON
Address 3:	
Town:	
County:	W. SUSSEX
Country:	
Postcode:	BN17 5LF

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:	
Country:	
Postcode:	

3. Description of the Proposal

Please describe the proposal:

OUTLINE APPLICATION UNDER REGULATION 3 OF THE TOWN & COUNTRY PLANNING GENERAL REGULATIONS 1992 FOR A NEW CAFE - HISHAM PARK TO ENABLE INSIDE AND OUTSIDE SEATING AND TO OPERATE ALL THE YEAR ROUND

3. Description of the Proposal (continued)

Has building or works already been carried out? ☐ Yes ☒ No

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

(date must be pre-application submission)

Have the works been completed? ☐ Yes ☐ No

If Yes, please state when the works were completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name:

Address 1: HOTHAM PARK CAFE

Address 2: HOTHAM PARK

Address 3: UPPER BOGNOR ROAD

Town: BOGNOR REGIS

County: W SUSSEX

Postcode (optional): PO 21 1HH

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

Easting: | Northing:

Description:

PARKLAND

5. 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.)

☐ 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

6. 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?

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? ☒ Yes ☐ No

If Yes, please provide details:

HOTHAM PARK HERITAGE TRUST

MAD MEMBERS

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:

MRS MARY CAMPLIN
CONCESSIONS OFFICER

9. Site Area

Please state the site area in hectares (ha): 0.8HA

10. 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 1	2	3	4+	Unknown	Total
Houses	☐						
Flats and maisonettes	☐						
Live-work units	☐						
Cluster flats	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Unknown type	☐						
Totals *(a + b + c + d + e + f + g) =*							

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

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

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

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

Existing Housing

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

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

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

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

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

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

11. All Types of Development: Non-residential Floorspace

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

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)	Unknown	Total gross internal floorspace proposed (including change of use)(square metres)	Unknown	Net additional gross internal floorspace following development (square metres)
A1	Shops	☑			☐		☐	
	Net tradable area:	☑			☐		☐	
A2	Financial and professional services	☑			☐		☐	
A3	Restaurants and cafes	☐			☐	300m²	☐	
A4	Drinking establishments	☑			☐		☐	
A5	Hot food takeaways	☑			☐		☐	
B1 (a)	Office (other than A2)	☑			☐		☐	
B1 (b)	Research and development	☑			☐		☐	
B1 (c)	Light industrial	☑			☐		☐	
B2	General industrial	☑			☐		☐	
B8	Storage or distribution	☑			☐		☐	
C1	Hotels and halls of residence	☑			☐		☐	
C2	Residential institutions	☑			☐		☐	
D1	Non-residential institutions	☑			☐		☐	
D2	Assembly and leisure	☐			☐		☐	
OTHER		☐			☐		☐	
Please Specify		☐			☐		☐	
	Total							

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	Unknown	Total rooms proposed (including changes of use)	Unknown	Net additional rooms
C1	Hotels	☐		☐		☐	
C2	Residential Institutions	☐		☐		☐	
OTHER		☐		☐		☐	
Please Specify		☐		☐		☐	

12. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees	2	2	3

13. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
CAFE/RESTAURANT	10AM - 10PM	10AM - 11PM	10AM - 9PM	

14. 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 ☐ Unknown

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)	Unknown	Maximum annual operational through put in tonnes (or litres if liquid waste)	Unknown
Inert landfill	☐		☐		☐
Non-hazardous landfill	☐		☐		☐
Hazardous landfill	☐		☐		☐
Energy from waste incineration	☐		☐		☐
Other incineration	☐		☐		☐
Landfill gas generation plant	☐		☐		☐
Pyrolysis/gasification	☐		☐		☐
Metal recycling site	☐		☐		☐
Transfer stations	☐		☐		☐
Material recovery/recycling facilities (MRFs)	☐		☐		☐
Household civic amenity sites	☐		☐		☐
Open windrow composting	☐		☐		☐
In-vessel composting	☐		☐		☐
Anaerobic digestion	☐		☐		☐
Any combined mechanical, biological and/or thermal treatment (MBT)	☐		☐		☐
Sewage treatment works	☐		☐		☐
Other treatment	☐		☐		☐
Recycling facilities construction, demolition and excavation waste	☐		☐		☐
Storage of waste	☐		☐		☐
Other waste management	☐		☐		☐
Other developments	☐		☐		☐

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.

15. Existing Use

Please describe the current use of the site: PARKLAND

Is the site currently vacant? ☑ Yes ☐ No

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

When did this use end (if known)? DD/MM/YYYY (date where known may be approximate)

Does the proposal involve any of the following:

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

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

16. Ownership Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I cer[redacted] the date of this application nobody except myself/ the applicant was the owne[redacted]*terest with at least 7 years left to run)* of any part of the land or building to whic[redacted]

Sign[redacted]signed - Agent:	Date (DD/MM/YYYY):
	25 / 04 / 10

[redacted] OWNERSHIP - CERTIFICATE B

[redacted]opment Procedure) Order 1995 Certificate under Article 7

I cer[redacted] given the requisite notice to everyone else (as listed below) who, on the day 21 da[redacted]*wner is a person with a freehold interest or leasehold interest with at least 7 years left to*[redacted]lication relates.

	Address	Date Notice Served

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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 *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of the land or building, or of a part of it , but I have/ the applicant has been unable to do so.

The steps taken were:

Name of Owner	Address	Date Notice Served

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):

16. Ownership Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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 *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

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):

17. Agricultural Holdings

AGRICULTURAL HOLDINGS CERTIFICATE

Town and Country Planning (General Development Procedure)Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A [redacted], or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY): 15/04/10

(B [redacted] to every person other than myself/ the applicant who, on the day 21 days be[redacted] agricultural holding on all or part of the land to which this application relates, as[redacted]

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

18. 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 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: ☐
- The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable): ☐
- The original and 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): ☐

19. Declaration

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

[redacted]

Date (DD/MM/YYYY): 25/04/10 (date cannot be pre-application)

21. Agent Contact Details

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

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: