

Please accept this as an objection to planning application BR/213/20/PL

Firstly, I would like to thank Arun District Council for refusing the previous incarnation of this application (BR/138/20/PL) and would urge them to refuse this second application.

Aldwick has no need or want for an HMO housing 58 people, and the C2 accreditation should **not** be lifted, as this is a community asset for the people of Aldwick and Bognor Regis. As such it could and should be used as one of the following:

Doctor's surgery (local need)

Care home (aging population worldwide and lack of care homes for local people)

Nursery or school (lack of adequate pre-school facilities)

Training facility (Retraining for locals with unemployment rising)

Is there any credibility in the case put forward by Pro Force and its paid advisors that a nursing home produces more traffic and disruption than 58 able-bodied young single people all living in a single house?

Covid 19 is a world pandemic and has caused devastation to lives around the world.

We are now seeing 'spikes' in cases and the prospect of a second wave, through groups of people living and working in close proximity.

With 60 people living and working in close proximity there is a very real danger of an outbreak of Covid 19. This would bring devastation to the community as there are vulnerable people and retirement homes in the immediate area. These people are already at high risk, and many would not be able to recover fully, if at all, from such an outbreak.

The i-Transport survey does not compare factual evidence. With any report, calculation, or survey, you need independent unbiased data of both comparable elements to obtain an accurate result.

I would ask the council be mindful of the following major issues.

Evaluation of Transport Report

1. The non- independent i-Transport report compares:

1.a

i-Transport had just one fact concerning original care home that it had a capacity of 42 residents (2.1.2), **which doesn't mean it ever housed 42 residents** this is a maximum, and there are no facts concerning the home beyond this, the rest is speculation.

1.b

Random care homes in various parts of the country are compared, with a large variance of between 45 and 80 residents. These offer little comparison due to the fact there is no figure for the number of residents in the Royal Bay.

1.c

A block of 42 flats, with no relevance to an HMO or care home

2. The inaccurately calculated tables

2a

i-Transports table 2.1 for the original care home, just states the maximum capacity, not the number of residents, as care homes never run to full capacity this should be less than 42

The method of measurement used by i-Transport is trips per resident.

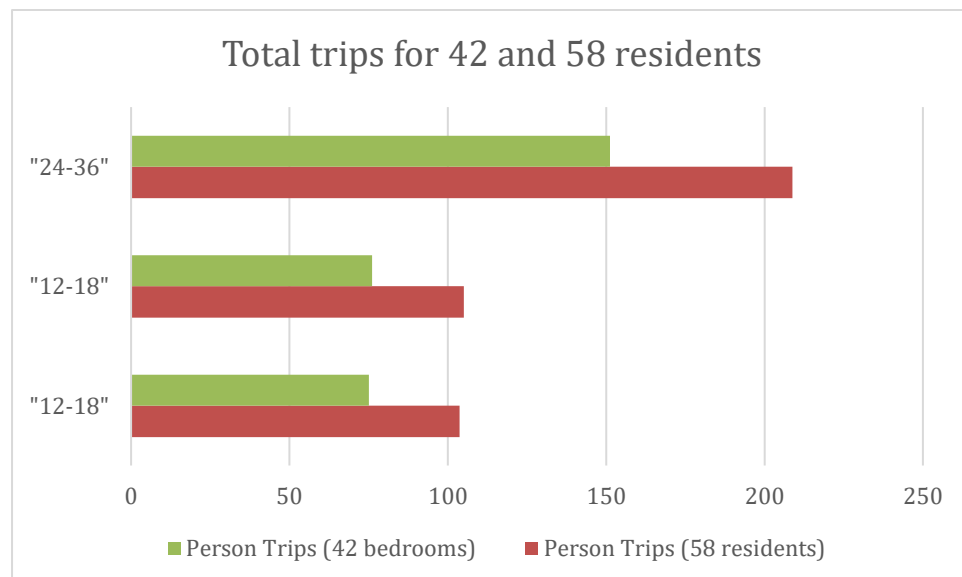
2b

i-Transports table 2.2 is i-Transport's projected figures for the HMO with the incorrect stated number of residents.(2.2.1)

The table uses the incorrect figure of 42 rooms (42 residents) to calculate the trips per resident. **The rooms do not travel anywhere; the correct figure is 58 residents** (2.21)

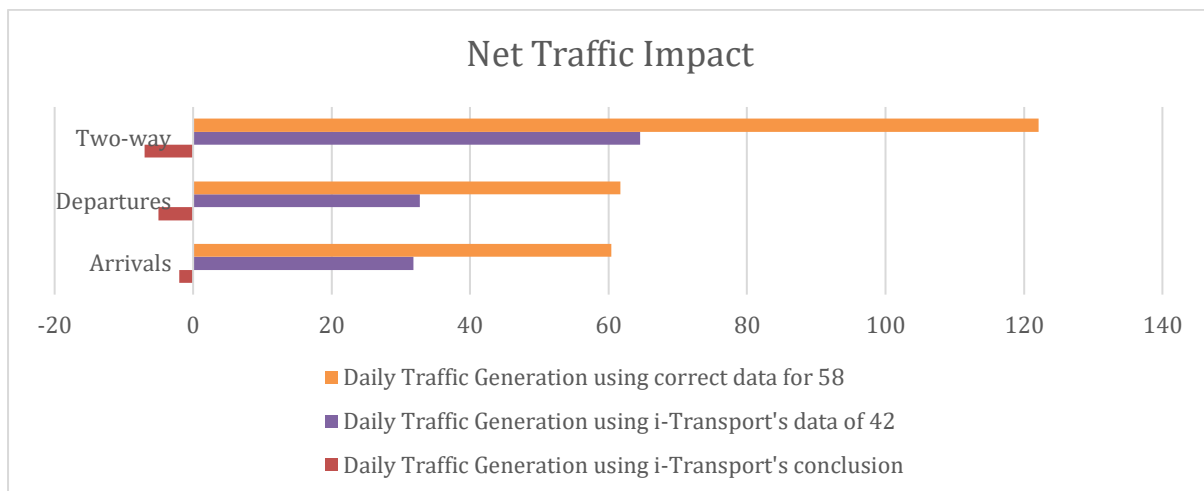
This miscalculation then severely alters i-transports table 2.2 and 2.3 the recalculated tables with the figures as supplied by I-Transport are below as visuals

3. Adjusted chart for 58 not 42 residents



3a Above is the chart of daily movement and traffic for an HMO with 58 workers using I-Transports own calculations and for 42 residents (unsubstantiated)

Final Daily Comparison Table



3b. Above is a comparison of daily traffic generation using exclusively data provided in the tables by i-Transport, even using the estimated trips for 42 residents it shows the traffic generation increase far greater than reported and with it greater disruption and local resident noise. This issue is compounded further with the actual number of workers being 58.

This table shows that there are 129 more trips than stated on i-Transports report using their own data.

On-site parking

1a On-site parking is 12 spaces (3.21).

With 6 mini-buses, 3 staff vehicles, and 6 residents having cars, this means 15 spaces will be filled already, with only 12 marked spaces available. This is considering the estimation of 6-9 minibuses (2.2.1). Taking an average of 7.5 mini-buses being used due to Covid-19 safety, then the car-park is 4.5 vehicles to small. The figure of 10% of worker car ownership is not (unsubstantiated) and could be 15, 20 or 25%.

It must also be taken into account that there will be friends and colleagues visiting, and using the 10% (unsubstantiated) value for workers for other sites (3.2.2) with cars there is a real possibility of the car park being far too small and congested with an inability to manoeuvre the minibuses.

1b There are no official independent figures for the 10% of cars owned by workers

1c There are no marked additional parking areas on the car park plans supplied, although it is claimed there is other available parking. The lack of elaboration and significant detail in the plan renders it unusable.

Traffic Congestion

When the council read the report, they need to be mindful of these facts and the following key points. There will be much greater movement than in the original care home as demonstrated in figure 3b.

The disturbance will start at 6.00am for the 6.30 'likely' leave time and will create a considerable noise disturbance when most people are asleep. This will include vans starting, people talking and slamming of van doors this will occur every day including weekends.

Traffic congestion starts at 14:30 with the collection of children from nursery and school with three schools in a 1km radius. This continues until 18.00

The idea that the traffic movements returning to the HMO will have no effect and are not in rush hour is incorrect.

Gemini Report

The report has certain points that should be brought to the council's notice that contradict what is already known. As well as this certain key facts are not substantiated.

1. Primarily this has been proven by the data provided in section 1. Beyond that the data supplied by i-Transport is incorrect and disproves its own points. **Section 2.5 to 2.9**
2. Agricultural workers are no more critical than they were before coronavirus with regards to planning applications. It's clear that being considered 'critical' in some instances and explicitly not in others means that there is no general application of the concept of being 'critical', so the relevance here is questionable. **Section 3.1**
3. The building is an HMO under all Government definitions and is not a C2 classification as explained in the following link, **Section 4.6**
<https://www.legislation.gov.uk/ukxi/2006/373/regulation/5/made>
4. It is claimed incorrectly in Section 4.9 that the HMO is C2 use which it is definitely not. As proven by the following link below. Just because it is convenient to call the HMO a residential institution does not mean it is one.
<https://www.legislation.gov.uk/ukxi/1987/764/schedule/part/C/made>
5. The Government guidance quote in **Section 4.10** is in fact **Government guidance for offshore oil and gas**. Therefore it has no relevance to the application submitted. The link is below and is quoted beneath.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224238/Planning_practice_guidance_for_onshore_oil_and_gas.pdf.

*In doing so the focus of the planning system should be on whether the development itself is an acceptable use of the land, and the impacts of those uses, rather than any control processes, health and safety issues or emissions themselves where these are subject to approval under other regimes. **Minerals** planning authorities should assume that these non-planning regimes will operate effectively*

Conclusion

The facts, figures and conclusions stated by i-Transport and Gemini on behalf of Pro-Force cannot be relied on to be correct. It has proved to be inaccurate, as proved in the sections above. This calls in to question other less factually supported elements of the report.

The tables supplied by i-Transport are incorrect, the number of trips, and the true figures are shown in figure 3b, which shows there are **122 more movements** compared to 7 less, which was estimated by i-Transport.

The table in i-Transport's report does not allow for:

1. The age and status of the HMO residents.
2. Trips in the evening, travelling for recreational activities such as meeting friends and colleagues, going out socially to pubs, clubs, restaurants, and cinemas, as well as the associated disturbance on the residents' return.

There will a considerable disturbance in the evening in a residential area. The lack of information around this suggests numbers even higher than the largest disturbance referenced here.

The HMO will be a blight on the area, with greater disturbance and higher traffic density in an already densely populated area with traffic control issues.

The property and surrounding areas were never meant for such a large population density, and the increased traffic associated with it.

The quality of life for those living in the area and would be deliberately and unreasonably lowered, and conditions detrimental to health, especially with Covid cases on the rise.

I therefore ask the council to once again refuse this application and allow the property to be used for the benefit of the people of Aldwick and Bognor Regis.