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

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.

1. Applicant Name, Address and Contact Details

Title:	Mr	First Name:	Mustafa	Surname:	Sen
Company name:					
Street address:	19, High Street				
				Telephone number:	
				Mobile number:	
Town/City:	BOGNOR REGIS			Fax number:	
Country:				Email address:	
Postcode:	PO21 1RJ				

Are you an agent acting on behalf of the applicant? (•) Yes ( ) No

2. Agent Name, Address and Contact Details

Title:	Mr	First Name:	Mark	Surname:	Gibbens
Company name:	LOOK. design + build				
Street address:	Forum House				
	Stirling Road			Telephone number:	[redacted]
				Mobile number:	
Town/City:	Chichester			Fax number:	
Country:				Email address:	
Postcode:	PO19 7DN				[redacted]

3. Site Address Details

Full postal address of the site (including full postcode where available)

House: 19 Suffix:

House name:

Street address: High Street

Town/City: BOGNOR REGIS

Postcode: PO21 1RJ

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

Easting: 493667

Northing: 99029

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ○ Yes ◉ No

5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

Redevelopment retaining existing use on part of ground floor with 5 No. flats on upper floors & including alterations to rear & side elevations.

Application reference number: BR/108/16/PL Date of decision: 16/03/2017

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

3 - Schedule of materials
5 - Cycle parking spaces

Has the development already started? ○ Yes ◉ No

6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

Schedule of materials
BR-264-05 Proposed Ground Floor GA

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition? ○ Yes ◉ No

8. 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)

8. Site Visit

The agent The applicant Other person

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.

Date 21/12/2017