

# Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

## Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)'.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

## Local Planning Authority details:



Arun District Council  
Maltravers Road  
Littlehampton  
West Sussex BN17 5LE

## Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

### 1. Applicant Name and Address

|                     |                |               |    |
|---------------------|----------------|---------------|----|
| Title:              | MR             | First name:   | C  |
| Last name:          | THOMAS         |               |    |
| Company (optional): |                |               |    |
| Unit:               |                | House number: | 95 |
|                     |                | House suffix: |    |
| House name:         |                |               |    |
| Address 1:          | VICTORIA DRIVE |               |    |
| Address 2:          |                |               |    |
| Address 3:          |                |               |    |
| Town:               | BOGNOR REGIS   |               |    |
| County:             | WEST SUSSEX    |               |    |
| Country:            |                |               |    |
| Postcode:           | PO21 2DZ       |               |    |

### 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:           |  |               |  |

### 8. Parking

Will the proposed works affect existing car parking arrangements? ☐ Yes ☒ No

If Yes, please describe:

### 9. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? ☐ Yes ☒ No

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

If Yes, please provide details of their name, role and how you are related to them.

### 10. 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                   | Not<br>applicable                   | Don't<br>Know            |
|---------------------------------------------|--------------------------------|----------------------------|-------------------------------------|--------------------------|
| Walls                                       | RENDER                         | RENDER                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| Roof                                        | TILE<br>UPVC                   | TILE<br>INTERLOCKING SLATE | <input type="checkbox"/>            | <input type="checkbox"/> |
| Windows                                     | UPVC                           | UPVC                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| Doors                                       | UPVC                           | UPVC                       | <input type="checkbox"/>            | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) |                                |                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## 10. Materials

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

|                                  |  |  |                                     |                          |
|----------------------------------|--|--|-------------------------------------|--------------------------|
| Vehicle access and hard-standing |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lighting                         |  |  | <input checked="" 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:

DRAWINGS 1 AND 2

## 12. 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 has been submitted.

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

The original and 3 copies\* of a 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 original and 3 copies\* of a design and access statement if proposed works fall within a conservation area or World Heritage Site, or relate to a Listed Building: ☐

The correct fee: ☐

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

\*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.

## 13. 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.

Or signed - Agent:

Date (DD/MM/YYYY):

20/02/2020 (date cannot be pre-application)

## 14. Applicant Contact Details

Telephone numbers

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

## 15. Agent Contact Details

Telephone numbers

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

## 16. 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: