



WEST SUSSEX

For Official use only	
App No:	EG/63/07 /LB/CA
Date:	

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PLANNING (LISTED BUILDINGS AND CONSERVATION AREAS) ACT 1990**APPLICATION FOR LISTED BUILDING/CONSERVATION AREA CONSENT**

6 copies of this form to be submitted

IT IS IMPORTANT THAT YOU READ THE NOTES PREPARED FOR GUIDANCE OF APPLICANTS

1. APPLICANT DETAILSFull Name: JULIA PLUMSTEAD

Address: BROOK COTTAGE
CHURCH LANE
EASTERGATE
WEST SUSSEX

Post Code: PO20 3UTTelephone No: [REDACTED]**AGENT DETAILS**

Full Name: _____

Address: _____

Post Code: _____

Telephone No: _____

2. TYPE OF APPLICATION**I/WE APPLY for Listed Building/Conservation Area Consent**

- | | | |
|--|---|--|
| (a) (i) Demolish a Listed Building | ☐ Yes | ☒ No |
| (ii) Partially demolish a Listed Building | ☐ Yes | ☒ No |
| OR | | |
| (b) Alter ~~and/or extend~~ a Listed Building | ☒ Yes | ☐ No |
| OR | | |
| (c) (i) Demolish a building situated within a Conservation Area | ☐ Yes | ☒ No |
| (ii) Partially demolish a building situated within a Conservation Area | ☐ Yes | ☒ No |
| OR | | |
| (d) (i) Affix an advertisement on a Listed Building | ☐ Yes | ☒ No |

AS DESCRIBED IN THIS APPLICATION AND THE ACCOMPANYING PLANS**3. PARTICULARS**

(a) Full address or location of the building, the subject of this application

Address/Location: BROOK COTTAGE
CHURCH LANE
EASTERGATE

WEST SUSSEX

Post Code: PO20 3UT

(b) State whether applicant owns or controls any adjoining buildings ☐ Yes ☒ No(c) Area of the land to which the application relates 2000 m² hectares/sq. metres*Dimensions of the site must be clearly indicated on the plans in metric*

(d) Full description of the proposed works including the proposed uses of each part of the building

REPLACEMENT OF WOODEN GATES AND
POST AT THE ENTRANCE OF THE DRIVEWAY.
SEE ATTACHED FOR FULL DESCRIPTION.

(e) Are you seeking consent for works already carried out? ☐ Yes ☒ No

If YES, give the date(s) when the works were carried out ____/____/____

(f) If the answer to 2(a) above is YES,

(i) the reference and date of a planning permission for redevelopment, if any

(ii) the date of the making of a contract for redevelopment, if any

4. PARTICULARS OF USE OF BUILDING

(a) Present use RESIDENTIAL

(b) If vacant, the last use

5. GRANT (Applicable to Listed Buildings only)

Has a grant been made in respect of works which have been or are proposed to be executed on the Listed Building under:

The Historic Buildings and Ancient Monuments Act, 1953 by the Historic Buildings Council ☐ Yes ☒ No

If YES, state date of receipt of grant ____/____/____

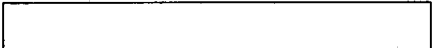
6. PLANS - 6 COPIES REQUIRED

List of drawings and plans submitted - indicate Drawing Numbers and Scale

LOCATION PLAN

BLOCK PLAN

DETAILED DRAWINGS - 2 PAGES

7. IT IS IMPORTANT THAT THIS APPLICATION IS SIGNED AND DATEDSigned: Date: 07/09/2007on behalf of *(insert applicants name if signed by an agent)***8. CERTIFICATE UNDER SECTIONS 11 & 21 OF THE PLANNING (LISTED BUILDINGS & CONSERVATION AREAS) ACT 1990**

N.B. A signed Certificate MUST accompany this application.

If the applicant is the owner (a) the following certificate should be completed and signed

(a) 'Owner' means a person having a freehold or a leasehold interest of which not less than 7 years remain unexpired

I hereby certify that:

No person other than *myself/*the applicant was the owner (a) of any of the building to which the
application/~~appeal~~ relates at the beginning of the period of 21 days ending with the date of the accompanying
application/~~appeal~~.

Signed: Date: 07/09/2007on behalf of *(insert applicants name if signed by an agent)***DATA PROTECTION**

The information contained in this form will be used by Arun District Council for the purposes indicated and will be further used or transferred to other organisations or individuals, only as the law permits.

