



ARUN DISTRICT COUNCIL
TECHNICAL SUPPORT

21 AUG 2015

ACTION...

FP/174/15/DOC
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

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

FP/174/15/DOC

Publication of application

Please note that the information will be published on the Authority's website. If you do not wish this to be published, please tick the box below.

Application for approval of matters reserved by condition imposed under ~~FP/43/15/PL~~ relating to conditions 7, 8 & 9 for Code for Sustainable Homes Level 5, surface water drainage plan & tree protection.

published on the internet.

Please complete using block capitals.
It is important that you read the guidance notes.

f your application.

1. Applicant Name and Address

Title:	MR	First name:	DENIS
Last name:	CALLANDER		
Company (optional):			
Unit:		House number:	54
		House suffix:	
House name:			
Address 1:	CROSSBUSH ROAD		
Address 2:	FELPHAM		
Address 3:	BOGNOR REGIS		
Town:			
County:	WEST SUSSEX		
Country:			
Postcode:	PO22 7LU		

2. Agent Name and Address

Title:	MISS	First name:	CELIA
Last name:	HAMLYN		
Company (optional):	HELYER DAVIES ARCHITECTS		
Unit:	1	House number:	
		House suffix:	
House name:			
Address 1:	THE OLD FLOUR MILL		
Address 2:	QUEEN STREET		
Address 3:			
Town:	EMSWORTH		
County:	HAMPSHIRE		
Country:			
Postcode:	PO10 7BT		

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	54	House suffix:	
House name:					
Address 1:	CROSSBUSH ROAD				
Address 2:	FELPHAM				
Address 3:					
Town:	BOGNOR REGIS				
County:	WEST SUSSEX				
Postcode (optional):	PO22 7LU				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northings:			
Description:					

4. 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?	

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

NEW DETACHED 4 BED DWELLING

Reference number: FP/43/15/PL Date of decision: 10/06/2015 (Date must be pre-application submission) (DD/MM/YYYY)

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

1. Development shall begin before the expiration of 3 years.	6. No extensions unless permitted by LPA
2. Development shall be carried out in accordance with 15002-01, 02, 03 + Energy Report	7. Dwelling shall achieve code for Sustainable Homes Level 5, water discharge
3. Materials shall match colour + texture of those existing building - No 54.	8. Surface Water Management Plan to be submitted
4. Windows at 1st floor East + West - only top opening + obscure glass	9. Trees/bushes/hedges protected by fence + roof protection area.
5. No windows to be constructed on East/West elevs without prior permission	10.

Has the development already started?

☐ Yes ☒ No

If Yes, please state when the development started (DD/MM/YYYY):

(date must be pre-application submission)

Has the development been completed?

☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

6. Discharge Of Condition

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

Drawings - 15002-01, 02, 03 + 102, Energy Report, BRE Global predicted water discharge of 80L of water pp.pd with RWTH + Without, Surface Water Management Plan.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

If Yes, please indicate which part of the condition your application relates to:

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8. 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 other plans and drawings or information necessary to describe the subject of the application: ☒

The correct fee: ☒

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.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

18/08/2015

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Extension

12. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☐ Yes

☒ No - Private Road

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: