ARUN
DIS_ _CT COUNCIL

Arun Civic Centre
Maltravers Road
Littlehampton
West Sussex BN17 5LF
Tel: 01903 737756
www.arun.gov.uk

FP/215/16/DOC

Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

'ublication of applications on planning authority websites.
'lease note that the information provided on this application form and in supporting documents may be published on the Authority's website.
' you require any further clarification, please contact the Authority's planning department.

1. Applicant Name, Address and Contact Details

Title:	Mr & Mrs	First Name:	T	Surname:	Eley
Company name:					
Street address:	3, Halliwick Gardens				
				Telephone number:	
				Mobile number:	
Town/City:	FELPHAM			Fax number:	
Country:				Email address:	
Postcode:	PO22 7JD				

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

2. Agent Name, Address and Contact Details

Title:	Mr	First Name:	D	Surname:	Bennett
Company name:	David Bennett Architects				
Street address:	10 Vicarage Lane				
				Telephone number:	[redacted]
				Mobile number:	
Town/City:	Bognor Regis			Fax number:	
Country:				Email address:	
Postcode:	PO22 7EA				[redacted]

FP/215/16/DOC

Application for approval of matters reserved
by condition imposed under FP/211/15/HH
relating to condition 3 for a schedule &
samples of materials & finishes.

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3. Site Address Details

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

House: 3 Suffix:

House name:

Street address: Halliwick Gardens

Town/City: FELPHAM

Postcode: PO22 7JD

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

Easting: 495680

Northing: 99773

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):

Officer name:

Title: First name: Ross Surname: Leal

Reference:

Date (DD/MM/YYYY): 31/08/2016 (Must be pre-application submission)

Details of the pre-application advice received:

5. Description of the Proposal

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

Demolition of existing porch and garage, construction of replacement garage, rear extension to accommodate utility room, cloakroom and living room, replacement porch, loft conversion including removal of hipped roof and construction of gable ends and dormers to provide two bedrooms and bathroom

Application reference number: FP/211/15/HH Date of decision: 16/12/2015

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

3

Has the development already started? (•) Yes ( ) No If Yes, please state when the development was started: 04/04/2016

Has the development been completed? ( ) 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:

List of materials as contained on attached information sheet

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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)

◉ 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 08/09/2016

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