

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	CM WOOD BODY REPAIR CENTRE				
Address 1:	LINDEN PARK				
Address 2:					
Address 3:					
Town:	LITTLEHAMPTON				
County:	WEST SUSSEX				
Postcode (optional):	BN17 7BJ				
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:

DEMOLITION OF EXISTING WORKSHOP BUILDINGS
& ERECTION OF 10 NO. FLATS CONSISTING 4 NO.
2 BED FLATS & 6 NO. 1 BED FLATS

Reference number: LU/205/16/P Date of decision: 29/11/16 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	6	6.	
2.	12	7.	
3.		8.	
4.		9.	
5.		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:

SOAKAWAY DESIGN ALTERNATIVE 191105 P 001
SOAKAWAY DESIGN CALCULATIONS

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: