



For Official use only	
Plan No:	LU/423/07
Date:	

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**TOWN AND COUNTRY PLANNING ACT 1990
APPLICATION FOR PLANNING PERMISSION**

6 copies of this form required, together with plans and appropriate fee.

1. APPLICANT DETAILS

Full Name:

M R S M A Y E R S

Address:

1 9 2 1 C O N N A U G H T R O A D

L I T T L E H A M P T O N

W E S T S U S S E X

Post Code B N 1 7 6 H B

Telephone No:

AGENT DETAILS

Full Name:

H D A P R O J E C T S L T D

Address:

U N I T O N E

B R O A D B R I D G E B U S I N E S S C E N T

D E L L I N G L A N E B O S H A M

W E S T S U S S E X

Post Code P O 1 8 8 N F

Telephone No:

2. TYPE OF APPLICATION

(a) Full planning permission
(including changes of use). ☒ Yes ☐ No

(b) Outline planning permission ☐ Yes ☒ No If yes, describe those matters
which form part of your
application.

a) The layout of the site ☐ Yes ☐ No

b) The number, siting, design
and external appearance of the
building. ☐ Yes ☐ No

c) The landscaping of the site.

d) The means of access to the
site. ☐ Yes ☐ No

(c) Approval of reserved matters
following the grant of an outline
permission. ☐ Yes ☒ No

If yes, describe those matters
which form part of your
application.

a) The layout of the site ☐ Yes ☐ No

b) The number, siting, design
and external appearance of the
building. ☐ Yes ☐ No

c) The landscaping of the site.

d) The means of access to the
site. ☐ Yes ☐ No

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(d) Permission for continuance of use without compliance with a condition imposed on a planning permission.

☐ Yes ☒ No If yes, state the number of the planning permission and the condition number:

a) Planning permission number

b) Condition number

3. (a) Full address or location of the land to which application relates.

Full Name:

Address:

1 9 2 1 C O N N A U G H T R O A D
L I T T L E H A M P T O N
W E S T S U S S E X

Post Code B N 1 7 6 H B

(b) State whether applicant owns or controls any adjoining land. ☐ Yes ☒ No If yes, this land must be edged blue on the location plan.

(c) Area of site. SEE PLAN hectares/sq.metres*

*Dimensions of the application site and distances from new buildings to boundaries must be clearly indicated on plans in metres.

(d) Description of proposed development

(If residential development, state no. of units proposed and type if known e.g. houses, bungalows, flats.

CHANGE OF USE FROM PRIVATE HEALTH CLINIC TO RESIDENTIAL DWELLING

(e) State whether the proposal involves:

(i) New building(s) or structures(s) ☐ Yes ☒ No

(ii) Alteration or extension of existing buildings ☐ Yes ☒ No

(iii) Change of use only ☒ Yes ☐ No

(iv) Construction of a new access to a highway

Vehicular ☐ Yes ☒ No

Pedestrian ☐ Yes ☒ No

(v) Alteration of an existing access to a highway

Vehicular ☐ Yes ☒ No

Pedestrian ☐ Yes ☒ No

(vi) Closure of existing access ☐ Yes ☒ No

(vii) A Building of Special Architectural or Historic interest or demolition within a conservation area. If yes, a separate application for **Listed Building Consent** or **Conservation Area Consent** may be necessary.

☐ Yes ☒ No

(viii) Any public Right of Way existing within the site.

☐ Yes ☒ No

4. Particulars of Use of Buildings or Land:

(a) Present use

REDUNDANT CLINIC

(b) If vacant, the last use

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