ARUN
DISTRICT COUNCIL

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HOUSEHOLD APPLICATION FOR FULL PLANNING PERMISSION

FOR OFFICIAL USE ONLY
App. No: LU/90/06
Date Received 22/3/06

1. APPLICANT (Block capitals please)
Full Name MRS MINIHANE
Address 9 MADEHURST GDNS
LITTLEHAMPTON, W SUSSEX
Tel. No: 01903 718089

2. AGENT (Block Capitals please)
Full Name KAMDEC W & C
Address UNIT 1 DUKE STREET
LITTLEHAMPTON, W SUSSEX BN17 6EF
Tel. No: 01903 723362

3. **Address of property to be altered or extended**
9 MADEHURST GDNS, LITTLEHAMPTON, WEST SUSSEX Post Code BN17 6HG

4. **Description of proposed works or use i.e. extensions, granny annexe, etc.**
CONSERVATORY TO THE SIDE OF PROPERTY

5. **Access to roads**
Does your development involve:

	Please State YES or NO
(a) A new access to a road	NO
(b) Alteration to an existing access	NO

If YES, please show details on your plans.

6. **Public Right of Way**
Will the development (including any new or altered access) affect a public footpath or other public right of way? NO

7. **Particulars of Site**
Does the development involve the removal or lopping of any trees, shrubs or hedges? NO
If Yes, show their position and spread on the plans indicating any to be removed or cut back.

8. **Drainage**
How do you propose to deal with foul/surface water drainage? CONNECT TO EXISTING RAIN WATER, NO FOUL REQUIRED

I/We hereby apply for full planning permission

Signed [signature] Date 20/3

PLEASE READ THE NOTES CAREFULLY BEFORE DECIDING WHICH CERTIFICATE TO COMPLETE

CERTIFICATE OF OWNERSHIP (A)

UNDER SECTION 66 OF TOWN AND COUNTRY PLANNING ACT

I certify that:

1. 21 days before the date of the accompanying application nobody, except the applicant, was the owner of any part of the land to which the application relates.
2. None of the land to which the application relates is, or is part of, an agricultural holding.

Signed ..... Date 20.3.....

*On behalf of MRS MINIHANE.....

IF YOU FILL IN CERTIFICATE B BELOW, YOU MUST ALSO SERVE NOTICE No. 1 ON THE OWNER(S)

CERTIFICATE OF OWNERSHIP (B)

UNDER SECTION 66 OF TOWN AND COUNTRY PLANNING ACT

I certify that:

1. The required Notice No. 1 has been given to everyone else who 21 days before the date of the accompanying application was the owner of any part of the land to which the application relates.

   Name of owner .....

   Address at which notice was served .....

   .....

   Date on which Notice No.1 was served .....

2. None of the land to which the application relates is, or is part of, an agricultural holding.

   Signed ..... Date .....

   *On behalf of .....

NOTE: 'Owner' means a person having a freehold, or leasehold interest with an unexpired term of not less than 7 years.

BEFORE SUBMITTING YOUR APPLICATION PLEASE CHECK THAT YOU HAVE INCLUDED THE FOLLOWING:

PLEASE TICK

A. 6 copies of this form, signed and dated ☑

B. The correct Certificate of Ownership, signed and dated ☑

C. The correct Fee (if no fee is enclosed, please give reason below) ☑

£135.00

D. 6 copies of scaled plans ☑

(i) The location plan with application site outlined in red ☑

(ii) The site layout plan showing the position of adjoining dwellings ☑

(iii) Floor plans and elevations. ☑

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.