

Application for removal or variation of a condition following grant of planning permission. Town and Country Planning Act 1990. Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of applications on planning authority websites.

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website.
If you require any further clarification, please contact the Authority's planning department.

1. Applicant Name, Address and Contact Details

Title:	Mr	First name:		Surname:							
Company name:	The Smile Clinic										
Street address:	c/o agent			Telephone number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="width: 10%;">Country Code</th> <th style="width: 20%;">National Number</th> <th style="width: 10%;">Extension Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Country Code	National Number	Extension Number			
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				Mobile number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="width: 10%;">Country Code</th> <th style="width: 20%;">National Number</th> <th style="width: 10%;">Extension Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Country Code	National Number	Extension Number			
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Town/City:				Fax number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="width: 10%;">Country Code</th> <th style="width: 20%;">National Number</th> <th style="width: 10%;">Extension Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Country Code	National Number	Extension Number			
Country Code	National Number	Extension Number									
County:				Email address:							
Country:											
Postcode:											

Are you an agent acting on behalf of the applicant? ☒ Yes ☐ No

2. Agent Name, Address and Contact Details

Title:	Mrs	First Name:	Susan	Surname:	Organ						
Company name:	Sue Organ Planning										
Street address:	219 Oving Road			Telephone number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="width: 10%;">Country Code</th> <th style="width: 20%;">National Number</th> <th style="width: 10%;">Extension Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Country Code	National Number	Extension Number			
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Town/City:	CHICHESTER			Fax number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th style="width: 10%;">Country Code</th> <th style="width: 20%;">National Number</th> <th style="width: 10%;">Extension Number</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Country Code	National Number	Extension Number			
Country Code	National Number	Extension Number									
County:	West Sussex			Email address:							
Country:	UK										
Postcode:	PO19 7EJ										

3. Site Address Details

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

House: 5 Suffix:

House name:

Street address: The Street

Town/City: Rustington

Town/City: Littlehampton

County:

Postcode: BN16 3DJ

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

Easting: 505236

Northing: 102315

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: Ms First name: Melissa Surname: Osland

Reference: R/221/12

Date (DD/MM/YYYY): 09/04/2013 (Must be pre-application submission)

Details of the pre-application advice received:

Apply for a variation of condition stating hours within which emergency treatment would take place.

5. Description of Proposal

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

Change of use from retail (A1 shop) to dental surgery (D1 non-residential institution).

Application reference number: R/221/12

Date of decision: 14/02/2013

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

Condition number(s):

3

Has the development already started? ☐ Yes ☒ No

6. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

The dentists have a professional obligation to treat emergency cases out of hours.

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

To allow emergency treatment to take place between the hours of 8.00. am and 21.00.p.m. 7 days per week.

7. 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

8. Certificates(Certificate B)

Certificate of Ownership - Certificate B

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) and/or agricultural tenant ("agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990) of any part of the land or building to which this application relates.

8. Certificates(Certificate B- continued)

Owner/Agricultural Tenant				Date notice served		
Name	John Smithers			22/04/2013		
Number:		Suffix:				
Street:	Farr House					
Locality:	New Park Road					
Town:	CHICHESTER					
Postcode:	PO18 7XA					
Title:	Mrs	First name:	Susan		Surname:	Organ
Person role:	Agent		Declaration date:	22/04/2013		☒ Declaration made

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

22/04/2013