T.P. OFFICE COPY

BOROUGH OF WORTHING
DEPOSITED 20.1.11
TP REF No. Fee
WB/ 10 /0617/ NMA

Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990

WORTHING BOROUGH COUNCIL
PLANNING SECTION
RECEIVED 20 JAN 2011
TO REF No.
INSTRUCTION WB/

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.

Please complete using block capitals and black ink. Receipt No° 2447 33331 chq £170.00
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	Mr
First name:	Nick
Last name:	Fox
Company (optional):	NHS Trust
Unit:	
House number:	
House suffix:	
House name:	Western Sussex Hospitals
Address 1:	Worthing Hospital
Address 2:	Lyndhurst Road
Address 3:	
Town:	Worthing
County:	West Sussex
Country:	United Kingdom
Postcode:	BN112DH

2. Agent Name and Address

Title:	Mr
First name:	Harry
Last name:	Smith
Company (optional):	HLM Architects
Unit:	
House number:	
House suffix:	
House name:	3rd Floor Friary Court
Address 1:	13-21 High Street
Address 2:	
Address 3:	
Town:	Guildford
County:	Surrey
Country:	United Kingdom
Postcode:	GU1 3DG

3. Site Address Details

Please provide the full postal address of the application site.

		House number:		House suffix:	
House name:	Worthing Hospital				
Address 1:	Lyndhurst Road				
Address 2:					
Address 3:					
Town:	Worthing				
County:	West Sussex				
Postcode (optional):	BN112DH				

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

Easting: Northing:

Description:

Hospital

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:

Paul Pennicott

Reference:

WB/10/0617/FULL

Date of advice (DD/MM/YYYY): 7/12/10

Details of pre-application advice received:

Information issued by e-mail to Paul Pennicott.
7th December - Harry Smith/Paul Pennicott telephone discussion to explain non-material amendments.

Paul Pennicott agreed that the proposed amendment would be considered as a Non-material Variation to the consent.

5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates? ☒ Yes ☐ No

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you are not the sole owner, has notification under article 9 of the DMPO been given? ☐ Yes ☐ No ☒ Not Applicable

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification

6. Authority Employee / Member

With respect to the Authority, I am:
(a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

Do any of these statements apply to you?

☐ Yes ☒ No

If yes please provide details of the name, relationship and role

7. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:

The proposed development will provide a new build healthcare facility on the exisitng Worthing Hospital Site.

The new building will provide Out-patient Accommodation at Ground Floor and a 40 bed ward at first floor with the ability to have plant and office accommodation within the roofspace.

The new block will be linked to the existing hospital and set in an appropriate landscape surround.

Reference number: WB/10/0617/FULL

Date of decision (DD/MM/YYYY): 05/10/2010

What was the original application type?:
(e.g. 'Full', 'Householder and Listed Building', 'Outline')

Full

For the purpose of calculating fees, which of the following best describes the original application type?

Householder development: development to an existing dwelling-house or development within its curtilage ☐

Other: anything not covered by the above category ☒

8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

The building has been slightly re-designed following a final review by the NHS Trust. The minor amendments are;

Slight reduction in overall footprint
NW Stair Tower re-orientated
North Elevation (to existing chidren's centre) slightly amended

Landscape setting maintained but amended to allow fire tender access.

The location of the building has not changed from the Approved Planning Consent Drawings.

The South Elevation has not changed from the Approved Planning Consent Drawings.

The East and West Elevations have been slightly amended to accommodate the change in the dimension **from** North-South, however the architectural style and language remains true to the original consent.

Are you intending to substitute amended plans or drawings? ☒ Yes ☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

Refer to separate sheet

New plan/drawing number(s):

Refer to separate sheet

Please state why you wish to make this amendment:

Southlands & Worthing NHS Trust carried out a final review which identified some clinical issues which instigated layout changes and the reduction in footprint addressed budgetary constraints imposed on the project.

9. Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form: ☒

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☒

The correct fee: ☒

10. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent: [redacted] H SMITH FOR HLM ARCHITECTS.

Date (DD/MM/YYYY): 16/12/2010

11. Applicant Contact Details

Telephone numbers

Country code: [redacted] National number: [redacted] Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code: National number: 01483 467 300 Extension number:

Country code: Mobile number (optional): 07811 964 816

Country code: Fax number (optional):

Email address (optional): harry.smith@hlmarchitects.com

13. 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)* ☒ Agent ☐ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: Harry Smith

Telephone number: 07811 964 816

[redacted]ail address: harry.smith@hlmarchitects.com