Planning Services, Adur District Council

Civic Centre,
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West Sussex,
BN43 6PR

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ADUR DISTRICT COUNCIL



ADUR/WORTHING PLANNING SERVICES

PLAN	AWDM/0589/12
DATE VALID	31 MAY 2012

Application for prior notification of proposed development by telecommunications code system operators.

Town and Country Planning General Permitted Development Order 1995 Schedule 2, part 24

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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.
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:	
First name:	
Last name:	
Company (optional):	OPENREACH
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	C/O AGENT
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

2. Agent Name and Address

Title:	MR
First name:	THOMAS
Last name:	CONWAY
Company (optional):	MORRISON UTILITY SERVIC
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	7-7a PEARTREE WA
Address 2:	MILLENIUM VILLAGE
Address 3:	GREENWICH
Town:	LONDON
County:	
Country:	
Postcode:	SE10 0ET

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name:

Address 1: O/S 80 HIGH STREET

Address 2:

Address 3:

Town: SHOREHAM BY SEA

County: WEST SUSSEX

Postcode (optional): BN43 5DB

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

Easting: 521350 Northing: 105076

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 advi 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. Telecommunications Apparatus

Please specify the type of apparatus to be installed or altered (e.g. call box, mast):

INSTALLATION OF DARK GREEN DSLAM CABINET

Please provide further details of the apparatus (e.g. height, size, colour, etc):

750 MM(W) X 374 MM(D) X 1408(H)MM

Are you replacing an existing installation? ☐ Yes ☒ No

If Yes, please provide further details of the existing apparatus (e.g. height, size, colour etc):

Are you submitting a declaration confirming that the apparatus is in full compliance with the requirements of the radio frequency (RF) public exposure guidelines of the International Commission on Non-Ionizing Radiation Protection (ICNIRP)? The emissions from all mobile phone network operators' equipment on the site must be taken into account when determining compliance. ☐ Yes ☒ No

6. Supplementary Information

Are you also providing a completed Supplementary Information Template (as set out in Annex F of the Code of Best Practice on Mobile Phone Network Development)?

☐ Yes ☒ No

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? ☐ Yes ☒ N

If Yes, please provide details:

8. Planning 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 being deemed invalid. It will not be considered valid until all information required b the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated prior notification form: ☒ The correct fee: ☒

The original and 3 copies of the location plan to a scale not less than 1:2500: ☒

9. 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]

Date (DD/MM/YYYY): 31/05/2012 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

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

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional): [redacted]

11. Agent Contact Details

Telephone numbers SAME AS ACROSS

Country code: | National number: | Extensic number

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

12. 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 t agent/applicant's detail

If Other has been selected, please provide:

Contact name: Telephone number:

Email address: