ADUR DISTRICT COUNCIL

TOWN AND COUNTRY PLANNING ACT, 1990

APPLICATION FOR PLANNING PERMISSION

4 copies of this form required, together with plans and appropriate fee.
All measurements are to be given in metric.
If site relates to Lancing or Sompting, please submit 5 copies.

FOR OFFICIAL USE ONLY
Appl. No ADC/0452/06
Date Received 23-11-06
Fee 135-
Rem. List 13/1/06

RECEIVED
18 JAN 2007

IT IS IMPORTANT THAT YOU READ THE GUIDANCE NOTES AS INCORRECT COMPLETION INVOLVES DELAY

1. Applicant (In BLOCK CAPITALS)	Agent (if any) to whom correspondence should be sent (In BLOCK CAPITALS)
Name SHAW HEALTHCARE (HOMES) LTD	Name PENTAN PARTNERSHIP
Address 1 LINKS COURT, LINKS BUSINESS PARK, ST MELLONS, CARDIFF, CF3 0LT	Address BEAUFORT STUDIO, 1 ATLANTIC WHARF, CARDIFF, CF10 4AH
Tel. No. [redacted]	Tel. No. 029 2030 9010

2. Type of Application (see Note 2)

		State Yes or No
(a)	Full planning permission (including changes of use)	YES
(b)	Outline planning permission	No →
(c)	Renewal of a temporary permission	No
(d)	Permission for retention of building or continuance of use without complying with a condition imposed on a planning permission	No
(e)	Permission to develop land without complying with a condition imposed on a planning permission.	No

If yes, state those matters to which this application relates (tick where appropriate)

(i)	Siting	☐
(ii)	Design	☐
(iii)	External appearance	☐
(iv)	The means of access	☐
(v)	Landscaping of the site	☐

If yes, state the date and number of the permission and outline the particular condition

Date

Application No.

Condition No.

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

LAND TO THE WEST OF SOUTHLANDS HOSPITAL SITE
SHOREHAM-BY-SEA
WEST SUSSEX

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

(c) Area of site N/A hectares/sq. metres

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

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

TEMPORARY ACCESS FROM UPPER SHOREHAM ROAD, AND EXTENSION OF EXISTING CARRIAGEWAY TO PROVIDE CONSTRUCTION ACCESS FOR PLANNING APPROVED CARE HOME (SU/18/06/TP)

(e) State whether the proposal involves:-

		State Yes or No			State Yes or No
(i)	New building(s) or structure(s)	No	(iv)	Alteration of an existing access to a highway) vehicular	No
				) pedestrian	No
(ii)	Alteration or extension of building(s)	No	(v)	Closure of existing access	No
(iii)	Construction of a new access to a highway) vehicular	YES	(vi)	Change of use only	No
	) pedestrian	YES			

4. Particulars of Use of Buildings or Land: state (a) Present use
(b) If vacant, the last use

5. **Additional Information**

		State Yes or No		State Yes or No
(a)	Is the application for industrial, office warehousing, storage, shopping, commercial purposes or places of public assembly? (See note 5)	No	If yes, complete part 2 of form C.P. 1	
(b)	Is the application for the winning or working of minerals?	No	If yes, complete part 4 of form C.P. 1	
(c)	Is the application for an agricutural dwelling or building?	No	If yes, complete part 6 of form C.P. 1	
(d)	Does the proposed development involve the demolition of any residential units?	No	If yes, how many units? Please indicate their position on plans	
(e)	Does the proposed development involve the felling of any trees?	No	If yes, indicate their position on plans	
(f)	Does the proposed development involve any public right of way within the site?	No	If yes, indicate the position on plan	
(g)	Does the proposed development involve demolition or alteration of a building or Special Architectural or Historic interest or demolition within a Conservation Area?	No	If YES a separate application for **Listed Building Consent or Conservation Area Consent** may be necessary.	

(h) (i) How will surface water be disposed of? (i) RUN OFF TO ADJACENT VEGETATED EDGES (AS EXISTING)
(ii) How will foul sewage be disposed of? (e.g. mains, cesspit, etc.) (ii) N/A

6. Plans (See Note 6). List of drawings and plans submitted as part of the application - indicate drawing numbers and scales.
4 sets of all drawings are required. Additional copies in respect of major applications will assist in determination of such applications. All measurements are to be given in metric (89/617 EEC Directive)

2543/PA-C/01, H13854 (SH) P122 FOR OTHER SOPPORTING INFORMATION
H13854 (SH) P121, H13854 SK150 REFER TO COVERING LETTER.

7. Fees (See Note 7)
If a fee is submitted please give the amount £ 135.00

8. I/WE APPLY FOR PLANNING PERMISSION AS DETAILED ABOVE.

DATE . 22.11.06 . . . . . SIGNED . [redacted] . . . . . .

on behalf of SHAW HEALTHCARE
(insert applicant's name if signed by an agent)

9. Certificate under Section 65 of the Town and Country Planning Act. 1990 (Article 7 of the T & CP (General Development Procedure) Order 1995
N.B. A signed certificate MUST accompany this application (See Note 9).
If the applicant is the sole owner (a) the following certificate should be completed and signed.

CERTIFICATE A

1. **Certificate A(a)**
I certify that

(a) Owner means a person having a freehold interest or tenancy the unexpired term of which was not less than 7 years

on the day 21 days before the date of the accompanying application nobody, except the applicant, was the owner (a) 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.

OR

*3. * I have / The applicant has ——— given requisite notice to every person other than ——— * myself / himself/herself who, on the day 21 days before the date of the application was a tenant of an agricultural holding on all or part of the land to which the application relates, as follows

Name of Tenant	Address at which Notice was served	Date on which Notice was served

*Delete where inappropriate

Signed . . . . . .

On behalf of . . . . . .

Date . . . . . .

ADUR DISTRICT COUNCIL

Town and Country Planning (General Development Procedure) Order 1995

CERTIFICATE UNDER ARTICLE 7

RECEIVED

DATE 18 JAN 2007

Certificate B *(a)*
I certify that:

• I have/The applicant has/The appellant has* given the requisite notice to everyone else who, on the day 21 days before the date of the accompanying application/appeal*, was the owner*(b)* of any part of the land to which the application/appeal* relates, as listed below.

Owner's*(b)* name	Address at which notice was served	Date on which notice was served
ENGLISH PARTNERSHIPS	CORPORATE HEADQUARTERS 110 BUCKINGHAM PALACE RD LONDON, SW1W 9SA	22.11.06

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

OR

• I have/The applicant has/The appellant has given the requisite notice to every person other than my/him/her* self who, on the day 21 days before the date of the application/appeal*, was a tenant of an agricultural holding on all or part of the land to which the application/appeal* relates, as follows:

Tenant's name	Address at which notice was served	Date on which notice was served

Signed..... [redacted] .....

* On behalf of SHAW HEALTHCARE

Date 22.11.06

*delete where inappropriate

(a) This Certificate is for use with applications and appeals for planning permission (articles 7 and 9(1) of the Order). One of Certificates A, B, C or D (or the appropriate certificate in the case of certain minerals applications) must be completed, together with the Agricultural Holdings Certificate.

(b) "owner" means a person having a freehold interest or a leasehold interest the unexpired term of which is not less than 7 years, or, in the case of development consisting of the winning and working of minerals, a person entitled to an interest in a mineral in the land (other than oil, gas, coal, gold or silver).