**Planning Services, Adur & Worthing Councils**
Portland House,
44 Richmond Road,
Worthing,
West Sussex,
BN11 1HS

Tel : 01903 221065
websites : www.adur.gov.uk or www.worthing.gov.uk
e-mail : planning@adur-worthing.gov.uk

# Householder Application for Planning Permission for works or extension to a dwelling.
## Town and Country Planning Act 1990

ADUR & WORTHING
- 5 OCT 2016
PLANNING SERVICES

**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: | MR MRS |
| First name: | CARMELO SARAH |
| Last name: | MOLICA - FRANCO. |
| Company (optional): | |
| Unit: | |
| House number: | 1 |
| House suffix: | |
| House name: | BROWNING ROAD |
| Address 1: | |
| Address 2: | |
| Address 3: | |
| Town: | LANCING |
| County: | WEST SUSSEX |
| Country: | UNITED KINGDOM |
| Postcode: | BN15 0PY |

### 2. Agent Name and Address

| | |
|---|---|
| Title: | MR |
| First name: | PETER. D. |
| Last name: | KING |
| Company (optional): | PETER D. KING FRICS |
| Unit: | |
| House number: | 41A |
| House suffix: | |
| House name: | BEACH ROAD |
| Address 1: | |
| Address 2: | |
| Address 3: | |
| Town: | LITTLEHAMPTON |
| County: | WEST SUSSEX |
| Country: | UNITED KINGDOM |
| Postcode: | BN17 5JA |

### 3. Description of Proposed Works

Please describe the proposed works:

NEW BOUNDARY FENCING TO MILL ROAD FRONTAGE AND PART OF BROWNING ROAD FRONTAGE INCLUDING EVERGREEN HEDGE SCREENING TO MILL ROAD

ADUR & WORTHING
PLANNING SERVICES
PLAN AWDM/1505/16.
DATE VALID - 5 OCT 2016

## 3. Description of Proposed Works (continued)

Has the work already started? ☒ Yes ☐ No

If Yes, please state when the work was started (DD/MM/YYYY): 02/04/2016 (date must be pre-application submission)

Has the work already been completed? ☐ Yes ☒ No

If Yes, please state when the work was completed (DD/MM/YYYY): (date must be pre-application submission)

## 4. Site Address Details

Please provide the full postal address of the application site.

| | | | | | |
|---|---|---|---|---|---|
| Unit: | | House number: | 1 | House suffix: | |
| House name: | | | | | |
| Address 1: | BROWNING ROAD | | | | |
| Address 2: | | | | | |
| Address 3: | | | | | |
| Town: | NORTH LANCING | | | | |
| County: | WEST SUSSEX | | | | |
| Postcode (optional): | BN15 0PY | | | | |

## 5. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? ☐ Yes ☒ No

Is a new or altered pedestrian access proposed to or from the public highway? ☒ Yes ☐ No

Do the proposals require any diversions, extinguishments and/or creation of public rights of way? ☐ Yes ☒ No

If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/ drawing(s):

POSITION OF GATE SHOWN ON DRAWING NO. 1.

## 6. 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 possible: ☐

Officer name:

Reference:

Date (DD MM YYYY): (must be pre-application submission)

Details of the pre-application advice received:

## 7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? ☐ Yes ☒ No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:

Will any trees or hedges need to be removed or pruned in order to carry out your proposal? ☐ Yes ☒ No

If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale.

## 8. Parking

Will the proposed works affect existing car parking arrangements? ☐ Yes ☒ No

If Yes, please describe:

## 9. 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

## 10. Materials

f applicable, please state what materials are to be used externally. Include type, colour and name for each material:

| | Existing (where applicable) | Proposed | Not applicable | Don't Know |
|---|---|---|---|---|
| Walls | | | ☒ | ☐ |
| Roof | | | ☒ | ☐ |
| Windows | | | ☒ | ☐ |
| Doors | | | ☒ | ☐ |
| Boundary treatments (e.g. fences, walls) | UNPAINTED TIMBER FENCING | BROWN STAINED TIMBER FENCING WITH EVERGREEN HEDGING | ☐ | ☐ |
| Vehicle access and hard-standing | | | ☒ | ☐ |
| Lighting | | | ☒ | ☐ |
| Others (please specify) | | | ☒ | ☐ |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? ☒ Yes ☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

DRAWING NO. 1.

## 11. Ownership Certificates and Agricultural Land Declaration

**One Certificate A, B, C, or D, must be completed with this application form**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or s part of, an agricultural holding**

**NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.**

** "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.*
*** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.*

| Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY): |
|---|---|---|
| | [redacted] | 03/10/2016 |

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

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* and/or agricultural tenant** of any part of the land or building to which this application relates.

** "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.*
*** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990*

| Name of Owner / Agricultural Tenant | Address | Date Notice Served |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

| Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY): |
|---|---|---|
| | | |

## 11. Ownership Certificates and Agricultural Land Declaration (continued)

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

*"owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.*

*** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990*

The steps taken were:

| Name of Owner / Agricultural Tenant | Address | Date Notice Served |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

certify/ The applicant certifies that:

Certificate A cannot be issued for this application

All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

*"owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.*

** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990*

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 12. Planning Application Requirements - Checklist

YOUR REF: AWDM/1209/16/INVAL

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 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 a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: ☒

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

The original and 3 copies of a design and access statement if proposed works fall within a conservation area or World Heritage Site, or relate to a Listed Building: ☐

The correct fee: PREVIOUSLY RECEIVED BY COUNCIL ☒

The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings): ☒

## 13. Declaration

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

Signed - Applicant:

Or signed - Agent: [redacted]

Date (DD/MM/YYYY): 03/10/2016 (date cannot be pre-application)

## 14. Applicant Contact Details

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

## 15. Agent Contact Details

Telephone numbers

Country code: | National number: 01903 770846 | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional): 01903 770846

Email address (optional): pking1942@aol.com

## 16. 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:

Telephone number:

Email address: