Planning Services, Adur District Council

Civic Centre,
Ham Road,
Shoreham-by-Sea,
West Sussex,
BN43 6PR

Tel : (01273) 263222 (calls may be recorded)
website : www.adur.gov.uk
e-mail : developmentcontrol@adur.gov.uk

ADUR
DISTRICT COUNCIL

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

ADUR & WORTHING
PLANNING SERVICES

PLAN	AWDM/1478/14
DATE VALID	- 3 NOV 2014

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
First name:	JEAN-LUC
Last name:	PIZZOL
Company (optional):	
Unit:	
House number:	163
House suffix:	
House name:	
Address 1:	GREENACRES
Address 2:	
Address 3:	
Town:	SHOREHAM-BY-SEA
County:	WEST SUSSEX
Country:	
Postcode:	BN43 5XL

2. Agent Name and Address

Title:	
First name:	GEOFFREY
Last name:	LAWRANCE
Company (optional):	
Unit:	
House number:	32
House suffix:	
House name:	
Address 1:	PARKSIDE
Address 2:	
Address 3:	
Town:	SHOREHAM BY SEA
County:	WEST SUSSEX
Country:	
Postcode:	BN43 6HA

3. Description of Proposed Works

Please describe the proposed works:

GROUND FLOOR SIDE EXTENSION TO PROVIDE A CLOAKROOM WITH SHOWER & TOILET.

$Date: 2009/03/23 15:29:39 $ $Revision: 3.7 $

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): _____ (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: 163 House suffix: _____

House name: _____

Address 1: GREENACRES

Address 2: _____

Address 3: _____

Town: SHOREHAM-BY-SEA

County: _____

Postcode (optional): BN43 5XL

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):

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 boundary? ☐ 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

If 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	BROWN MULTI STOCK FACING BRICKWORK	BROWN MULTI STOCK FACING BRICKWORK TO MATCH EXISTING	☐	☐
Roof	BROWN PLAIN TILE	BROWN PLAIN TILE TO MATCH EXISTING	☐	☐
Windows	WHITE UPVC	WHITE UPVC TO MATCH EXISTING	☐	☐
Doors			☑	☐
Boundary treatments (e.g. fences, walls)			☑	☐
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:

SCALE 1:1250 SITE LOCATION PLAN
SCALE 1:100 FLOOR PLANS AS EXISTING & AS PROPOSED
SCALE 1:100 RELEVANT ELEVATIONS AS EXISTING & AS PROPOSED.

11. Ownership Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of any part of the land or building to which the application relates.

Signed - Applicant: [redacted] Date (DD/MM/YYYY): 14/10/2014

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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)* of any part of the land or building to which this application relates.

Name of Owner	Address	Date Notice Served

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

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I 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 *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of the land or building, or of a part of it , but I have/ the applicant has been unable to do so.

The steps taken were:

Name of Owner	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):

14. 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): 14/10/2014 (date cannot be pre-application)

15. Applicant Contact Details

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

16. Agent Contact Details

Telephone numbers

Country code: 01273 | National number: 462793 | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

17. 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: 01273 440105

Email address: