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

Adur & Worthing councils

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

ADUR & WORTHING
28 OCT 2014
PLANNING SERVICES

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		2. Agent Name and Address	
Title:		Title:	MRS
First name:		First name:	JENNIE
Last name:	TELEFONICA UK LIMITED AND	Last name:	HANN
Company (optional):	CORNERSTONE TELECOMMUNICATIONS INFRASTRUCTURE LIMITED (CTIL)	Company (optional):	CLARKE TELECOM LTD
Unit:		Unit:	E
House number:		House number:	
House suffix:		House suffix:	
House name:	C/O CTIL	House name:	MADISON PLACE,
Address 1:	VODAFONE HOUSE,	Address 1:	NORTHAMPTON ROAD,
Address 2:	THE CONNECTION,	Address 2:	
Address 3:	NEWBURY,	Address 3:	
Town:		Town:	MANCHESTER
County:	BERKSHIRE,	County:	M40 5AG
Country:		Country:	
Postcode:	RG14 2FN	Postcode:	

ADUR & WORTHING
PLANNING SERVICES

PLAN	AWDM/1519/14
DATE VALID	28 OCT 2014

$Date:: 2012-07-17 #$ $Revision: 4636 $

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name: GRASS VERGE ON THE CORNER OF

Address 1: UPPER SHOREHAM ROAD WITH PARKSIDE

Address 2: SHOREHAM BY SEA

Address 3:

Town:

County: WEST SUSSEX

Postcode (optional): BN43 6PF

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

Easting: 523301 Northing: 105923

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 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: REBECCA TIER

Reference: AWDM/1110/14

Date: (DD/MM/YYYY)
(must be pre-application submission) 12/08/2014

Details of pre-application advice received?

NO SPECIFIC ISSUES WITH PROPOSED INSTALLATION; ALTHOUGH LOCATION NEEDED MOVING ONTO THE ADOPTED HIGHWAY. (THIS HAS NOW BEEN DONE)

5. Telecommunications Apparatus

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

NEW 15.0M HUTINSON ELARA POLE PAINTED GREEN (RAL 6009) WITH 3NO SHROUDED ANTENNAS. INSTALLATION OF 2NO EQUIPMENT CABINETS PAINTED GREEN (RAL 6009)

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

1NO 15.0M HUTCHINSON ELARA POLE; WITH 3NO SHROUDED ANTENNAS PAINTED GREEN (RAL6009); 2NO EQUIPMENT CABINETS - DIMS 1898 x 798 x 1645 ALSO PAINTED GREEN (RAL6009)

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~~ ☐ No

If Yes, please provide details:

WARD COUNCILLORS: BOB HOTTON, MIKE MENDOZA; BUCKINGHAM PLAYGROUP; KINGSTON BUCK FIRST SCHOOL; TIM LOUGHTON, MP.

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 by 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. 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): 24/10/2014 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
0161	7854500	

Country code: 07721 Mobile number (optional): 239401

Country code: Fax number (optional):

Email address (optional): jennie.hann@clarke-telecom.com

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 the agent/applicant's details)

If Other has been selected, please provide:

Contact name: SARA RUSH, CLARKE TELECOM

Telephone number: [redacted]

Email address: [redacted]