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

Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

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.

1. Applicant Name, Address and Contact Details

Title:	Mrs	First Name:	DEBBIE	Surname:	LAWTON
Company name:					
Street address:	New Pond Row Surgery				
	35, South Street		Telephone number:		
			Mobile number:		
Town/City:	LANCING		Fax number:		
Country:			Email address:		
Postcode:	BN15 8AN				

Are you an agent acting on behalf of the applicant? (•) Yes ( ) No

2. Agent Name, Address and Contact Details

Title:	Mr	First Name:	Mark	Surname:	Gibbens
Company name:	Look. design + build				
Street address:	FORUM HOUSE				
	STIRLING ROAD		Telephone number:		01243512293
			Mobile number:		
Town/City:	Chichester		Fax number:		
Country:			Email address:		
Postcode:	PO19 7DN		mark@lookdesignandbuild.co.uk		

3. Site Address Details

Full postal address of the site (including full postcode where available)

House: 35 Suffix:

House name: New Pond Row Surgery

Street address: South Street

Town/City: LANCING

Postcode: BN15 8AN

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

Easting: 518266

Northing: 104184

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ○ Yes ◉ No

5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

PROPOSED SINGLE-STOREY EXTENSION TO THE NORTH SIDE OF THE EXISTING DOCTORS SURGERY AND RECONFIGURATION OF THE CAR PARK, WITH ASSOCIATED LANDSCAPING (RESUBMISSION OF AWDM/1833/15)

Application reference number: APPLICATION NUMBER: AWDM/0318/16 Date of decision: 01/06/2016

Please state the condition number(s) to which this application relates:
Condition number(s):

3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14

Has the development already started? ○ Yes ◉ No

6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

CONSTRUCTION MANAGEMENT PLAN [CONDITION 3]
SCHEDULE OF MATERIALS [CONDITION 4]
T-194-124-A PROPOSED SITE AND PARKING PLAN [CONDITIONS 5,6,7,8,11,12]
27925-102.T2 GENERAL ARRANGEMENT [CONDITION 6,9]
2016-04-29 NEW POND SURGERY TPS REV B [CONDITION 10]
PJC-0627-001 SOFT LANDSCAPING PLANTING PLAN [CONDITION 13]
16.07.22 NEW POND SURGERY WINDOW [CONDITION 14]

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition? ○ Yes ◉ No

8. 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)

(•) The agent ( ) The applicant ( ) Other person

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.

☑ Date 28/11/2016