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

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

ADUR & WORTHING
14 MAR 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:	MRS
First name:	CATHARINE
Last name:	HUXTABLE
Company (optional):	
Unit:	
House number:	2
House suffix:	
House name:	
Address 1:	CITEAL CLOSE
Address 2:	
Address 3:	
Town:	SHOREHAM-BY-SEA
County:	WEST SUSSEX
Country:	UK
Postcode:	BN43 5RQ

2. Agent Name and Address

Title:	MR
First name:	RICHARD
Last name:	HUXTABLE
Company (optional):	BRICKTEC
Unit:	
House number:	6
House suffix:	
House name:	
Address 1:	KINGSTON BAY RD
Address 2:	
Address 3:	
Town:	SHOREHAM-BY-SEA
County:	SUSSEX
Country:	
Postcode:	BN43 5HP

3. Description of Proposed Works

Please describe the proposed works:

REMOVE EXISTING POLYCABONATE ROOF AND RAISE TO MATCH THE ROOF TO THE WEST SIDE. FORM A WARM ROOF WITH A NEW LINTEL ABOVE THE SOUTH DOORS & WINDOWS.

ADUR & WORTHING
PLANNING SERVICES

PLAN	AWDM/0383/16
DATE VALID	31 MAR 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): _____ (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: 2 | House suffix:

House name:

Address 1: CHÉAL CLOSE

Address 2:

Address 3:

Town: SHOREHAM-BY-SEA

County: WEST SUSSEX

Postcode (optional): BN43 5RQ

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: ELAINE ROUSSEAU

Reference: PREAPP/0103/16

Date (DD MM YYYY): 22/02/16
(must be pre-application submission)

Details of the pre-application advice received:

WE WOULD NEED PLANNING PERMISSION AND KINDLY GIVEN DETAILS & FORMS

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

13. 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: [redacted]

Or signed - Agent:

Date (DD/MM/YYYY): 11/3/16 (date cannot be pre-application)

14. Applicant Contact Details

Telephone numbers

Country code: [redacted] National number: Extension number:

Country code: [redacted] Mobile number (optional):

Country code: Fax number (optional):

Email address (optional): [redacted]

15. Agent Contact Details

Telephone numbers

Country code: National number: 01273 463373 Extension number:

Country code: Mobile number (optional): 07711 620 827

Country code: Fax number (optional):

Email address (optional): richard.huxtable@hotmail.co.uk

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: [redacted] Telephone number:

Email address: [redacted]

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	BRICK & BLOCK CAVITY	BRICKWORK.	☐	☐
Roof	TIMBER JOIST, CELOTEX AND 3 LAYERS FELT		☐	☐
Windows			☐	☐
Doors			☐	☐
Boundary treatments (e.g. fences, walls)			☐	☐
Vehicle access and hard-standing			☐	☐
Lighting	NEW LIGHTS IN CEILING		☐	☐
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: