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

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:	EMMA
Last name:	DAY
Company (optional):	
Unit:	
House number:	54
House suffix:	
House name:	
Address 1:	COLEMAN RD.
Address 2:	
Address 3:	
Town:	SOMPTING
County:	W-SX
Country:	UK
Postcode:	BN15 0AQ

2. Agent Name and Address

Title:	MR
First name:	ROBERT
Last name:	COOPER
Company (optional):	RAPID KEYSTONE CONST. CONS LTD
Unit:	
House number:	54
House suffix:	
House name:	
Address 1:	COLEMAN RD
Address 2:	
Address 3:	
Town:	SOMPTING
County:	W. SX
Country:	UK
Postcode:	BN15 0AQ

3. Description of Proposed Works

Please describe the proposed works:

AMENDMENT TO PREVIOUSLY APPROVED APPLICATION AWDM/0960/20

TO PROVIDE ENLARGED SINGLE STOREY ELEMENT.

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: 54

House suffix:

House name:

Address 1: Coronation Rd

Address 2:

Address 3:

Town: Southam

County: W. Sy

Postcode (optional): BN15 0AG

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 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

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	WHITE RENDERED	WHITE RENDERED	☐	☐
Roof	RED CLAY	EXISTING RED BLENDED WITH NEW RED OR GREY CLAY	☐	☐
Windows	WHITE PVCu	WHITE PVCu OR GREY PVCu/ALUMINIUM TO REAR	☐	☐
Doors	WHITE PVCu	WHITE PVCu OR GREY PVCu/ALUMINIUM	☐	☐
Boundary treatments (e.g. fences, walls)	BLOCK WALL & PANEL FENCING	PANEL FENCING	☐	☐
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:

201554 - A - 100 - PS - 210161324 33
201554 - A - 200 - PS - 210161319 51
201554 - A - 200 - PS - 210116132417
VARIES ON ISSUE

201554-DTS - 210116132901

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 2010 Certificate under Article 12

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* 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 is 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]	23/01/24

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

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):

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: | Or [redacted] | Date (DD/MM/YYYY): 27/01/24 (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: +44 | National number: 0 | Extension number:

Country code: | Mobile number (optional): 07985585488

Country code: | Fax number (optional):

Email address (optional): VKC@RKCCLTD.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: ROBERT COOKE | Telephone number: 07985585488

Email address: RKC@RKCCLTD.CO.UK