Form Ref. No. 157280

ADUR DISTRICT COUNCIL

Application For Planning Permission

TOWN AND COUNTRY PLANNING ACT, 1990

4 copies of this form required, together with plans and appropriate fee.
All measurements are to be given in metric.
If site relates to Lancing or Sompting, please submit 5 copies.

FOR OFFICIAL USE ONLY	
Appl. No.	ADC/0419/06
Date Received	7/11/06
Fee	265
Rem. List	13/43

Applicant's Details

Title	Mr
Forenames	Alan
Surname or Company/ Organisation	Taylor Sussex MS Treatment Centre LTD
Telephone	
Email	

Address	Sussex MS Treatment Centre
	Southwick Recreation Ground
	Croft Avenue
	Southwick
	West Sussex
Postcode	BN42 4AB

Do you have an agent? Yes

Agent's Details

Title	Mr
Forenames	Stewart
Surname	Henton
Telephone	07766706000
Email Address	stewarthenton@onetel.com

Address	Chartered Architect
	1B, 13-14 King's Gardens
	Hove
	East Sussex
Postcode	BN3 2PG

ADUR DISTRICT COUNCIL PLANNING DEPT RECEIVED 22 DEC 2006

Application Type

(a) Full planning permission (including changes of use)	Yes
(b) Outline planning permission	No

If 'Yes', state those matters to which this application relates (tick where appropriate)

- (i) Layout ☐
- (ii) Scale ☐
- (iii) External Appearance ☐
- (iv) The means of access ☐
- (v) Landscaping of the site ☐

(c) Renewal of a temporary permission	Yes
If 'Yes', state the Date	5-12-2000
and Permission Application	SW 59/93
and the Condition Number	

(d) Permission for retention of building or continuance of use without complying with a condition imposed on a planning permission	No
If 'Yes', state the Date	
and Permission Application	
and the Condition Number	

(e) Permission to develop land without complying with a condition imposed on a planning permission: No

If 'Yes', state the Date:

and Permission Application:

and the Condition Number:

Land Details

Full address or location of the land to which this application relates

Sussex MS Treatment Centre
Southwick Recreation Ground
Croft Avenue
BN42 4AB

Does the applicant own or control any adjoining land? No

If 'Yes', this land must be edged blue on the location plan

Area of site (Hectares): 0.117 Ha

Dimensions of the application site and distances from the new buildings to boundaries must be clearly indicated on plans

Proposal Details

For Residential Developments, please enter the number of units (flats, bungalows, houses)
- for a Change of Use that REDUCES the number of units, please enter a negative(-) number.

Description of proposed development: Renewal of temporary planning permission and extention to existing MS treatment centre with altered site boundary.

(If residential development, state type if known, e.g. houses, bungalows, flats)

State whether the proposal involved:-

(i) New building(s) or structure(s): No

(ii) Alteration or extension of building(s): Yes

(iii) Construction of a new *vehicular* access to a highway: No

Construction of a new *pedestrian* access to a highway: No

(iv) Alteration of an existing *vehicular* access to a highway: No

Alteration of an existing *pedestrian* access to a highway: No

(v) Closure of existing access: No

(vi) Change of use only: No

Is there to be any 'furniture' placed on a street/highway? No

Use of Land

Particulars of **Use** of Building or Land: Please State

Present use: Existing MS treatment centre

If vacant, the last use:

Additional Information

(a) Is the application for industrial, office warehousing, storage, shopping, commercial purposes or places of public assembly? Yes

(b) Is the application for the winning or working of minerals? No

(c) Is the application for an agricultural dwelling or building? No

(d) Does the proposed development involve the demolition of any residential units? No

If 'Yes', how many units? Please indicate their position on plans

(e) Does the proposed development involve the felling of any trees? No If 'Yes', indicate their position on plans

(f) Does the proposed development involve any public right of way within the site? No If 'Yes', indicate their position on plans

(g) Does the proposed development involve demolition or alteration of a building or Special Architectural or Historic interest or demolition within a Conservation Area? No

If 'Yes', a separate application for **Listed Building Consent** or **Conservation Area Consent** may be necessary

(h) (i) How will surface water be disposed of? via existing SW sewer

(ii) How will foul sewage be disposed of? via existing FW sewer (e.g. mains, cesspit, etc.)

(i) Is there to be any 'furniture' placed on the street/highway? No

Process Description

Additional information required in respect of applications for Industrial, Office, Warehousing, Storage, Shopping, Rest and Nursing Homes, Commercial Purposes or Places of Public Assembly.

In the case of industrial development, give a description of the processes to be carried on and of the end products, and the type of plant or machinery to be installed. Please relate your answer to the 'Floor Areas & Uses' section.

N/A

Details of Proposal

Is the proposal related to an existing use on or near the site? Yes

If 'Yes', please explain the relationship: This application relates to the enlargement of an existing MS teatment centre.

Is this a proposal to replace existing premises in this area or elsewhere which have become obsolete, inadequate or otherwise unsatisfactory? No

If 'Yes', please give details including gross floor area of such premises and state your intentions in respect of those premises.

Details of Floor Areas and Uses - please specify in square metres

	Existing Floor Space or use (if any)	Proposed New Floor Space or use	Total Floor Space (Allow for any space lost)
What is the amount of industrial floor space?			
What is the amount of office floor space?			
What is the amount of retail floor space?			
What is the amount of storage or warehousing floor space?			
Other Use 1 (please specify)	204	74	278
Other Use 2 (please specify)			
TOTALS	204	74	278

Other Uses 1 or Comments/Information

Other use 1: Treatment and recreational facility for multiple sclerosis sufferers including all associated ancillary spaces.

Details of Staff	Office		Industrial		Other	
	Male	Female	Male	Female	Male	Female
(i) Number of staff in existing premises on the site					1	2 part time
(ii) How many new staff will be employed on the site as a result of the development?					0	0
(iii) If you propose to transfer staff from other premises, please give details of the numbers involved*						

*and details of the premises affected.

Premises Details

In the case of restaurants, hotels, public houses, theatres, cinemas, meeting halls, Rest and Nursing homes, etc., please specify:

Type of Business: N/A

Public floor space (Total):

Seating capacity:

Bar floor area (sq.m):

Single bedrooms:

Double bedrooms:

Parking & Traffic

What provisions have been made for parking, loading and unloading of vehicles within the curtilage on the site?

Existing parking area

State number of car spaces: 20

and Lorry spaces:

What is the estimated vehicular traffic flow to the site during a normal working day?

Please include all vehicles: 10

Separately specify those used by employees driving to work: 3

Waste

What is the nature of disposal of any trade effluents or trade refuse? N/A

What is the volume of any trade effluents or trade refuse?

and the proposed means of disposal of any trade effluents or trade refuse?

Will the proposed use involve the use or storage of any hazardous substances? Yes

If 'Yes', please indicate: Continued use of existing oxygen storage

Plans

List of drawings and plans submitted as part of the application - indicate drawing numbers and scales.
[redacted]ets of all drawings are required.
Additional copies in respect of major applications will assist in determination of such applications.
All measurements are to be given in metric (89/617 EEC Directive).

Plan / Drawing	Number	Scale
Existing plans and elevations	MS1 L01A	1:100 / 1:200
Proposed plans and elevations	MS1 L02 A	1:100 /1:200
MS1 Design and Access Statement		

Fees

If a fee is submitted, please give the amount £265.00 Calculated Fee £265.00

I/WE APPLY FOR PLANNING PERMISSION AS DETAILED ABOVE ☑ Tick to agree to this statement.

Signed: [redacted] Mr Alan Taylor, Sussex MS treatment Centre.

On behalf of: (Insert applicant's name if signed by agent)

Certificate

Certificate under Section 65 of the Town and Country Planning Act 1990 (Article 7 of the T & CP (General Development Procedure) Order 1995. **N.B.** A signed certificate MUST accompany this application. If the applicant is the sole owner (a) the following certificate should be completed and signed.
'Owner' means a person having a freehold interest or tenancy the unexpired term of which was not less than 7 years

Certificate A

I certify that:
on the day 21 days before the date of the accompanying application nobody, except the applicant, was the owner of any part of the land to which the application relates.
None of the land to which the application relates is or is part of an agricultural holding.

Do you agree to these statements? Yes

OR

[ ] given requisite notice to every person other than [ ] who, on the day 21 days before the date of the application was a tenant of an agricultural holding on all or part of the land to which the application relates, as follows

Name of Tenant	Address at which Notice was served	Date on which Notice was served

Do you agree to these statements? [ ]

Signed: ..... Date: .....

On behalf of: .....

Certificate B

I certify that:

The applicant has given the requisite notice to everyone else who, on the day 21 days before the date of the accompanying before the date of the application were owners of any part of the land to which the application relates, as listed below

Owner's Name	Address at which notice was served	Date on which notice was served
Mr Andrew Lamb	Estates Surveyor Adur District Council Civic centre, Ham Road Shoreham by sea West Sussex BN43 6PR	30/10/2006

None of the land to which the application relates is, or is part of, an agricultural holding.

OR

[redacted] given the requisite notice to every person other than [redacted] self who, on the day 21 days before the date of the [redacted] was a tenant of an agricultural holding on all or part of the land to which the [redacted] relates, as follows:

Tenant's Name	Address at which notice was served	Date on which notice was served

Signed: [redacted] Date: 30-10-06

(On behalf of): SUSSEX MS TREATMENT CENTRE