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
- 6 FEB 2014
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:	MS
First name:	ANNA
Last name:	DE LANOY
Company (optional):	
Unit:	
House number:	29
House suffix:	
House name:	
Address 1:	ROSLYN ROAD
Address 2:	
Address 3:	
Town:	SHOREHAM
County:	WEST SUSSEX
Country:	UK
Postcode:	BN43 6WA

2. Agent Name and Address

Title:	MR
First name:	TERRY
Last name:	SIDGWICK
Company (optional):	TERRY SIDGWICK ASSOCIATES
Unit:	
House number:	2
House suffix:	
House name:	
Address 1:	SCARBOROUGH ROAD
Address 2:	
Address 3:	
Town:	BRIGHTON
County:	E SUSSEX
Country:	UK
Postcode:	BN1 5NR

3. Description of Proposed Works

Please describe the proposed works:

ROOM-IN-ROOF / REAR EXTENSION

ADUR & WORTHING
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PLAN	AWDM/ 0142/14
DATE VALID	14 FEB 2014

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: 29 House suffix: _____

House name: _____

Address 1: ROSLYN ROAD

Address 2: _____

Address 3: _____

Town: SHOREHAM

County: W. SUSSEX

Postcode (optional): BN43 6WA

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	Rendered Brick/Block	Rendered Brick/Block	☐	☐
Roof	Tiled & Felt	Tiled & Felt.	☐	☐
Windows	uPVC	uPVC	☐	☐
Doors			☑	☑
Boundary treatments (e.g. fences, walls)			☑	☐
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:

Drawing No RR676

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]	04/02/2014

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 signed - Agent:

Date (DD/MM/YYYY): 04/02/2014 (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: National number: Extension number:

Country code: Mobile number (optional): 07767221565

Country code: Fax number (optional):

Email address (optional): thedrawingroom2@gmail.com

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: Telephone number:

Email address: