

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:                                                        | <input type="text" value="Mr"/>                      | First Name: | <input type="text" value="Kevin"/> | Surname: | <input type="text" value="Hudson"/> |
| Company name:                                                 | <input type="text" value="Portsmouth City Council"/> |             |                                    |          |                                     |
| Street address:                                               | <input type="text" value="c/o Agent"/>               |             |                                    |          |                                     |
|                                                               | <input type="text"/>                                 |             |                                    |          |                                     |
|                                                               | <input type="text"/>                                 |             |                                    |          |                                     |
| Telephone number:                                             | <input type="text"/>                                 |             |                                    |          |                                     |
| Mobile number:                                                | <input type="text"/>                                 |             |                                    |          |                                     |
| Town/City:                                                    | <input type="text"/>                                 |             |                                    |          |                                     |
| Fax number:                                                   | <input type="text"/>                                 |             |                                    |          |                                     |
| Country:                                                      | <input type="text"/>                                 |             |                                    |          |                                     |
| Email address:                                                | <input type="text"/>                                 |             |                                    |          |                                     |
| Postcode:                                                     | <input type="text"/>                                 |             |                                    |          |                                     |
| Are you an agent acting on behalf of the applicant?           |                                                      |             |                                    |          |                                     |
| <input checked="" type="radio"/> Yes <input type="radio"/> No |                                                      |             |                                    |          |                                     |

**2. Agent Name, Address and Contact Details**

|                   |                                                       |             |                                    |          |                                     |
|-------------------|-------------------------------------------------------|-------------|------------------------------------|----------|-------------------------------------|
| Title:            | <input type="text" value="Mr"/>                       | First Name: | <input type="text" value="James"/> | Surname: | <input type="text" value="Brewer"/> |
| Company name:     | <input type="text" value="Savills"/>                  |             |                                    |          |                                     |
| Street address:   | <input type="text" value="2 Charlotte Place"/>        |             |                                    |          |                                     |
|                   | <input type="text"/>                                  |             |                                    |          |                                     |
|                   | <input type="text"/>                                  |             |                                    |          |                                     |
| Telephone number: | <input type="text" value="02380713992"/>              |             |                                    |          |                                     |
| Mobile number:    | <input type="text"/>                                  |             |                                    |          |                                     |
| Town/City:        | <input type="text" value="Southampton"/>              |             |                                    |          |                                     |
| Fax number:       | <input type="text"/>                                  |             |                                    |          |                                     |
| Country:          | <input type="text"/>                                  |             |                                    |          |                                     |
| Email address:    | <input type="text"/>                                  |             |                                    |          |                                     |
| Postcode:         | <input type="text" value="SO14 0TB"/>                 |             |                                    |          |                                     |
|                   | <input type="text" value="james.brewer@savills.com"/> |             |                                    |          |                                     |

### 3. Site Address Details

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

House:  Suffix:

House name:

Street address:

Town/City:

Postcode:

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

Easting:

Northing:

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:

Variation of Condition B6 of Planning Permission APP/12/00338 to change the maximum B8 floorspace from 12,356 square metres (20%) to 18,534 square metres (30%).

Application reference number:

Date of decision:

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

Condition number(s):

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:

External works Plot 3 Access road setting out and construction detail  
External Works Plot 3 Access Road Signage details  
External Works Proposed Finished Levels  
External Works Pavement Construction detail  
External Works Crossover construction details  
Dunsbury Park masterplan  
Below Ground Drainage strategy

### 7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition?

☒ Yes ☐ No

If Yes, please indicate which part of the condition your application relates to:

Partial discharge is sought of Condition B9 as this is one of many internal estate roads to be constructed across Dunsbury Park

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

23/03/2018