Havant
BOROUGH COUNCIL

HAVANT BOROUGH COUNCIL
04 OCT 2017
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Civic Offices
Havant
Hampshire PO9 2AX
T 023 9244 6015
F 023 9248 0263

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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 GAIL YOUNG-EVANS (DIRECTOR)
Last name: ST CLARE'S PRE SCHOOL
Company (optional): 10 STROUDEN COURT WARREN PARK
Unit: HAVANT
House name: HAMPSHIRE PO9 4JX
Address 1:
Address 2:
Address 3:
Town:
County:
Country:
Postcode:

2. Agent Name and Address

Title:
Last name:
Company (optional):
Unit:
House name:
Address 1:
Address 2:
Address 3:
Town:
County:
Country:
Postcode:

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3. Site Address Details

Please provide the full postal address of the application site.

Unit:	
House number:	
House suffix:	
House name:	LAND ADJACENT TO
Address 1:	ST CLARE'S PRE SCHOOL
Address 2:	10 STROUDEN COURT WARREN PARK
Address 3:	
Town:	HAVANT
County:	HAMPSHIRE PO9 4JX
Postcode (optional):	

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

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 as possible: ☐

Officer name:

Reference:

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

Details of pre-application advice received?

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5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

Proposal: Installation of modular building to provide additional teaching and activity space.

Reference number: APP/17/00337 Date of decision: 27 JULY 17 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.		6.	√ BOUNDARIES
2.		7.	√ SURFACING
3.	√ DRAINAGE	8.	√ AMS by WH LANDSCAPES
4.	√ FOUNDATIONS	9.	
5.	√ MATERIALS	10.	

Has the development already started? ☐ Yes ☑ No

If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)

Has the development been completed? ☐ Yes ☑ No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

DOCUMENTS ENCLOSED FORMING THIS APPLICATION TO DISCHARGE CONDITIONS:-
COND 3 & COND 4 - COPY OF DRG NO 1703/04 | COND 5 – FINISHES SCHEDULE 1703/04.1
COND 6 – ALEXANDRA SECURITY DATA SHEET FOR PROTEK 358 FENCE AND GATE SYSTEM REF: 1703/04.2
COND 7 – COPY OF DRG NO 1703/04 AND WH LANDSCAPES ATTACHED DOCUMENT FROM AWBS LTD REF 1703/04.3
COND 8 – COPY OF AMS BY WH LANDSCAPES REF 1703 / 04.4

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:

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.

The original and 3 copies* of a completed and dated application form: ☑

The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application: ☑

The correct fee: ☑

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

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.

Signed - Applicant:

Or signed - Agent: Stuart Packer.

Date (DD/MM/YYYY): 29 SEP 2017 (date cannot be pre-application)

27. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
02392	479255	

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

28. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code: | Mobile number (optional): 07848459420

Country code: | Fax number (optional):

Email address (optional): studio@packerdesign.com

29. 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: MRS GAIL YOUNG-EVANS

Telephone number: 02392 479255

Email address: st.claresps@btconnect.com

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