

## Application for Planning Permission. Town and Country Planning 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:                                                                                                            | Mr              | First name: | Richard | Surname:          | Harding         |                  |  |
| Company name:                                                                                                     |                 |             |         |                   |                 |                  |  |
| Street address:                                                                                                   | 37, Vectis Road |             |         | Country Code      | National Number | Extension Number |  |
|                                                                                                                   |                 |             |         | Telephone number: |                 |                  |  |
|                                                                                                                   |                 |             |         | Mobile number:    |                 |                  |  |
| Town/City                                                                                                         | Gosport         |             |         | Fax number:       |                 |                  |  |
| County:                                                                                                           | Hampshire       |             |         | Email address:    |                 |                  |  |
| Country:                                                                                                          | United Kingdom  |             |         |                   |                 |                  |  |
| Postcode:                                                                                                         | PO12 2QD        |             |         |                   |                 |                  |  |
| 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:          |                            | First Name: | Peter | Surname:                  | Galloway        |                  |  |
| Company name:   | Peter Galloway Partnership |             |       |                           |                 |                  |  |
| Street address: | 17A Langstone Road         |             |       | Country Code              | National Number | Extension Number |  |
|                 |                            |             |       | Telephone number:         |                 | 02392 483153     |  |
|                 |                            |             |       | Mobile number:            |                 | 07808 483362     |  |
| Town/City       | Havant                     |             |       | Fax number:               |                 |                  |  |
| County:         | Hampshire                  |             |       | Email address:            |                 |                  |  |
| Country:        | United Kingdom             |             |       |                           |                 |                  |  |
| Postcode:       | PO9 1RA                    |             |       | peter@pgparchitects.co.uk |                 |                  |  |

### 3. Description of the Proposal

Please describe the proposed development including any change of use:

Alterations to ground floor to provide 2 bedroom apartment and adaptations to upper floors to remodel 2 no. 2 bed apartments.

Has the building, work or change of use already started? ☐ Yes ☒ No

#### 4. Site Address Details

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

|                 |                                          |         |                      |
|-----------------|------------------------------------------|---------|----------------------|
| House:          | <input type="text" value="11"/>          | Suffix: | <input type="text"/> |
| House name:     | <input type="text"/>                     |         |                      |
| Street address: | <input type="text" value="East Street"/> |         |                      |
|                 | <input type="text"/>                     |         |                      |
| Town/City:      | <input type="text" value="Havant"/>      |         |                      |
| County:         | <input type="text" value="Hampshire"/>   |         |                      |
| Postcode:       | <input type="text" value="PO9 1AA"/>     |         |                      |

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

|           |                                     |
|-----------|-------------------------------------|
| Easting:  | <input type="text" value="471847"/> |
| Northing: | <input type="text" value="106256"/> |

Description:

#### 5. 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):

Officer name:

|        |                                  |             |                                      |          |                                     |
|--------|----------------------------------|-------------|--------------------------------------|----------|-------------------------------------|
| Title: | <input type="text" value="Mrs"/> | First name: | <input type="text" value="Rachael"/> | Surname: | <input type="text" value="Hebden"/> |
|--------|----------------------------------|-------------|--------------------------------------|----------|-------------------------------------|

Reference:

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

Details of the pre-application advice received:

#### 6. 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

Are there any new public roads to be provided within the site? ☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No

Do the proposals require any diversions/extinguishments and/or creation of rights of way? ☐ Yes ☒ No

#### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☒ Yes ☐ No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? ☒ Yes ☐ No

If Yes, please provide details:

#### 8. 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

#### 9. Materials

Please state what materials (including type, colour and name) are to be used externally (if applicable):

9. (Materials continued)

Walls - description:

Description of existing materials and finishes:

Facing brickwork and painted render

Description of proposed materials and finishes:

As existing

Roof - description:

Description of existing materials and finishes:

Red plain tiles

Description of proposed materials and finishes:

As existing

Windows - description:

Description of existing materials and finishes:

White painted timber sashes

Description of proposed materials and finishes:

As existing

Doors - description:

Description of existing materials and finishes:

Glass doors

Description of proposed materials and finishes:

Painted timber doors

Boundary treatments - description:

Description of existing materials and finishes:

n/a

Description of proposed materials and finishes:

1.8m high brick wall to north boundary to match existing

Vehicle access and hard standing - description:

Description of existing materials and finishes:

n/a

Description of proposed materials and finishes:

n/a

Lighting - add description

Description of existing materials and finishes:

n/a

Description of proposed materials and finishes:

n/a

Others - description:

Type of other material:

Paving

Description of existing materials and finishes:

n/a

Description of proposed materials and finishes:

450x450 sandstone paving to north, 200x100 existing block pavours to south

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:

15/45/L01 - Location Plan  
15/45/B01 - Block Plan  
15/45/P01 - Site Plan  
15/45/P02 - General Arrangement  
15/45/P03 - Existing Building  
Design and Access Statement  
CIL forms

10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

| Type of vehicle                              | Existing number of spaces | Total proposed (including spaces retained) | Difference in spaces |
|----------------------------------------------|---------------------------|--------------------------------------------|----------------------|
| Cars                                         | 0                         | 0                                          | 0                    |
| Light goods vehicles/public carrier vehicles | 0                         | 0                                          | 0                    |
| Motorcycles                                  | 0                         | 0                                          | 0                    |
| Disability spaces                            | 0                         | 0                                          | 0                    |
| Cycle spaces                                 | 0                         | 6                                          | 6                    |
| Other (e.g. Bus)                             | 0                         | 0                                          | 0                    |
| Short description of Other                   |                           |                                            |                      |

11. Foul Sewage

Please state how foul sewage is to be disposed of:

Mains sewer☒

Package treatment plant☐

Unknown☐

Septic tank☐

Cess pit☐

Other

Are you proposing to connect to the existing drainage system?

☒ Yes☐ No☐ Unknown

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

15/45/P01

12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☐ Yes☒ No

If Yes, you will need to submit an appropriate flood risk assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

☐ Yes☒ No

Will the proposal increase the flood risk elsewhere?

☐ Yes☒ No

How will surface water be disposed of?

☐ Sustainable drainage system☒ Main sewer☐ Pond/lake☐ Soakaway☐ Existing watercourse

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, OR on land adjacent to or near the application site:

a) Protected and priority species

☐ Yes, on the development site☐ Yes, on land adjacent to or near the proposed development☒ No

b) Designated sites, important habitats or other biodiversity features

☐ Yes, on the development site☐ Yes, on land adjacent to or near the proposed development☒ No

c) Features of geological conservation importance

☐ Yes, on the development site☐ Yes, on land adjacent to or near the proposed development☒ No

14. Existing Use

Please describe the current use of the site:

Retail and Residential

Is the site currently vacant? ☒ Yes ☐ No

If Yes, please describe the last use of the site:

Retail and residential

When did this use end (if known) (DD/MM/YYYY)? 21/08/2008

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

15. Trees and Hedges

Are there trees or hedges on the proposed development site? ☐ Yes ☒ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☐ Yes ☒ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

17. Residential Units

Does your proposal include the gain or loss of residential units? ☒ Yes ☐ No

Market Housing - Proposed

|                   | Number of bedrooms |   |   |    |         |
|-------------------|--------------------|---|---|----|---------|
|                   | 1                  | 2 | 3 | 4+ | Unknown |
| Houses            |                    |   |   |    |         |
| Flats/Maisonettes |                    | 3 |   |    |         |
| Live-Work units   |                    |   |   |    |         |
| Cluster flats     |                    |   |   |    |         |
| Sheltered housing |                    |   |   |    |         |
| Bedsit/Studios    |                    |   |   |    |         |
| Unknown           |                    |   |   |    |         |

Proposed Market Housing Total 3

Market Housing - Existing

|                   | Number of bedrooms |   |   |    |         |
|-------------------|--------------------|---|---|----|---------|
|                   | 1                  | 2 | 3 | 4+ | Unknown |
| Houses            |                    |   |   |    |         |
| Flats/Maisonettes | 2                  |   |   |    |         |
| Live-Work units   |                    |   |   |    |         |
| Cluster flats     |                    |   |   |    |         |
| Sheltered housing |                    |   |   |    |         |
| Bedsit/Studios    |                    |   |   |    |         |
| Unknown           |                    |   |   |    |         |

Existing Market Housing Total 2

Overall Residential Unit Totals

|                                  |   |
|----------------------------------|---|
| Total proposed residential units | 3 |
| Total existing residential units | 2 |

18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☒ Yes ☐ No

| Use class/type of use |                                     | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross new internal floorspace proposed (including changes of use) (square metres) | Net additional gross internal floorspace following development (square metres) |
|-----------------------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| A1                    | Shops Net Tradable Area             | 215.0                                              | 215.0                                                                               | 0.0                                                                                     | -215.0                                                                         |
| A2                    | Financial and professional services | 0.0                                                | 0.0                                                                                 | 0.0                                                                                     | 0.0                                                                            |
| A3                    | Restaurants and cafes               | 0.0                                                | 0.0                                                                                 | 0.0                                                                                     | 0.0                                                                            |
| A4                    | Drinking establishments             | 0.0                                                | 0.0                                                                                 | 0.0                                                                                     | 0.0                                                                            |
| A5                    | Hot food takeaways                  | 0.0                                                | 0.0                                                                                 | 0.0                                                                                     | 0.0                                                                            |
| B1 (a)                | Office (other than A2)              | 0.0                                                | 0.0                                                                                 | 0.0                                                                                     | 0.0                                                                            |
| B1 (b)                | Research and development            | 0.0                                                | 0.0                                                                                 | 0.0                                                                                     | 0.0                                                                            |

18. All Types of Development: Non-residential Floorspace (continued)

|        |                               |       |       |     |        |
|--------|-------------------------------|-------|-------|-----|--------|
| B1 (c) | Light industrial              | 0.0   | 0.0   | 0.0 | 0.0    |
| B2     | General industrial            | 0.0   | 0.0   | 0.0 | 0.0    |
| B8     | Storage or distribution       | 0.0   | 0.0   | 0.0 | 0.0    |
| C1     | Hotels and halls of residence | 0.0   | 0.0   | 0.0 | 0.0    |
| C2     | Residential institutions      | 0.0   | 0.0   | 0.0 | 0.0    |
| D1     | Non-residential institutions  | 0.0   | 0.0   | 0.0 | 0.0    |
| D2     | Assembly and leisure          | 0.0   | 0.0   | 0.0 | 0.0    |
| Other  | Please Specify                | 0.0   | 0.0   | 0.0 | 0.0    |
|        | Total                         | 215.0 | 215.0 | 0.0 | -215.0 |

For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:

|           |              |                                                          |                                                 |                      |
|-----------|--------------|----------------------------------------------------------|-------------------------------------------------|----------------------|
| Use Class | Types of use | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|-----------|--------------|----------------------------------------------------------|-------------------------------------------------|----------------------|

19. Employment

If known, please complete the following information regarding employees:

|                    |           |           |                                |
|--------------------|-----------|-----------|--------------------------------|
|                    | Full-time | Part-time | Equivalent number of full-time |
| Existing employees | 0         | 0         | 0                              |
| Proposed employees | 0         | 0         | 0                              |

20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

| Use   | Monday to Friday |          | Saturday   |          | Sunday and Bank Holidays |          | Not Known                           |
|-------|------------------|----------|------------|----------|--------------------------|----------|-------------------------------------|
|       | Start Time       | End Time | Start Time | End Time | Start Time               | End Time |                                     |
| A1    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| A2    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| A3    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| A4    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| A5    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B1A   |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B1B   |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B1C   |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B2    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| B8    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| C1    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| C2    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| D1    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| D2    |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |
| Other |                  |          |            |          |                          |          | <input checked="" type="checkbox"/> |

21. Site Area

|                        |       |          |
|------------------------|-------|----------|
| What is the site area? | 00.06 | hectares |
|------------------------|-------|----------|

22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

n/a

Is the proposal for a waste management development? ☐ Yes ☒ No

23. Hazardous Substances

Is any hazardous waste involved in the proposal? ☐ Yes ☒ No

24. 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

25. Certificates (Certificate B)

**Certificate of Ownership - Certificate B**  
**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

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 (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) and/or agricultural tenant (*“agricultural tenant” has the meaning given in section 65(8) of the Town and Country Planning Act 1990*) of any part of the land or building to which this application relates.

| Owner/Agricultural Tenant                     |                 |                              |  |                                                      | Date notice served |                       |
|-----------------------------------------------|-----------------|------------------------------|--|------------------------------------------------------|--------------------|-----------------------|
| Name                                          | Bill Rea        |                              |  |                                                      |                    | <div>23/10/2015</div> |
| Number:                                       |                 | Suffix:                      |  | House name:                                          | Deerleap           |                       |
| Street:                                       | The Green       |                              |  |                                                      |                    |                       |
| Locality:                                     |                 |                              |  |                                                      |                    |                       |
| Town:                                         | Rowlands Castle |                              |  |                                                      |                    |                       |
| Postcode:                                     |                 |                              |  |                                                      |                    |                       |
| Title: Mr First name: Peter Surname: Galloway |                 |                              |  |                                                      |                    |                       |
| Person role: Agent                            |                 | Declaration date: 23/10/2015 |  | <input checked="" type="checkbox"/> Declaration made |                    |                       |

26. 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 23/10/2015