



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:	MR	First name:	ANDY		
Last name:	KING				
Company (optional):	CRAYFERN HOMES LIMITED				
Unit:		House number:	14	House suffix:	
House name:	VICTORIA HOUSE				
Address 1:	ST JOHNS ROAD				
Address 2:	HEDGE END				
Address 3:					
Town:	SOUTHAMPTON				
County:	HAMPSHIRE				
Country:					
Postcode:	SO30 4AB				

2. Agent Name and Address

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

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:					
Address 1:	LAND SOUTH OF SCRATCHFACE LANE				
Address 2:					
Address 3:					
Town:	BEDHAMPTON				
County:					
Postcode (optional):					
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:	469511	Northing:	106727		
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?

HAVANT BOROUGH COUNCIL
11 MAR 2014
RECEIVED

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:

LAND SOUTH OF SCRATCHFACE LANE, ADJACENT TO A3M AND WEST OF BROOKLANDS ROAD AND HILLMEAD GARDENS, HAVANT. PROPOSAL: VARIATION OF CONDITION 47 OF PLANNING PERMISSION APP/12/00612 TO ALLOW FOR A REVISED LAYOUT FOR THE APPROVED SCHEME, INCLUDING CHANGE TO HOUSE TYPES COMPRISING 2NO. 1 BED FLATS, 7NO. 2 BED FLATS, 27NO. 2 BED HOUSES, 48NO. 3 BED HOUSES, 8 NO. 4 BED HOUSES; AND GARAGE / PARKING AMENDMENTS.

Reference number: APP/13/00103 Date of decision: 15/07/2013 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	CONDITION 1	6.	CONDITION 21	11.	CONDITION 40	16.	CONDITION 47
2.	CONDITION 2	7.	CONDITION 22	12.	CONDITION 41	17.	
3.	CONDITION 3	8.	CONDITION 28	13.	CONDITION 42	18.	
4.	CONDITION 19	9.	CONDITION 34	14.	CONDITION 44	19.	
5.	CONDITION 20	10.	CONDITION 37	15.	CONDITION 45	20.	

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:

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 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: ☒

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.

S
[Redacted Signature]

Or signed - Agent:

[Redacted Agent Signature]

10. Applicant Contact Details

Telephone numbers

Extension

C
[Redacted Contact Details]

11. Agent Contact Details

Telephone numbers

Extension number:

Country code: National number: [Redacted]

Country code: Mobile number (optional): [Redacted]

Country code: Fax number (optional): [Redacted]

Email address (optional): [Redacted]

12. 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:

[Redacted Contact Name]

Telephone number:

[Redacted Telephone Number]

Email address:

[Redacted Email Address]

