



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:	Mr	First name:	Ian	Surname:	Caldwell	
Company name:	Caldwell Group Ltd					
Street address:	c/o PWP Architects			Country Code	National Number	Extension Number
				Telephone number:		
				Mobile number:		
Town/City:				Fax number:		
County:				Email address:		
Country:	United Kingdom					
Postcode:						
Are you an agent acting on behalf of the applicant? ☒ Yes ☐ No						

2. Agent Name, Address and Contact Details

Title:	Miss	First Name:	Hannah	Surname:	Barratt	
Company name:	PWP Architects					
Street address:	61South Street			Country Code	National Number	Extension Number
				Telephone number:	02392 482494	
				Mobile number:		
Town/City:	Havant			Fax number:		
County:	Hampshire			Email address:		
Country:	United Kingdom					
Postcode:	PO9 1BZ			hannah.barratt@PWP-Architects.com		

3. Site Address Details

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

House:	46	Suffix:	
House name:	Merok House Rest and Convalescent Home		
Street address:	New Brighton Road		
Town/City:	Emsworth		
County:	Hampshire		
Postcode:	PO10 7QR		

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

Easting:	474952
Northing:	106821

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☐ Yes ☒ No

5. Description of Proposal

Please provide a description of the approved development as shown on the decision letter:

Internal alterations, proposed replacement side extension, proposed replacement rear extension with new build addition, and infill of existing central courtyard to form 30 bed care home.

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:

Covering letter
4963 Schedule of Materials 26.01.15
4963 Suppression of dust (table) 26.01.15
Drawings 4963/1601A Dormer Details

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

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