

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:	Peter	Surname:	Heather		
Company name:	Dolphin Homes						
Street address:	Endeavour House			Telephone number:	Country Code	National Number	Extension Number
				Mobile number:			
Town/City:				Fax number:			
County:				Email address:			
Country:							
Postcode:							
Are you an agent acting on behalf of the applicant? ☒ Yes ☐ No							

2. Agent Name, Address and Contact Details

Title:	Mr	First Name:	Peter	Surname:	Galloway		
Company name:							
Street address:	17A Langstone Road			Telephone number:	Country Code	National Number	Extension 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. Site Address Details

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

House:	42	Suffix:	
House name:			
Street address:	Bedhampton Hill		
Town/City:	Havant		
County:	Hampshire		
Postcode:	PO9 3JW		

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

Easting:	469724
Northing:	106316

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:

Outline application for conversion of existing dwelling to Class 2 (care home) with development of additional care lodges to provide 18 no. care bedroom facility.

Application reference number: Date of decision:

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

Condition number(s):

5,8,13,15,17,

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:

1. Drawing nos. 12/100/Lighting, Drainage, Acoustic Solution
2. Acoustic Report
3. Contamination desktop study and recommendations.

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