

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:	Ms	First name:	Sadie	Surname:	Snowdon		
Company name:							
Street address:	The Mews, Langstone High Street			Country Code	National Number	Extension Number	
				Telephone number:			
				Mobile number:			
Town/City:	Havant			Fax number:			
County:	Hampshire			Email address:			
Country:							
Postcode:	PO9 1SL						
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:	Peter Galloway Partnership						
Street address:	8			Country Code	National Number	Extension Number	
	10 Burgan House East Street			Telephone number:			
				Mobile number:	07808 483362		
Town/City:	Havant			Fax number:			
County:	Hampshire			Email address:			
Country:	United Kingdom						
Postcode:	PO9 1AQ				peter@pgparchitects.co.uk		

3. Site Address Details

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

Description:

House:		Suffix:	
House name:	The Mews		
Street address:	Langstone High Street		
Town/City:	Havant		
County:	Hampshire		
Postcode:	PO9 1SL		
Description of location or a grid reference (must be completed if postcode is not known):			
Easting:	471807		
Northing:	104930		

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:

Construction of new single storey extension to rear to provide boatshed/workshop

Application reference number:

Date of decision:

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

Condition number(s):

2 - Materials
3 - Method statement Protecting Existing Wall
4 - Flues

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. Roof Tiles - Hand made clay tiles :Colour - Red
2. Walls - Facing brick work to match existing house : Colour Red Multi
3. Method Statement to protect existing wall - attached document
4. Flues - not applicable.

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