

RECEIVED

10 NOV 2015

Civic Offices
Havant
Hampshire PO9 2AX
T 023 9244 6015
F 023 9248 0263

**Application for Planning Permission.
Town and Country Planning 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: PETER

Last name: RAE

Company (optional): HAMPSCIRE ENDORONICS

Unit: House number: House suffix:

House name: STUDIO HOUSE

Address 1: 50 EAST STREET

Address 2:

Address 3:

Town: HAVENT

County: HAMPSHIRE

Country: VC

Postcode: PO9 1AQ

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name: N/A

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Description of the Proposal

Please describe the proposed development including any change of use:

INSTALLATION OF AIR CONDITIONING.
WANT TO INSTALL A 55x78x25cm BUFF COLOURED BOX AT A
HEIGHT OF 3m ONTO AN EXTERNAL WALL BETWEEN 48+50 EAST
STREET. NEW CREATION (BETWEEN 0800-1800 HRS WEEKDAYS)
IT RUNS AT 50 DBA.

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

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

Has the building, work or change of use been completed? ☐ Yes ☒ No

(date must be pre-application submission)

If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: STUDIO HOUSE

Address 1: HAMPSHIRE ENDORONICS

Address 2: 50 EAST STREET

Address 3: HAVENT

Town: HAMPSHIRE

County:

Postcode (optional): PO9 1AQ

Description (optional): RELEVANT SITE AT 50 EAST ST COMPRSES A DENTAL BUSINESS ON GROUND FLOOR + RESIDENTIAL FLAT ABOVE. NO 48 IS RESIDENTIAL ABOVE.

Easting: Northing:

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.)
Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name: EMMA CHISWALL

Reference: GEN/15/00812

Date (DD/MM/YYYY): 10/8/15

Details of pre-application advice received? THAT FULL PLANNING PERMISSION WAS NEEDED VIA THIS FORM

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 / rerouting of any roads or / or creation of rights of way? ☐ Yes ☒ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawing(s): N/A

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: N/A

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 ☐

If Yes, please provide details of the name, relationship and role:

Do any of these statements apply to you? ☐ Yes ☒ No

42691

If applicable, please state what materials are to be used externally. Include type, colour and name for each material.

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? ☐ Yes ☐ No

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

DOI: 10.1186/s13047-015-0022-5

Please state how foul sewage is to be disposed of:

Are you proposing to connect to the existing drainage system? ☒ Yes ☐ No

If Yes, please include the details of the existing system on the application drawings and state references for the plans/drawings.

To assist in answering the following questions refer to the guidance

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:

Are there trees or hedges on the road?

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

Is the site within an area at risk of flooding? (Refer to the

is your proposal within 20 meters of a watercourse (e.g. river, stream or brook)? ☒ Yes ☐ No

Will the proposal increase the flood risk elsewhere? ☒ Yes ☐ No

Please describe the current use of the site

Is the site currently vacant? ☐ Yes ☒ No

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

When did this use end (if known)?
DD/MM/YYYY (date where known may be approximate)

Does the proposal involve the need to

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste ☒ Yes ☐ No

17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? ☐ Yes ☒ No
If Yes, please complete details of the changes in the tables below:

Proposed Housing					Existing Housing										
Market Housing	Not known	1	2	3	4	Unknown	Total	Market Housing	Not known	1	2	3	4	Unknown	Total
Houses	☐							Houses	☐						
Flats and maisonettes	☐							Flats and maisonettes	☐						
Live-work units	☐							Live-work units	☐						
Cluster flats	☐							Cluster flats	☐						
Sheltered housing	☐							Sheltered housing	☐						
Bedsit/studios	☐							Bedsit/studios	☐						
Unknown type	☐							Unknown type	☐						
Totals (a+b+c+d+e+f+g) =								Totals (a+b+c+d+e+f+g) =							
Social Rented								Social Rented							
Not known	1	2	3	4	Unknown	Total		Not known	1	2	3	4	Unknown	Total	
Houses	☐							Houses	☐						
Flats and maisonettes	☐							Flats and maisonettes	☐						
Live-work units	☐							Live-work units	☐						
Cluster flats	☐							Cluster flats	☐						
Sheltered housing	☐							Sheltered housing	☐						
Bedsit/studios	☐							Bedsit/studios	☐						
Unknown type	☐							Unknown type	☐						
Totals (a+b+c+d+e+f+g) =								Totals (a+b+c+d+e+f+g) =							
Intermediate								Intermediate							
Not known	1	2	3	4	Unknown	Total		Not known	1	2	3	4	Unknown	Total	
Houses	☐							Houses	☐						
Flats and maisonettes	☐							Flats and maisonettes	☐						
Live-work units	☐							Live-work units	☐						
Cluster flats	☐							Cluster flats	☐						
Sheltered housing	☐							Sheltered housing	☐						
Bedsit/studios	☐							Bedsit/studios	☐						
Unknown type	☐							Unknown type	☐						
Totals (a+b+c+d+e+f+g) =								Totals (a+b+c+d+e+f+g) =							
Key worker								Key worker							
Not known	1	2	3	4	Unknown	Total		Not known	1	2	3	4	Unknown	Total	
Houses	☐							Houses	☐						
Flats and maisonettes	☐							Flats and maisonettes	☐						
Live-work units	☐							Live-work units	☐						
Cluster flats	☐							Cluster flats	☐						
Sheltered housing	☐							Sheltered housing	☐						
Bedsit/studios	☐							Bedsit/studios	☐						
Unknown type	☐							Unknown type	☐						
Totals (a+b+c+d+e+f+g) =								Totals (a+b+c+d+e+f+g) =							
Total proposed residential units (A+B+C+D) =								Total existing residential units (E+F+G+H) =							
TOTAL NET GAIN OR LOSS OF RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total) =															

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
If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use) (square metres)	Net additional gross internal floorspace following development (square metres)
A1 Shops	☐				
A2 Net trade area: Financial and professional services	☐				
A3 Restaurants and cafes	☐				
A4 Drinking establishments	☐				
A5 Hot food takeaways	☐				
B1 (a) Office (other than A2)	☐				
B1 (b) Research and development	☐				
B1 (c) Light industrial	☐				
B2 General industrial	☐				
B8 Storage or distribution	☐				
C1 Hotels and halls of residence	☐				
C2 Residential institutions	☐				
D1 Non-residential institutions	☐				
D2 Assembly and leisure	☐				
OTHER	☐				
Please Specify	☐				
Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use applicable	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	☐			
C2	Residential institutions	☐			
OTHER		☐			
Please Specify		☐			

19. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

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

21. Site Area

Please state the site area in hectares (ha)

0.1

1 DAY INSTALLATION OF AIR CONDITIONING

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

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or fires if liquid waste)	Maximum annual operational throughput in tonnes (or fires if liquid waste)
Inert landfill	☐		
Non-hazardous landfill	☐		
Hazardous landfill	☐		
Energy from waste incineration	☐		
Other incineration	☐		
Landfill gas generation plant	☐		
Pyrolysis/gasification	☐		
Metal recycling site	☐		
Transfer stations	☐		
Material recovery/recycling facilities (MRFs)	☐		
Household civic amenity sites	☐		
Open windrow composting	☐		
In-vessel composting	☐		
Anaerobic digestion	☐		
Any combined mechanical, biological and/or thermal treatment (MBT)	☐		
Sewage treatment works	☐		
Other treatment	☐		
Recycling facilities construction, demolition and excavation waste	☐		
Storage of waste	☐		
Other waste management	☐		
Other developments	☐		
Please provide the maximum annual operational throughput of the following waste streams:			
Municipal			
Construction, demolition and excavation			
Commercial and industrial			
Hazardous			

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☐ No ☒ Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes)	
Ethylene oxide (tonnes)	

Ammonia (tonnes)		Hydrogen cyanide (tonnes)

7. *Journal of the American Academy of Child and Adolescent Psychiatry* 1999;38:1031-1039

Bromine (tonnes)	
Liquid oxygen (tonnes)	

Chlorine (tonnes)	
Liquid petroleum gas (tonnes)	

Other: _____

Amount from me: _____

Ethylene oxide (tonnes)	
Phosgene (tonnes)	

Sulphur dioxide (from meat)

[illegible]

Liquid oxygen (tonnes)		Flour (tonnes)	
------------------------	--	----------------	--

	Refined white sugar (tonnes)	Liquid petroleum gas (tonnes)
2017	689	10
2018	689	10
2019	689	10
2020	689	10
2021	689	10
2022	689	10
2023	689	10
2024	689	10
2025	689	10
2026	689	10
2027	689	10
2028	689	10
2029	689	10
2030	689	10

Other: _____

Amount (thousand)

One Certificate A, B, C, or D, must be completed with this application form

THE A, B, C, or D, must be completed with this app.

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14
I certify/We the applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run
 * "material interest" has the meaning given by reference to the definition of "material" in the

** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenement" in section 65(8) of the Act.

Signed - Applicant: _____

Or signed - Agent: _____

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 1(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* and/or agricultural tenant of any part of the land or building to which this application relates.**

*** "agricultural tenant" has the meaning given in section 65(1) of the Town and Country Planning

[illegible]

Address:

Date Notice Served _____

TOM HARTBRIDGE

7 VICTORIA ROAD SOUTHSEA POS 201

11/8/15

Signed -

signed - Agent

Date (DD/MM/YYYY)

\$Date: 2015-01-02 05:39:14\$

5086... 361-5-64-22 #3 386/400-6146

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24. Ownership Certificates and Agricultural Land Declaration (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.
- * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.
- ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Notice of the application has been published in the following newspaper (including in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.
- * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.
- ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Notice of the application has been published in the following newspaper (including in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

25. 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 correct fee:

The original and 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

☐ The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

☐ The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable) and Article 14 Certificate (Agricultural Holdings):

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 best I/we can give.

Sig

Date:

Date (DD/MM/YYYY):

(date cannot be pre-application)

28. Agent Contact Details

Telephone numbers

Country code: National number

Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

29. 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:

Telephone number:

Email address: