If you would rather make this application online, you can do so on our website:
https://www.planningportal.co.uk/apply

Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:

Wealden District Council, Planning and Building Control Service
Council Offices, Vicarage Lane, Hailsham, East Sussex BN27 2AX

Tel: 01892 602010
Email: planning@wealden.gov.uk
Websites: www.wealden.gov.uk and www.planning.wealden.gov.uk

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	
First name:	
Last name:	
Company (optional):	LIFESTYLE CARE LTD.
Unit:	
House number:	
House suffix:	
House name:	GLEN ARUN NURSING HOME
Address 1:	9 ATHELSTAN WAY
Address 2:	
Address 3:	
Town:	HORSHAM
County:	WEST SUSSEX
Country:	
Postcode:	RH13 6HA

2. Agent Name and Address

Title:	
First name:	
Last name:	
Company (optional):	COSTER ASSOCIATES
Unit:	1
House number:	
House suffix:	
House name:	THE GRANARY BUSINESS CENTRE
Address 1:	BROAD FARM
Address 2:	
Address 3:	
Town:	HELLINGLY
County:	EAST SUSSEX
Country:	
Postcode:	BN27 4DU

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	GLEN ARUN NURSING HOME				
Address 1:	9 ATHELSTAN WAY				
Address 2:					
Address 3:					
Town:	HORSHAM				
County:	WEST SUSSEX				
Postcode (optional):	RH13 6HA				

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

Easting: Northing:

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?

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:

DEMOLITION OF EXISTING SINGLE STOREY ACCOMMODATION AND ERECTION OF SINGLE STOREY & TWO STOREY EXTENSIONS WITH ASSOCIATED EXTERNAL WORKS

Reference number: DC/18/0794 Date of decision: 07-12-2018 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.		6.	
2.		7.	EXTERNAL WORKS & LANDSCAPE
3.		8.	
4.		9.	CYCLE STORAGE
5.		10.	

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:

PLEASE REFER TO SUPPORTING STATEMENT AND DRAWING NO. 8352/P-04

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 (LPA) 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: ☑

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

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.

Signed - Applicant:

Or signed - Agent: Coster Associates

Date (DD/MM/YYYY): 04-04-2024 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: | National number: [redacted] | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: | National number: [redacted] | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

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: | Telephone number:

Email address: