

Council Offices, South Street
Rochford Essex SS4 1BW
http://www.rochford.gov.uk
planning.applications@rochford.gov.uk / 01702 318191

RECEIVED

- y. 08, 2013

RECEPTION

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

lication of applications on planning authority websites

Lease 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		2. Agent Name and Address
Title:	First name:	Title: First name:
Last name:		Last name:
Company (optional):	PANNEU DEVELOPMENTS	Company (optional): Smith + Metson Architects
Unit:	V House number: House suffix:	Unit: House House suffix:
l se le:		House name: Studio
Address 1:	HOWARDS WAY	Address 1: LEIGH PARK ROAP
Address 2:		Address 2:
Address 3:		Address 3:
Town:	LEIGH · ON · SEA	Town: LEGH ON SEA
County:	EKEX	County: E44EX
Country:	VK	Country: VK
Postcode:	559 5FB	Postcode: 449 2DU

(3. Site Address Details	4. Pre-application Advice
Please provide the full postal address of the application Unit: House House	e authority about this application?
number: suffix:	If Yes, please complete the following information about the advice
name:	you were given. (This will help the authority to deal with this
Address 1: LAND ADJACENT	application more efficiently). Please tick if the full contact details are not
Address 2: HAWKWELL PARK DR	known, and then complete as much as possible:
Address 3:	Officer name:
TOWN: HOCKLEY	TERRY HARDWICK
County: FAFX	Reference: PA/13/000S PREAPP
Postcode 645 4-HA	Date (DD/MM/VVV):
(optional): 177 197 Description of location or a grid reference.	(must be pre-application submission) 51-7-2015
(must be completed if postcode is not known):	Details of pre-application advice received?
Easting: Northing:	TO BE ADDRESSED.
Description:	
! !	
5. Description Of Your Proposal	
and date of decision in the sections below:	ent as shown on the decision letter, including the application reference number
TWO DETACHED 3/4 BEDROOM	1 HOUSES AND THREE DETACHED 2 BED POOL
BUNDALOW WITH GARAGES. I	PRIVATE DRIVE ACCESS FROM PARK GARDEN
Reference number: 12/00741/FUV Date of	submission) (DD/MM/YYYY)
Please state the condition number(s) to which this application in the condition number (s) to which this application is a second to the condition number (s) to which this application is a second to the condition number (s) to which this application is a second to the condition number (s) to which this application is a second to the condition number (s) to which this application is a second to the condition number (s) to which this application is a second to the condition number (s) to which this application is a second to the condition number (s) to which this application is a second to the condition number (s) to which this application is a second to the condition number (s) to which this application is a second to the condition i	9
2 (19) WHEEL WASHING	7.
3 (22) TRAFFIC MANAGER	MENT 8.
4.	9.
5.	10.
Has the development already started?	Yes No
If Yes, please state when the development started (DD/M	
	submission)
Has the development been completed?	Yes No
If Yes, please state when the development was complete	ed (DD/MM/YYYY): (date must be pre-application submission)
6. Discharge Of Condition	
Please provide a full description and/or list of the materia	ıls/details that are being submitted for approval:
DRAWING NOS: 1302/ 16	5,19,22
210 11 1100 1003 1700 10	1.71-6
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 ap	

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed in	ne information in support of your proposal. Failure to submit all avalid. It will not be considered valid until all information required by
The original and 3 copies of a The	e original and 3 copies of other plans and drawings nformation necessary to describe the subject of the application:
9. Declaration I/we hereby apply for planning permission/consent as described in a information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them. Signed - Applicant: Date (DD/MM/YYYY): (date cannot be pre-application)	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the Or signed Agent:
10. Applicant Contact Details -phone numbers Country code: National number: number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	11. Agent Contact Details Telephone numbers Country code: National number: 11. Agent Contact Details 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 lift the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If her has been selected, please provide: ntact name:	other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number: 711047

Email address: