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SURBERDY SERVICES

Council Offices, South Street Rochford Essex SS4 1BW http://www.rochford.gov.uk

planning.applications@rochford.gov.uk / 01702 318191

Application for Planning Permission. Town and Country Planning Act 1990

You can complete and substit 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. Applic	cant Name and Address	2. Agent	Name an	d Address					
Title:	MISS First name: ZoE	Title:	MR] First name:	ROGER				
Last name:	WASH	Last name:	Hobbs						
Company (optional):		Company (optional):							
Unit	House 48 House suffix:	Unit:		House number:	22 House suffix:				
House name:	:	House name:							
Address 1:	ELM VIEW, ROAD	Address 1:	SIDV	JELL A	VENUE				
Address 2:		Address 2:							
Address 3:		Address 3:							
Town:	BENFLEET	Town:	BEN	FLEET					
County:	ESSEX :	County:	E.5.56						
Country:	ENGLAND	Country:	ENGI	- &と り					
Postcode:	SS7 5A5	Postcode:	SS7	ILF]				
	ption of the Proposal ribe the proposed development, including any change	of use:							
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	FACILITIES.				• Gazaria				
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	BUI	PONT BERV	CES						
Has the build	ling, work or change of use already started?		VNo	· · · · · · · · · · · · · · · · · · ·					
f Yes, please work or use v	state the date when building, were started (DD/MM/YYYY):			be pre-applic	ation submission)				
las the buildi	ng, work or change of use been completed?	Yes	7No	مرابط مطاملة منتك	www.crawades				
res, please or change of	state the date when the building, work use was completed: (DD/MM/YYYY):			be pre-applica	ition submission)				
					te:: 2013-04-30-#\$ Shin/lation: 3504 \$				

4. Site Ad	dress Details				5. Pre-application Advice
Please provi	de the full postal add	ress of the app		te.	Has assistance or prior advice been sought from the local authority about this application?
Unit:	House number:		House suffix:		authority about this application? Yes No
House name:					If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1:	HIGHLA	D ROA	c)		application more efficiently).
Address 2:					Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:					Officer name:
Town:	RAWRETH	l wici	KFOR	. D	YVONNE DUNN
County:	Es SEX				Reference:
Postcode (optional):	SSII 8TI	_			
Description	of location or a grid empleted if postcode	reference. is not known):	,		must be pre-application submission) Date (DD/MM/YYYY): AUG (SEPT 14.
Easting:	•	Northing:			Details of pre-application advice received?
Description): 				Yvonne advised me to provide our much information or
L	AND OPPOSI	TE HAWT	HORNS	LCOSE	possible. I have been in tarch or few times with wonne this past year and she has been really
н	ILEH LAND	ROAD			helpful.
					, ach , ac
	rian and Vehicle A		and Righ	ks of Way	
	altered vehicle access he public highway?		Yes	☐ No	Do the plans incorporate areas to store and aid the collection of waste? Yes No
	altered pedestrian				If Yes, please provide details:
access prop the public h	osed to or from alghway?	Б	Yes	☐ No	
	ny new public roads t ithin the site?		Yes	⊘ No	
	ny new public				
	y to be provided ljacent to the site?		Yes	₩ No	
	oosals require any div ments and/or	ersions			Have arrangements been made
	rights of way?		Yes	☑ No	for the separate storage and collection of recyclable waste? Yes No
details on y	vered Yes to any of the your plans/drawings :	e above questi and state the re	ons, pleas eference o	ie show of the plan	If Yes, please provide details:
(s)/drawing	ITE PLAN				
1	RAWING 1	,° 2308	3/3		
		,	•		
	rity Employee / i ct to the Authority, i a	m: (a) a memi (b) an elec (c) related	ted memi to a mem	ber iber of staff	Do any of these statements apply to you? Yes No
If You night	se provide details of t	. ,		cted membe nd role	es established to the second of the second o
ii res, piea	se province details Of (ije jaste, teigli	range alt a	IN IVE	
	•				
1		•			

	ate what materials are to be use	W washington and a second	A type, colour and marie to	reach material:	· -			
	Existing (where applicable)							
Walls			BARN BLACI SHIPLAP HORE BOARDING		Not			
Roof			RED INTERLECK	INE CENCRETE				
Windows			BLACK TIME	BER				
Doors			BLACK TIM	BER				
Boundary treatments (e.g. fences, walls)			EKISTING HEI TREES WITHIN TIMBER POST FENCING FOR	N SITE				
Vehicle access and hard-standing			PERMEABLE CONCRETE HARD YARD OUTSIDE STA TO CRATE TYPE SO	BLES, TO DRAIN !				
Lighting			! !	The large and department of an interpretation of an	IJ²			
Others (please specify)					U			
Yes, please state refere	ional information on submitted ences for the plan(s)/drawing(s)/ SPACESS STATEM SLETTER	design and access	/design and access statement:	nt? ☑Yes		No.		
0. Vehicle Parking Please provide inform					***********			
Type of Vehicle	nation on the existing and propo Total		rsite parking spaces: proposed (including	Difference				
Cars	· Existing	5	spaces retained)	Unterence in spaces				
Light goods vehicle public carrier vehic	Light goods vehicles/		4 4			_		
Motorcycles	RES .		forse box	t				
Disability spaces						\dashv		
Cycle spaces								
Other (e.g. Bus)								
Other (e.g. Bus)								

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of: Mains sewer Cess pit Septic tank Other Package treatment plant	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.) Yes No If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No lif Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Will the proposal increase the flood risk elsewhere? How will surface water be disposed of? Sustainable drainage system Existing watercourse Soakaway Pond/lake
13. Biodiversity and Geological Conservation To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals. Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to	14. Existing Use Please describe the current use of the site: ME'ADOW/FIELD GRAZING FOR HORSES Is the site currently vacant? If Yes, please describe the last use of the site:
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:	When did this use end (if known)? DD/MM/YYYY (date where known may be approximate) Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application. Land which is known to be contaminated? Yes Alo Land where contamination is
Yes, on the development site Yes, on land adjacent to or near the proposed development No	suspected for all or part of the site? A proposed use that would be particularly vulnerable to the presence of contamination? Yes No
Are there trees or hedges on the proposed development site? 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? If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'B55837: Trees in relation to design, demolition and construction - Recommendations'.	16. Trade Effluent Does the proposal involve the need to dispose of trade effluents or waste? Yes No If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

	Propo	sed	Hor	ısinç	1				Exist		Hay	-ing			
Market	Not					lrooms	Total	Market							-
Housing	known	1		3				Housing	Not known	1	Num 2	nber o	of Bed	trooms Unknown	Tota
Houses								Houses			1	+	+	(P3 5) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
Flats and maisonettes	+=							Flats and maisonettes			+	+	+	+	+
Live-work units								Live-work units			+	+	+	+	+
Cluster flats								Cluster flats			+	+	+-	+	+-
Sheltered housing			L					Sheltered housing			+	+	+	+	+-
Bedsit/studios								Bedsit/studios			+	+	+	+	+-
Unknown type								Unknown type			+	+-	+-	+	+
	T	otal	s (a+	b+c+	-d+e	?+f+g)=			1 1	intat:	- (a + i	<u> </u> +c-	1	! !+f+g)=	+
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Houses	known	1	12	3	4+	Unknown			known		2	3			
Flats and maisonettes			-	╀	 			Houses							
Live-work units	 		+	 	 			Flats and maisonettes	+						
Cluster flats		 -	┼	 	 			Live-work units							
Sheltered housing			 	 	<u>'</u>			Cluster flats							
Bedsit/studios			 					Sheltzred housing							1
	무	·	-		<u> '</u>			Bedsit/studios		/					
Unknown type		-		<u></u>				Unknown type							1
	To	rtais	(a + t	1+¢+	d+e	+f+g)=			Te	stals	(a+t)+c+	d+e	+f+g)=	
	Not		Nic sept		Bedro	7	Total					-			<u></u>
	known	1	Numi 2	Ser or		Unknown	10tar	Intermediate	Not known	1	Numb 2	ber of			Total
Houses								Houses			-	3	4+	Unknown	
Flats and maisonettes		7	'					Flats and maisonettes						 	
Live-work units			1					Live work units							
Cluster flats								Cluster flats	-		\vdash			 	
Sheltered housing							-1	Sheltered housing	님		-			 	
Bedsit/studios								Bedsit/studios						 	
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					<i>U</i> , _	F) T 9/ 1			10	4485	(a + u	+0+	d+e-	+f+g)=	
Key worker	Not				Bedro		Total	Key worker	Not		Numi	per of	Bedin	noms.	Total
Houses	known	1	2	3	4+	Unknown		<u> </u>	known	1	2	3		Unknown	
Flats and maisonettes	 							Houses							
Live-work units	\dashv							Flats and maisonettes						<u> </u>	
Cluster flats								Live-work units	므						
Sheltered housing		\longrightarrow						Cluster flats	믜						
Bedsit/studios								Sheltered housing						,	_
	<u>무</u>				-			Bedsit/studios							
Unknown type		<u> </u>						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 $(B+C+C+C+D)=$												

Does you	ur proposal la	rvolve the k	oss, ga	in or change of	tial Floorspa use of non-resid	ential floorsp		No
					Gross internal to be lost by	floorspace	ing table: Total gross internal floorspace proposed	Net additional gross Internal floorspace
US	Use class/type of use		P Not	Existing gross internal floorspace (square metres	use or den (square n	nolition	(including change of use)(square metres)	
A1	Sh	ops						
		able area:						
A2		ial and nal services						
A 3	Restaurant	ts and cafes						
A4	Drinking est	tablishment	s 🗆					
A 5	Hot food	takeaways						
B1 (a)	1	er than A2)						
81 (b)		rch and xoment						
B1 (c)		dustrial						
B 2	General	industrial						
B8	Storage or	distribution						
C1		nd halls of lence						
C	,	institutions						
D1		sidential utions						
D2		and leisure						
OTHER	STABLE A	NO FACILITIES					185	
Please Specify								
	To	otal						
In ad	dition, for ho	tels, resider					dicate the loss or gain o	rooms
CIGOS		Not applicable	Exist	ing rooms to be of use or den	ost by change Total rooms proposed (inclu- olition changes of use)			Net additional rooms
C1	Hotels Residential						· · · · · · · · · · · · · · · · · · ·	
	Institutions							
OTHER Please				·				
Specify								
	ployment omplete the		forma	tion regarding c	mployees:			
				Full-time	Part-	time		tal full-time quivalent
Exi	Existing employees			○ ✓				
Pro	posed emplo	yees		0 🗸				
	urs of Ope	_	nima fa	v earth non-seci	dential use prop	orosth		
	Use			to Friday	Saturda	1	Sunday and	Not known
S	TABLES	, 4		Foce	TIME _		Bank Holidays	t
Fo	e Herse	ح.						
21. Site	Area							
	ate the site a	rea in hecta	res (ha)				

22. Industrial or Commercial Pro	D-COSSIN	s and M	arhinan		·				
Please describe the activities and			y						
plant, ventilation or als annulation and per	ocucts :	including							
type of machinery which may be installed	ise inch d on site	ade the		~1 la					
is the proposal a waste management de-			Yes Who						
if the answer is Yes, please complete the	followin	one table	Yes UK	60 .					
		1							
	Not	SWOMS	ny ang meeting s ince hat cower or	he vold in cubic met urcharge and makin restoration material or litres if liquid wast	g no "	Nadmum annual operation throughput in tonnes (or litres if liquid waste)			
inert landfill	Th			or march is artifact assets	2)	(or no es it indring Maste)			
Non-hazardous landfill	十六	 							
Hazardous fandfill	一片	 							
Energy from waste incineration			· · · · · · · · · · · · · · · · · · ·						
Other incineration			·						
Landfill gas generation plant	+;								
Pyrolysis/gasification	┼┼					•			
Metal recycling site	 								
Transfer stations	ᆛ岩								
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)	 								
or thermal treatment (MBT)									
Sewage treatment works						***************************************			
Other treatment scycling facilities construction, demolition									
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW					- 				
Storage of waste									
Other waste management									
Other developments									
ase provide the maximum annual operation	anal thre	oughput o	f the following w						
				ALCOHOL:	······································				
Construction, demolition and en	cavation	n .			,				
Commercial and industria)								
Hazardous									
nts is a landfill application you will need to nning authority should make clear what in	provide	further in	iomation before	your application co	n ha data				
Hazardous Substances		vi vi techni	es on its websiti	A.	***	raned, Your weste			
the proposal involve at	_								
A CONTRACT OF A PART OF THE PROPERTY OF THE PARTY OF THE			F-764	-					
please provide the amount of each subst	anre the		₩ No	Not applice	ble				
rylonitrile (tonnes)				•					
Ammonia (manas)		ne oxide (t	<u> </u>		Phosom	ne (tonnes)			
	drogen	cyanide (t	Onnes)	- Total					
Bromine (tonnes)	Llouid	oxygen (ti	respect [) > //	PRICE CHOICE	le (tonnes)			
Chlorine (tonnes)		-	<u> </u>		Flor	ur (tonnes)			
Extoro	petroie 	um gas (to	Times)	Refined		F (tonnes)			
			Other:			# (tonnes)			
nt (tonnes):									
			Amount (to	mries):					

24. Ownership Certificates and Agricultural Land Declaration One Certificate A. B. C. or D. must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I certify/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. ** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I 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. 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 Name of Owner / Agricultural Tenant Address Date Notice Served GLYNN FRANCE MOON - HEREN HAWTHERNS LODGE. SSII BTL ALUS HIGHLAND ROAD RAWRETH MICKFORD NICOLE FAYE IVISON - HATE

Or signed - Agent:

Signed - Applicant:

ZWosh

Date (DD/MM/YYYY):

6/11/2015

R. W. HOBBS

26. Declaration I/we hereby apply for planning permission/consent as described information. I/we confirm that, to the best of my/our knowledge, genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Age R.W. H.	Parts (Dry state 1 1 1 1);
27. Applicant Contact Details Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): OTT95 ITTIGE Country code: Fax number (optional): Email address (optional): Zoe washahofmall.co.uk	
29. Site Visit Can the site be seen from a public road, public footpath, bridieway If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Email address:	