

Application to determine if prior approval is required for a proposed: Demolition of Buildings

Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) - Sch 2, Part 11, Class B

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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:



Oaklands Road
Haywards Heath
West Sussex
RH16 1SS

Switchboard: 01444 458166
DX 300320 Haywards Heath 1
Email:
servicesupport@midsussex.gov.uk
www.midsussex.gov.uk

For Official use	
App No:	
Date Rec:	
Fee:	

Publication on Local 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.

1. Applicant Name and Address

Title:	MR + MRS	First name:	
Last name:	MORLEY		
Company (optional):			
Unit:		House number:	139
		House suffix:	
House name:			
Address 1:	CHANCTONBURY ROAD		
Address 2:			
Address 3:			
Town:	BURGESS HILL		
County:	WEST SUSSEX		
Country:			
Postcode:	RH15 9HE		

2. Agent Name and Address

Title:	MRS	First name:	K
Last name:	MCNALLY		
Company (optional):	K M ARCHITECTURE LIMITED		
Unit:		House number:	151
		House suffix:	
House name:	MARINE HOUSE		
Address 1:	WESTERN ROAD		
Address 2:			
Address 3:			
Town:	HAYWARDS HEATH		
County:	WEST SUSSEX		
Country:			
Postcode:	RH16 3LH		

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	139	House suffix:	
House name:					
Address 1:	CHANCTONBURY ROAD				
Address 2:					
Address 3:					
Town:	BURGESS HILL				
County:	WEST SUSSEX				
Postcode (optional):	RH15 9HE				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northings:			
Description:					

SEMI-DETACHED HOUSE WITH GARAGE

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:

DEBORAH LYNN

Reference:

DM/26/0122

Date (DD/MM/YYYY):

(must be pre-application submission)

06/03/2026

Details of pre-application advice received?

DEMOLITION OF GARAGE FORMS PART OF A WIDER PROPOSAL. THE GARAGE ELEMENT WOULD BE DEEMED PERMITTED DEV, SUBJECT TO PRIOR APPROVAL BEING OBTAINED.

5. Proposed Demolition Works

Please describe the building(s) to be demolished:

DETACHED DOMESTIC GARAGE

Please state why demolition needs to take place:

TO FACILITATE THE ERECTION OF A DOMESTIC EXTENSION

Please describe the proposed method of demolition:

ROOF - SPECIALIST MANUAL REMOVAL OF ASBESTOS* CEMENT SHEETS (NO POWER TOOLS)
WALLS - MINI DIGGER AND/OR SLEDGEHAMMER * NON-NOTIFIABLE

Please provide details of the proposed restoration of the site:

EXISTING CONCRETE SLAB TO BE RETAINED AND TURNED -OVER TO PATIO.

Please state the expected date of commencement of works (DD/MM/YYYY): 06/07/2026 DATE MUST BE POST SUBMISSION

Please state the expected date of completion of works (DD/MM/YYYY): 20/07/2026 DATE MUST BE POST SUBMISSION

Are there any public rights of way within the site or immediately adjoining the site? ☐ Yes ☒ No

Is redevelopment or rebuilding proposed at a later date? ☐ Yes ☒ No

Does the proposal involve the felling or pruning of any tree(s)? ☐ Yes ☒ No

If Yes, please show details on a plan and provide the reference number of the plan(s):

1.		4.	
2.		5.	
3.		6.	

Please describe how and where spoil/rubble would be disposed:

LICENCED SKIP REMOVAL COMPANY (WALLS)
DOUBLE-BAGGED ASBESTOS CEMENT SHEETS TO B.HILL RECYCLING CENTRE (ROOF)

6. 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:



In cases where the building is not a community asset and is used for a purpose falling within Class A4 (drinking establishments) of the Schedule to the Use Classes Order, a written request to the local planning authority as to whether the building has been nominated:



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



A statement that a site notice has been posted in accordance with B.2 (b) (iv) of Part 11 of Schedule 2 to the General Permitted Development Order 2015:



The correct fee:



VIA EMAIL

*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.

7. 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:

Date (DD/MM/YYYY):

(date cannot be pre-application)

8. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

9. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

10. 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: