

Application for approval of details reserved by condition

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

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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:	Garside				
Company (optional):					
Unit:		House number:	1	House suffix:	
House name:					
Address 1:	Commercial Rd,				
Address 2:					
Address 3:					
Town:	Burgess Hill				
County:					
Country:					
Postcode:	RH15 8QL				

2. Agent Name and Address

Title:	Mr	First name:	Christopher		
Last name:	Jones				
Company (optional):	Jones Projects Architectural				
Unit:		House number:		House suffix:	
House name:	Hollytree house				
Address 1:	Cuckfield road,				
Address 2:					
Address 3:					
Town:	Burgess Hill				
County:					
Country:					
Postcode:	RH15 8RE				

3. Site Address Details

Please provide the full postal address of the application site.

Unit:

House number:

1

House suffix:

House name:

Address 1:

Commercial Rd,

Address 2:

Address 3:

Town:

Burgess Hill

County:

Postcode (optional):

RH15 8QL

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:

REPLACEMENT SINGLE STOREY SIDE EXTENSION AND SINGLE STOREY EXTENSION TO THE REAR, INCORPORATING EXISTING OFFSHOOT.

Reference number:

DM/25/1011

Date of decision:

15 AUG 2025

(Date must be pre-application submission) (DD/MM/YYYY)

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

1.		6.	SECTION DRAWINGS ATTACHED AS REQUESTED
2.		7.	TO USE CONSERVATION VELUXS AS PER CONDITION
3.	ROOF TILE MATCH A CLAY ROOF TILE TO MATCH EXISTING HOUSE	8.	
4.	BRICKWORK MATCH A CLAY ROOF TILE TO MATCH EXISTING HOUSE WITH BOND, STYLE AND POINTING	9.	
5.	DOOR AND WINDOW SCHEDULE & BROCHURES ATTACHED	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:

LOOKING TO AGREE ALL CONDITIONS AS PER THE DECISION LETTER

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 correct fee: ☐

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

*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:

Date (DD/MM/YYYY):

16/03/26

 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:

National number:

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:

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: