

Application for removal or variation of a condition following grant of planning permission

Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

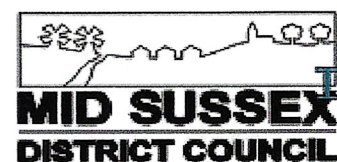
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Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information 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	First name:	ELIOT
Last name:	LAW		
Company (optional):			
Unit:		House number:	
		House suffix:	
House name:	WITHAM COTTAGE		
Address 1:	FELCOT ROAD		
Address 2:			
Address 3:			
Town:	FURNACE WOOD		
County:	WEST SUSSEX		
Country:			
Postcode:	RH19 2QA		

2. Agent Name and Address

Title:	MRS	First name:	VICTORIA
Last name:	MUSTARD		
Company (optional):	VICTORIA MUSTARD ARCHITECTS		
Unit:		House number:	
		House suffix:	
House name:	135		
Address 1:	CRAWLEY DOWN ROAD		
Address 2:	FELBRIDGE		
Address 3:			
Town:	EAST GRINSTEAD		
County:	WEST SUSSEX		
Country:			
Postcode:	RH19 2PS		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: WITHAM COTTAGE

Address 1: FELLOT ROAD

Address 2:

Address 3:

Town: FURNACE WOOD

County:

Postcode (optional): RH19 2QA

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:

VARIAION OF CONDITIONS 2 OF PLANNING APPLICATION DM/24/2772 TO ALLOW FOR SUBSTITUTION OF DRAWINGS TO SHOW : THE REAR-FACING FIRST FLOOR BEDROOM WINDOW TO BE CHANGED TO GLAZED FRENCH DOORS WITH FIXED SIDELIGHTS AND FIXED GLAZED WINDOW, ADDITION OF ROOFLIGHT AND REAR JULIETTE BALCONY AND ON THE FRONT ELEVATION REDUCED ROOF WINDOWS AND THE NORTH SIDE ELEVATION CORRECTED TO SHOW ROOF CUTTER LINE AND HANGING TILES TO UPPER FLANK WALL OF FIRST FLOOR GABLE EXTENSION .

Reference number: DM/24/2772

Date of decision (DD/MM/YYYY): 14/03/2025 (date must be pre-application submission)

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

1.		6.	
2.	APPROVED PLANS	7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started? ☒ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY): 01/05/2025 (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. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

REVISION OF APPROVED DRAWINGS TO REFLECT MINOR CHANGES TO PROPOSAL

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

202 PROPOSED ROOF PLAN TO BE CHANGED TO 202B PROPOSED FIRST 3 ROOF PLAN
203 PROPOSED ELEVATIONS TO BE CHANGED TO 203C PROPOSED ELEVATIONS

7. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form

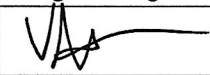
CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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):
		16/10/2023

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

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 the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings): ☐

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:

Date (DD/MM/YYYY):

(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:

Email address: