

PLANNING APPLICATION FORM

(Part 1 - All Applications)

Please read 'NOTES FOR APPLICANTS' first

OFFICE USE ONLY

Application Number:

03 / 0968

Date Received

Date Registered

14/8/03

15/8/03

1. APPLICANT
(in block capitals)

Name: MR AND MRS K S BHANGU
 Address: 24 RIVERSIDE,
 EGHAM
 SURREY Post Code: TW20 OAD
 Tel. No: Home: Work:

AGENT
(if any) to whom correspondence should be sent (in block capitals)

Name: ROBERT DAVIES JOHN WEST LTD
 Address: LAWFORD HOUSE, LEACROFT
 STAINES
 MIDDX Post Code: TW18 4NN
 Contact Name: P WINKWORTH Tel. No: 01784 459211

2(a) ADDRESS or location of application site:
 24 RIVERSIDE, EGHAM, SURREY, TW20 OAD

(b) State site area in Hectares and Acres Site (including sight lines and access roads) must be shown edged RED on the submitted site plan.

(c) What is the applicant's interest in the land? e.g. Owner, Prospective Purchaser, Lessee, etc. OWNER

(d) Does the applicant own or control any adjoining land? State YES or NO If YES it must be shown edged BLUE on the submitted site plan.

3. BRIEF PARTICULARS OF PROPOSED DEVELOPMENT, including the purpose(s) for which the land and/or buildings are to be used.
 DEMOLITION OF OUT BUILDINGS AND CONSTRUCTION OF NEW FOUR BEDROOM HOUSE
 FOLLOWED BY DEMOLITION OF EXISTING HOUSE

4. TYPE OF APPLICATION Do you seek:

Tick one box

A. Full planning permission

B. Outline planning permission

) If B or C, tick which of the following matters you would like the Council to consider as part of this application.

C. Approval of reserved matters following the grant of outline permission

) Siting Design

External appearance

D. To renew a permission granted for a limited period only

Means of Access

Landscaping

E. To change or remove a planning condition

If C, give details of the outline permission in the boxes below.

If D or E, give details of relevant permission in the boxes below.

Reference No.

Date

Condition No.

5. IS THIS APPLICATION FOR A TEMPORARY PERIOD ONLY? NO If YES, state what period N/A

6. IF THE APPLICATION IS FOR NEW RESIDENTIAL DEVELOPMENT, state the following :-

(a) Total number of dwellings 1 (b) Type (e.g. 3 x 2 bedroom flats)
1 NO. 4 BED HOUSE (c) Total number of habitable rooms 6

(d) Density in dwellings per hectare/acre 4.3/ha (e) Number of Storeys 2 (f) Gross floor area of residential buildings proposed (sq. metres/sq. feet)

(g) Number of Garages 2 (h) Number of parking spaces 2 214 m² 2,303 ft²

7. (a) WHAT IS THE PRESENT USE OF THE LAND/BUILDINGS? If vacant, what was the last use and when did this cease? RESIDENTIAL

(b) What buildings are being demolished? EXISTING HOUSE PLUS OUTBUILDINGS AS INDICATED ON DRAWING
If any state gross floor area (sq. metres/sq. feet) 214 m² 2,303 ft²

8. DOES THE PROPOSED DEVELOPMENT INVOLVE: (a) Construction of a new access to a highway? (b) Alteration of an existing access to a highway? (c) The felling of any trees?

State YES or NO
If YES indicate positions on plan

	Vehicular	Pedestrian	Vehicular	Pedestrian	
	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>

(d) How will surface water be disposed of? TO S.W SEWER / SOAKAWAYS AS EXISTING

(e) How will foul sewage be dealt with? TO F.W SEWER AS EXISTING

9. (a) LIST DETAILS OF EXTERNAL BUILDING MATERIALS TO BE USED IF YOU ARE SUBMITTING THEM AT THIS STAGE
PLEASE REFER TO DRAWINGS

(b) List any samples that are being submitted NONE

10. LIST ALL DRAWINGS, PLANS, CERTIFICATES, DOCUMENTS, ETC. forming part of the application.

5 COPIES OF DRAWING NO.S L967/967/LP, 06^A, 07^A, 08, 09

1 COPY OF CERTIFICATE A

11. (a) ARE ANY 'LISTED' BUILDINGS to be demolished or altered? (b) Are any non-listed buildings in a Conservation Area to be demolished?

State YES or NO NO

State YES or NO NO

12. I HEREBY APPLY for consideration of the development described on the application form(s) and shown on the accompanying plans.

~~I enclose Part 2 of the form (or applications involving Industrial, Office, Retail, Storage or Warehousing development).~~

I enclose a signed Section 66 Certificate.

I enclose four copies of the appropriate form(s) and four copies of all plans.
(Part 1, and Part 2 if appropriate)

* I enclose the fee of £ 220.00

Signed [Signature]
FOR/ ROBERT DAVIES JOHN WEST LTD

On behalf of MR & MRS K S BHANGU
(Insert Applicant's name if signed by an Agent)

Date 12-8-3

* Delete where appropriate

PLEASE ENSURE THIS FORM IS SIGNED AND DATED BEFORE SUBMITTING.

RETURN TO :- The Borough Technical Services Officer,
Runnymede Borough Council,
Civic Offices, Station Road,
Addlestone, Surrey, KT15 2AH.

planappfrm/adm/mw