

PLANNING APPLICATION FORM

Valid OFFICE USE ONLY 03 SEP 2007
Application Number:

(Part 1 - All Applications)

Please read 'NOTES FOR APPLICANTS' first

Date Received: NO 07/09/11 Date Registered: 11

1. APPLICANT (in block capitals) Name: ASHFORD & ST. PETER'S HOSPITALS NHS TRUST
 AGENT (if any) to whom correspondence should be sent (in block capitals) Name: PETER CURTIS
 Address: GUILD FORD RD. CHERTSEY SURREY Post Code: KT16 0PZ
 Address: FACILITIES DEPARTMENT ST. PETER'S HOSPITAL CHERTSEY SURREY Post Code: KT16 0PZ
 Tel. No. Home: 01932 722549 Work: 01932 722549 Contact Name: PETER CURTIS Tel. No: 01932 72 549

2(a) ADDRESS or location of application site: ST. PETER'S HOSPITAL

(b) State site area in Hectares 0.16 and Acres 0.140 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 YES 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.

PROPOSED CAR PARK TO DEMOLISHED PART OF PAMP BUILDINGS AND TO OPEN LOT BETWEEN TWO EXISTING BUILDINGS.

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) Access Appearance Landscaping

D. To renew a permission granted for a limited period only) Layout Scale

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

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

(a) Total number of dwellings (b) Type (e.g. 3 x 2 bedroom flats) (c) Total number of habitable rooms

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

(g) Number of Garages (h) Number of parking spaces m² ft²

