

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink. It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applic	ant Name and Address	2. Agent Name and Address			
Title:	First name:	Title:	MR First name: NEIL		
Last name:		Last name:	REDDICK		
Company (optional):	CENTRAL LONDON COMMERCIAL ESTATES LTD	Company (optional):	PETER TAYLOR ASSOCIATES LIMITED		
Unit:	House House suffix:	Unit:	House number: House suffix:		
House name:		House name:	THE ROLLER MILL		
Address 1:		Address 1:	MILL LANE		
Address 2:		Address 2:			
Address 3:		Address 3:			
Town:		Town:	UCKFIELD		
County:		County:	EAST SUSSEX		
Country:		Country:	ENGLAND		
Postcode:		Postcode:	TN22 SAA		

3. Site Address Details Please provide the full postal address of the application site. House	Yes No on about the advice deal with this			
Unit: House number: suffix: suffix: lif Yes, please complete the following informatic spourage given. (This will help the authority to application more efficiently). Address 2: Address 3: Town: London Lond	on about the advice deal with this			
House name: SUFFOLK HOUSE Address 1: 1-8 WHITFIELD PLACE 8 114-114 WHITFIELD ST. Address 3: Town: LONDON County: Postcode (optional): Description of location or a gild reference. (must be completed if postcode is not known): Easting: Northing: Northing: If yes, please complete the following informatic you were given. (This will help the authority to application more efficiently). Please tick fifth full contact details are not known, and then complete as much as possible officer name: CONOR WC DONAGH Reference: 2010 /5185 / P Date (DD/MM/YYY): (must be pre-application submission) Details of pre-application advice received?	deal with this			
Address 1: I-8 WHTTFLELD PLACE 8 114-116 WHTTFLED ST. Address 2: Address 3: Town: LONDON County: Postcode (optional): WIT 5JU (must be completed if postcode is not known): Easting: Northing: Northing:				
Address 3: Town: LONDON County: Coun	е: Ц			
Address 3: Town: LONDON County: Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Northing:				
Town: LONDON Reference: 2010 / 5185 / P				
County: Postcode (optional): U T SIU Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Details of pre-application advice received?				
(must be pre-application submission) Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Northing:				
Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Details of pre-application advice received?				
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Zusung.				
- III				
LJLJL				
Reference number: 2010/5185/P Date of decision: 23/12/2010 (Date must be pre-applical submission) (DD/MM/YYY) Please state the condition number(s) to which this application relates: 1. CONDITION 8 6. 2. 7.	ition Y)			
3. 8.				
4. 9.				
5. 10.				
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): (date must be presubmission)	-application			
Has the development been completed?				
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be presubmission)	-application			
	200			
Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval:				
REFER TO ATTACHED COVER LETTER.				
(7 Part Discharge Of Condition(s)				
7. Part Discharge Of Condition(s) Are you seeking to discharge only part of a condition? Yes No				
7. Part Discharge Of Condition(s) Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:				

	700000 OK						
8. Planning Application Requir Please read the following checklist to ma information required will result in your a the Local Planning Authority has been so	ake sure you have sent all t pplication being deemed i ubmitted.	nvalid. It will not be	considered valid di	I(ii aii iiiioiiiiadoii	mit all required by		
The original and 3 copies of a completed and dated application form:	☐ Th or	e original and 3 copies of other plans and drawings Information necessary to describe the subject of the application:					
The correct fee:							
9. Declaration I/we hereby apply for planning permissi- information. I/we confirm that, to the be genuine opinions of the person(s) giving	est of my/our knowledge, a	this form and the ac ny facts stated are tru	companying plans, ue and accurate and	/drawings and add d any opinions giv	litional en are the		
Signed - Applicant:		Or					
Date (DD/MM/YÝYY):				*			
18/10/2013 (date ca	nnot be pre-application)						
10. Applicant Contact Details	N.	Telephone num Country code: Country code:	ontact Details nbers National number 0 1825 7 Mobile number (68 377	Extension number:		
		Country code:	Fax number (opt	ional):] 		
		Email address (optional):				
			nred	dick@ptal	-co.uk		
12. Site Visit Can the site be seen from a public road,	public footpath bridlawa	y or other public land	17 Ves	□ No			
If the planning authority needs to make out a site visit, whom should they conta	an appointment to carry	Agent	Applicant		ferent from the icant's details)		
If Other has been selected, please provi		Telephone num	nber:				
Land Control of the C			Market Company				