



Application for a non-material amendment following a grant of planning permission.
Town and Country Planning Act 1990

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. Applicant Name and Address	2. Agent Name and Address
Title: <input type="text"/> First name: <input type="text" value="KIERAN"/>	Title: <input type="text"/> First name: <input type="text" value="HUGH"/>
Last name: <input type="text" value="MCNAMARA"/>	Last name: <input type="text" value="COAKLEY"/>
Company (optional): <input type="text" value="ESCC (ASSIST. DIRECTOR ETE)"/>	Company (optional): <input type="text" value="ESCC"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text" value="COUNTY HALL"/>	House name: <input type="text" value="COUNTY HALL"/>
Address 1: <input type="text" value="ST ANNE'S CRESCENT"/>	Address 1: <input type="text" value="ST ANNE'S CRESCENT"/>
Address 2: <input type="text"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="LEWES"/>	Town: <input type="text" value="LEWES"/>
County: <input type="text" value="EAST SUSSEX"/>	County: <input type="text" value="EAST SUSSEX"/>
Country: <input type="text" value="UNITED KINGDOM"/>	Country: <input type="text" value="UNITED KINGDOM"/>
Postcode: <input type="text" value="BN7 1UE"/>	Postcode: <input type="text" value="BN7 1UE"/>

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:					
Address 1:	A259 BELLE HILL				
Address 2:	BEXHILL-ON-SEA TO				
Address 3:	B2092 QUEENSWAY				
Town:	ST LEONARDS-ON-SEA				
County:	EAST SUSSEX				
Postcode (optional):					
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:
SARAH ILES

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission) 09/05/2012

Details of pre-application advice received?
MEETINGS WERE HELD WITH ESCC PLANNERS BETWEEN JANUARY 2010 AND SEPTEMBER 2012 (4/1/10, 21/11/10, 4/2/10, 25/2/10, 18/3/10, 1/4/10, 21/4/10, 26/5/10, 13/4/12, 9/5/12, 29/5/12, 5/7/12, 9/8/12, 12/9/12).

5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates? Yes No

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you are not the sole owner, has notification under article 9 of the DMPO been given? Yes No Not applicable

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification
	SEE ATTACHED SCHEDULE OF OWNERS NOTIFIED	26/11/2012

6. Authority Employee / Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

Yes No

If yes please provide details of the name, relationship and role

ASSISTANT DIRECTOR ENVIRONMENT, ECONOMY - TRANSPORT & ENVIRONMENT EAST SUSSEX COUNTY COUNCIL

7. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please provide the original application type:

CONSTRUCTION OF A NEW ROAD, INCLUDING ENVIRONMENTAL TREATMENT WITH EARTHWORKS, PLANTING, FLOOD AND NOISE ATTENUATION, WILDLIFE COMPENSATION AND FACILITIES FOR NON-MOTORISED USERS.

Reference number:

RR/2474/CC (EIA)

Date of decision (DD/MM/YYYY):

29/07/2009

What was the original application type?
(e.g. 'Full', 'Householder and listed building', 'Outline')

FULL PLANNING APPLICATION

For the purpose of calculating fees, which of the following best describes the original application type?

Householder development: development to an existing dwelling-house or development within its curtilage

Other: anything not covered by the above category

8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

SUBMISSION OF FLOOD RISK UPDATE SUPPLEMENT TO "BEXHILL TO HASTINGS LINK ROAD FLOOD RISK ASSESSMENT, APRIL 2008"

S1 AND 1A- VOLUME OF FLOOD STORAGE AT EGERTON STREAM REDUCED FOLLOWING REVISED FLOOD MODELING AND AGREEMENT WITH THE ENVIRONMENT AGENCY. TOGETHER WITH THE ELIMINATION OF THE PROPOSED EGERTON FLOOD STORAGE TANK AND PUMPING STATION - TO USE OPEN CHANNELS (SURFACE STORAGE) AND OVERSIZED PIPES IN LIEU OF EGERTON STORAGE TANK.

H23- REDUCTION OF THE VERGE WIDTH FROM 3.5M TO 2.5M BETWEEN BELLE HILL AND GLOVERS FARM.

Are you intending to substitute amended plans or drawings?

Yes No

If Yes, please complete the following:

Old plan/drawing number(s):

208/31/3, 208/31/5 AND 208/31/11

New plan/drawing number(s):

B1297000/PH2/0100.01A/0040, 0042 and 0046

Please state why you wish to make this amendment:

AMENDMENTS ARE PROPOSED DUE TO DESIGN DEVELOPMENT IN ORDER TO PROVIDE BEST VALUE WHILST MAINTAINING THE FUNCTION AND USE OF THE FACILITY.

9. 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 has been submitted.

The original and 3 copies of a completed and dated application form:

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

The correct fee:

10. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

[Redacted Signature]

Or signed - Agent:

H COAKLEY

Date (DD/MM/YYYY):

11/12/12

11. Applicant Contact Details

Telephone numbers

Country code: +44 National number: 03456 080190 Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional): [Redacted]

12. Agent Contact Details

Telephone numbers

Country code: +44 National number: [Redacted] Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional): [Redacted]

13. 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: HUGH COAKLEY

Telephone number: [Redacted]

Email address: [Redacted]