

For Official Use Only				
Receipt				
Date				
Amount				

Sevenoaks District Council Council Offices Argyle Road Sevenoaks Kent TN13 1HG

Tel: 01732 227000

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of applications on planning authority websites.

Fawkham Manor Hospital

1. Site Address

Property name

Number

Suffix

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.

Address line 1	Manor Lane				
Address line 2					
Address line 3					
Town/city	Fawkham				
Postcode	DA3 8ND				
Description of site locat	ion must be completed if postcode is not known:				
Easting (x)	559214				
Northing (y)	166241				
Description	Description				
2. Applicant Detai	ls				
Title					
First name					
Surname	Fawkham 21 Limited				
Company name					
Address line 1	c/o Jaspar Management Ltd				
Address line 2	15-19 Church Road				
Address line 3					
Town/city	Stanmore				
Planning Portal Paference: PP-10266840					

2. Applicant Details							
Country	United Kingdom						
Postcode	HA7 4AR						
Are you an agent acting	g on behalf of the applicant?	Yes No					
Primary number							
Secondary number							
Fax number							
Email address							
3. Agent Details							
Title	Ms						
First name	L						
Surname	Hirst						
Company name	Jaspar Management Ltd						
Address line 1	15-19 Church Road						
Address line 2	Stanmore						
Address line 3							
Town/city							
Country							
Postcode	HA7 4AR						
Primary number							
Secondary number							
Fax number							
Email							
4. Description of t	he Proposal						
Please provide a descr	iption of the approved development as shown on the dec	sision letter					
Partial redevelopment and conversion of the former Fawkham Manor Hospital for residential (C3 Use), including self-contained houses and apartments. Including demolition of modern hospital wings and outbuildings. Associated landscaping, erection of ancillary outbuildings, including bin and bike stores.							
Reference number							
21/00695/FUL							
Date of decision (date must be pre- application submission)	21/08/2021						
Please state the condition number(s) to which this application relates							
Condition number(s)							
8							

4. Description of	the Proposal					
Has the development a	already started?	© Ye	es No			
5. Part Discharge	of Conditions					
Are you seeking to disc	charge only part of a condition?	○ Ye	es • No			
6 Discharge of C	anditions					
6. Discharge of C	onunions					
Please provide a full de	escription and/or list of the materials/details that are being	submitted for approval				
ELECTRIC CAR CHAP	RGING INSTALLATION PLAN					
7. Site Visit						
Can the site be seen fr	om a public road, public footpath, bridleway or other publ	ic land?	es No			
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? The agent The applicant Other person						
8. Pre-application	Advice					
Has assistance or prior	Has assistance or prior advice been sought from the local authority about this application?					
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.						
Date (cannot be pre- application)	01/10/2021					