

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 locati	on must be completed if postcode is not known:	
Easting (x)	559214	
Northing (y)	166241	
Description		
2. Applicant Detai	ls	
2. Applicant Detai	Is	
	Is	
Title	Fawkham 21 Limited	
Title First name		
Title First name Surname		
Title  First name  Surname  Company name	Fawkham 21 Limited	
Title  First name  Surname  Company name  Address line 1	Fawkham 21 Limited  c/o Jaspar Management Ltd	
Title  First name  Surname  Company name  Address line 1  Address line 2	Fawkham 21 Limited  c/o Jaspar Management Ltd	
Title  First name  Surname  Company name  Address line 1  Address line 2  Address line 3	Fawkham 21 Limited  c/o Jaspar Management Ltd  15-19 Church Road	

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	the Proposal							
Please provide a descr	iption of the approved development as shown on the dec	sision letter						
Partial redevelopment a Including demolition of	and conversion of the former Fawkham Manor Hospital former modern hospital wings and outbuildings. Associated land	or residential (C3 Use), including self-contained houses and apartments. dscaping, 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)								
13								

4. Description of the Proposal							
Has the development a	already started?	(	Yes	No			
5. Part Discharge	of Conditions						
Are you seeking to disc	charge only part of a condition?	(	Yes	No			
	•••						
6. Discharge of C	onditions						
Please provide a full de	escription and/or list of the materials/details that are being	submitted for approval					
AMS							
7. Site Visit							
Can the site be seen fr	om a public road, public footpath, bridleway or other publ	ic land?	⊇ Yes	No     No			
If the planning authority	y needs to make an appointment to carry out a site visit, v	whom should they contact?					
The agent	,,	,					
The applicant							
Other person							
8. Pre-application	Advice						
		anliantian 2					
has assistance or prior	radvice been sought from the local authority about this a	oplication?	Yes	⊚ No			
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 preapplication)	01/10/2021						
,, ,							