

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 location must be completed if postcode is not known:								
Easting (x)	559214							
Northing (y)	166241							
Description	Description							
2. Applicant Deta	ils							
Title								
Title First name								
	Fawkham 21 Limited							
First name	Fawkham 21 Limited							
First name Surname	Fawkham 21 Limited c/o Jaspar Management Ltd							
First name Surname Company name								
First name Surname Company name Address line 1	c/o Jaspar Management Ltd							
First name Surname Company name Address line 1 Address line 2	c/o Jaspar Management Ltd							
First name Surname Company name Address line 1 Address line 2 Address line 3	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	cision 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)								
14								

4. Description of the Proposal							
Has the development a	llready started?	0	Yes ⊚ No				
5. Part Discharge	of Conditions						
Are you seeking to disc	charge only part of a condition?	0	Yes No				
6. Discharge of Co	onditions escription and/or list of the materials/details that are being	a submitted for approval					
i lease provide a full de	escription and/or list of the materials/details that are being	g submitted for approval					
Hard and soft landscap	ing plan						
7. Site Visit							
Can the site be seen from	om a public road, public footpath, bridleway or other publ	ic land?	Yes No				
If the planning authority The agent The applicant Other person	□ The applicant						
8. Pre-application	Advice						
Has assistance or prior	advice been sought from the local authority about this a	oplication?	Yes ® No				
9. Declaration							
	lanning permission/consent as described in this form and our knowledge, any facts stated are true and accurate an						
Date (cannot be pre- application)	01/10/2021						