

For Official Use Only	
Receipt	<input type="text"/>
Date	<input type="text"/>
Amount	<input type="text"/>

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.

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.

1. Site Address

Number	<input type="text"/>
Suffix	<input type="text"/>
Property name	Fawkham Manor Hospital
Address line 1	Manor Lane
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
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	<input type="text"/>

2. Applicant Details

Title	<input type="text"/>
First name	<input type="text"/>
Surname	Fawkham 21 Limited
Company name	<input type="text"/>
Address line 1	c/o Jasper Management Ltd
Address line 2	15-19 Church Road
Address line 3	<input type="text"/>
Town/city	Stanmore

2. Applicant Details

Country	<input type="text" value="United Kingdom"/>
Postcode	<input type="text" value="HA7 4AR"/>
Are you an agent acting on behalf of the applicant?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Primary number	<input type="text"/>
Secondary number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

3. Agent Details

Title	<input type="text" value="Ms"/>
First name	<input type="text" value="L"/>
Surname	<input type="text" value="Hirst"/>
Company name	<input type="text" value="Jaspar Management Ltd"/>
Address line 1	<input type="text" value="15-19 Church Road"/>
Address line 2	<input type="text" value="Stanmore"/>
Address line 3	<input type="text"/>
Town/city	<input type="text"/>
Country	<input type="text"/>
Postcode	<input type="text" value="HA7 4AR"/>
Primary number	<input type="text"/>
Secondary number	<input type="text"/>
Fax number	<input type="text"/>
Email	<input type="text"/>

4. Description of the Proposal

Please provide a description of the approved development as shown on the decision 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
21/00696/LBCALT

Date of decision (date must be pre-application submission)

Please state the condition number(s) to which this application relates

Condition number(s)

25, 26 of 21/00695/FUL
3, 4 of 21/00696/LBCALT

4. Description of the Proposal

Has the development already started?

Yes No

5. Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

Yes No

6. Discharge of Conditions

Please provide a full description and/or list of the materials/details that are being submitted for approval

Window details

7. 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?

- The agent
- The applicant
- Other person

8. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

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 pre-application)

04/10/2021