



INSTRUCTION FORM TO LEGAL SERVICES IN RELATION TO THE DISCHARGE OF THE ASHDOWN FOREST SPECIAL PROTECTION AREA (SPA) PLANNING CONDITION

Please complete this form and submit it to the District Council along with your application for approval of details reserved by the SPA planning condition.

If you have any queries relating to the mitigation your development proposal would attract please contact 01444 477566.

It is important that you complete the form fully, correctly and accurately as this template will form the instructions for the District Council's Legal Services to draft the appropriate legal documentation and incorrect and/or incomplete information will delay this being issued. Please complete sections 1 to 4. The planning case officer will complete sections 5 to 7 (as appropriate) once the application has been received.

A scheme for the mitigation of the effects of the development on the SPA shall either make provision for the delivery of a bespoke Suitable Alternative Natural Greenspace (SANG) or make provision for the payment of an appropriate financial sum towards the maintenance and operation of a SANG leased and operated by the Local Planning Authority. The achievement of a SANG is likely to be through the mechanism of a Planning Obligation under Section 106 of the Town and Country Planning Act 1990 as amended. The second is to enter a form of agreement with the Local Planning Authority pursuant to Section 1 of the Localism Act 2011 in relation to the payment of an appropriate financial sum towards the District Council's existing SANG by way of mitigation.

YOU ARE ADVISED TO SEEK INDEPENDENT LEGAL ADVICE BEFORE ENTERING ANY PLANNING OBLIGATION OR DEED.

Please note that the District Council will expect its reasonable legal costs* to be met (whether or not the matter proceeds to completion).

(*A Solicitor's Undertaking may be sought by legal services at the outset of the matter.)

1. Location of proposed development (Address and Postcode of the site)

If there is **no** postal address, please give a clear and accurate description of the site location.

2. Title number

If the land is registered at the Land Registry the District Council will require up to date Official Copies of the Register of Title and Title Plan. Please provide the Official Copies with this form. If the land is not registered at the Land Registry, please state 'Unregistered'.

3. Planning Permission Reference and description of proposal

Please provide an accurate, detailed description of the proposed development (including bedroom numbers).

4. Name and address of legal representative

Complete if you have appointed or intend to appoint someone to act on your behalf in connection with this matter.

Name:

Address:

Tel:

E-mail:

DX:

Sections 1 to 4 completed by (insert full name):

Signed:

Date:

5. Instruction details

For internal use only – planning case officer to complete sections 5 to 7.

PLEASE PROVIDE LEGAL SERVICES WITH A COPY OF THE APPLICATION TO DISCHARGE THE SPA PLANNING CONDITION, A COPY OF THE RELEVANT PLANNING DECISION NOTICE AND A RED LINE PLAN OF THE SITE.

Instructing officer:	<input type="text"/>
Date of validation:	<input type="text"/>
Date of instruction:	<input type="text"/>
Target decision date:	<input type="text"/>
Planning application number:	<input type="text"/>

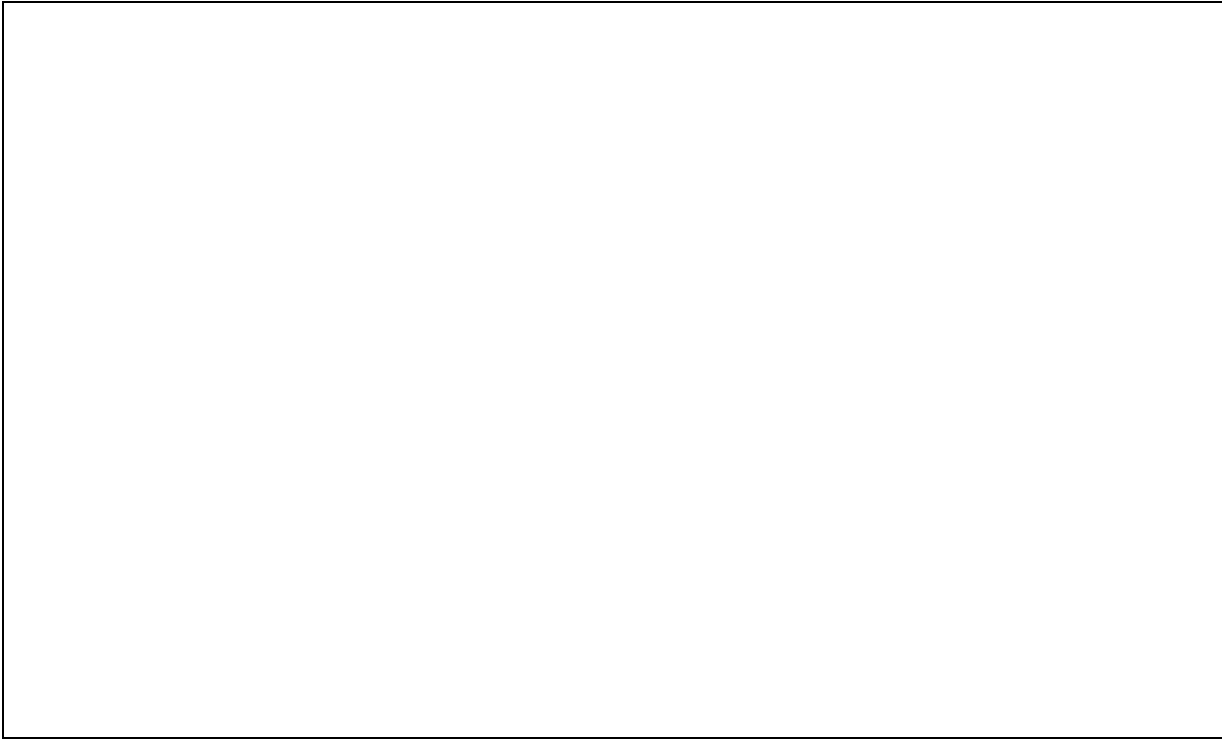
6. Form of Mitigation

For internal use only – planning case officer to complete and provide details of the mitigation. Officers should make it clear where further instructions will follow.

Suitable Alternative Natural Greenspace (SANG)	Tick (as applicable)/ comments	If applicable, specify the level of financial contribution
Financial contribution towards SANG		
On-site SANG*		

*Note: if a SANG is proposed, a Habitats Regulations Assessment will need to be undertaken and full instructions will need to be provided including identification by reference to a plan(s) of the extent of the SANG and the maintenance and management arrangements. Additional space is provided in panel 7.

7. SANG (ADDITIONAL SPACE WHERE BESPOKE SANG IS TO BE PROVIDED)



Case Officer:

Signature of authorised officer on behalf of Mid Sussex District Council:

Print full name of authorised officer:

Date: