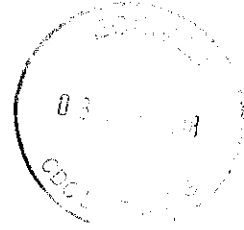


FORM: L49

Case Reference Number: 13/00349/LAPRE



Chichester District Council



**Representation Form – Licensing Act 2003**

This Licensing Authority has developed this form to assist those wishing to submit a representation in relation to applications associated with Premises Licences or Club Premises Certificates under the Licensing Act 2003.

If you are completing the form by hand, please write legibly in block capitals and in black ink. You may wish to keep a copy of the completed form for your records and be sure that it is received by us prior to the appropriate closing date.

Please be aware that names and addresses of all parties making a representation will be made publicly available. In addition you may be asked to attend a committee hearing in order that the application can be determined.

It is possible to submit the completed form by either of the following methods:

Email to: [licensing@chichester.gov.uk](mailto:licensing@chichester.gov.uk)

Post to: Licensing Team, Housing & Environment Services, Chichester District Council, East Pallant House, 1 East Pallant, Chichester, West Sussex, PO19 1TY

I/we Brian and Anne Dean wish to make a representation in relation to the new/~~variation~~ Premises Licence/~~Club Premises Certificate~~ (*delete as appropriate*) application that has been submitted in respect of the premises described in Part 1 below.

**Part 1 – Details of premises or club premises**

Address of premises/club premises, or if none, ordnance survey map reference or description

East Walls Limited, East Walls Hotel, 3 East Row, Chichester, PO19 1PD

Applicant name (if known)

Emily Muncey - Manager of East Walls Hotel

Application number (if known)

13/00349/LAPRE

**Part 2 – Details of person(s) making representation**

Name(s) Mr Brian Dean	} 6, EAST WALLS CLOSE
Mrs Anne Dean	

**Part 3 – Details of representation**

This representation relates to the following licensing objective(s)

Please tick one or more boxes ✓

The prevention of crime and disorder

Public safety

The prevention of public nuisance

The protection of children from harm

X

Please state the ground(s) for making the representation

**(a) The prevention of crime and disorder**

*(Handwritten mark)*

**(c) The prevention of public nuisance**

It is unclear why the applicants have requested the sale of alcohol on the premises for 24 hours a day, 7 days a week. This is inconsistent with their subsequent request to limit the sale of alcohol to the general public to the hours of 11.00 to 18.00 and to the hotel guests to the hours of 11.00 to 23.00.

The bedrooms of our property, in common with our neighbours, overlook the garden of the East Walls Hotel.

The applicants have not answered section M (d) satisfactorily. They simply re-state the bar opening hours for both hotel guests and the general public. They should be required to state the precise actions that they will take to avoid late night noise and light pollution which could disturb the otherwise quiet location as described by the police in their letter to the council dated 15<sup>th</sup> August 2018.

Similarly to the request by the chairman of our local residents association (Mrs Joanna Lewis), we request that the Council should add the following conditions to any license granted to the applicants.

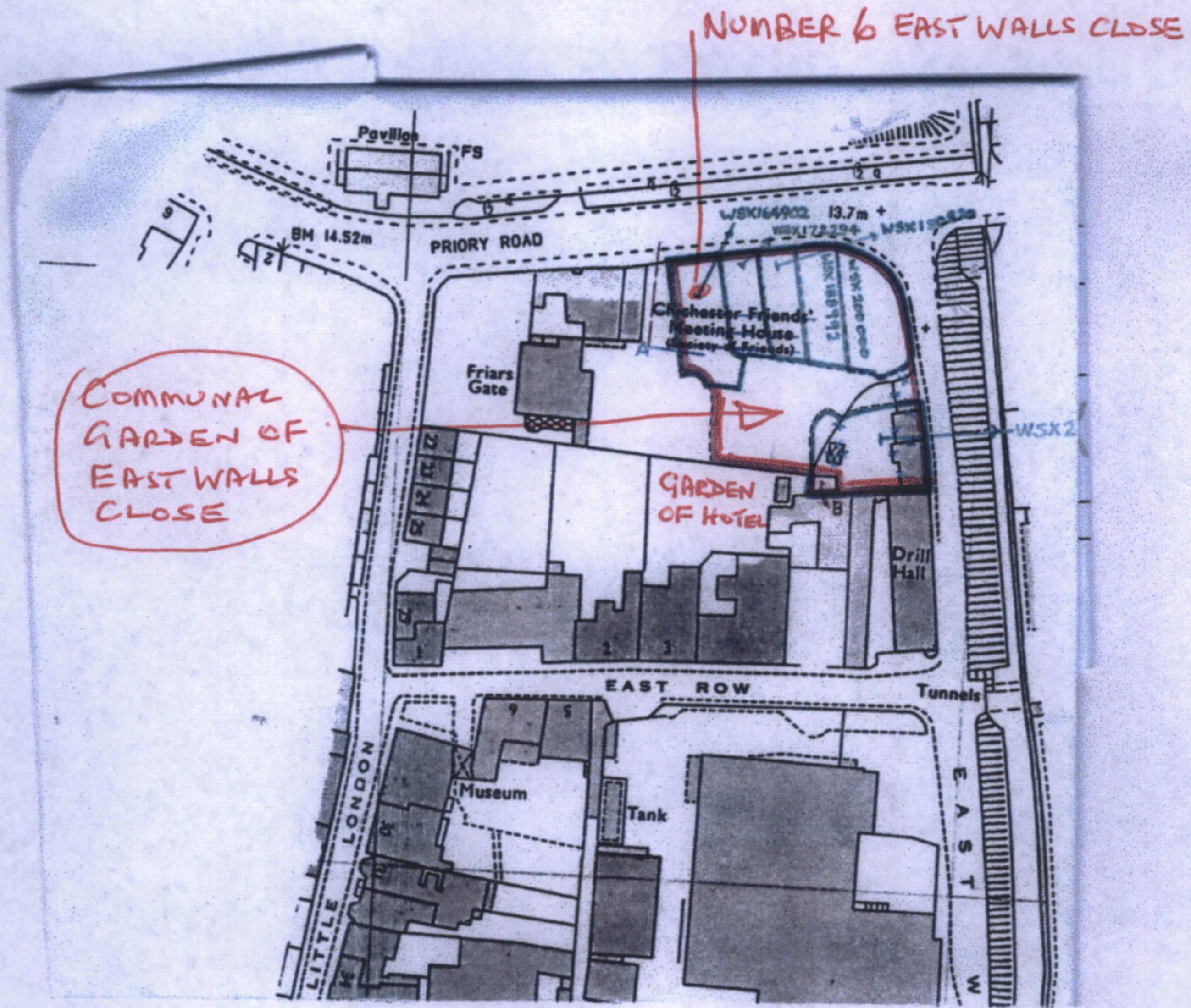
1. All doors and windows in public rooms must be kept closed after 21.00 to contain any noise inside the hotel.
2. Signs should be displayed in the hotel reminding customers that the hotel is in a quiet residential area and that noise should be kept to a minimum.
3. Any outside lighting should be reduced to a minimum after 21.00 to ensure no light pollution to the residents of East Walls Close.



Please provide any additional information to support this application

The jointly owned common area belonging to the residents of East Walls Close is registered at the HM Land Registry as number WSX111863. (EDGED IN RED)

The plan below shows that this area abuts the garden of East Walls Hotel, 3 East Row.





### Part 3 – Signatures

*Declaration*

*I/we* certify that the information contained within this form is correct to the best of ~~my~~/our knowledge.

Signature:



Signature:



Name: Brian G Dean

Name: Mrs Anne C Dean

Date: 3<sup>rd</sup> September 2018

Date: 3<sup>rd</sup> September 2018

*Useful contact details:*

Tel: 01243 534740

Fax: 01243 776766

Email: [licensing@chichester.gov.uk](mailto:licensing@chichester.gov.uk)

Web: <http://www.chichester.gov.uk/licensing>