



Variation Premises Licence - Representation

Reference: 8994-8785-7714-0311

Details of premises or club premises

Premises address

Address / location	Summerdown Medmerry Selsey West Sussex PO20 9BJ
Easting	483871
Northing	93667
Applicant name (if known)	Cove Communities
Application number (if known)	21/00207/LAPREI

Details of person making representation

Title	Mrs
First name	Lynne
Last name	Johnson
Address	
Address line 1	Summer Dawn
Address line 2	Medmerry
Street	
Locality	
Town	Selsey
County	West Sussex
Postcode	PO20 9BJ

Telephone number 07836 667088
Alternative telephone number
Email address Lynne@gajohnson.co.uk
Correspondence Address (if different to the above)
Address line 1
Address line 2
Street
Locality
Town
County
Postcode

If there are additional persons making representation please add them here

Name	Address
Graham Johnson	Summer Dawn Medmerry Selsey PO20 9BJ

Representation details

This representation relates to the following licensing objective(s) The prevention of public nuisance

Please state the ground(s) for making the representation

The proposal to extend licensing hours represents a serious nuisance to us as residents adjacent to the West Sands complex. During the season people exiting the premises create a disturbing level of noise but this has been limited to occasional weekends up to 1.00 am which is acceptable. The same level of noise into the early hours 6 days a week will make restful sleep impossible. I work from home and being woken by noisy drunks 6 days a week will make it impossible to do my job and earn a living. We checked noise levels before buying our property and would never have moved here if these licensing hours had been in place at that time, Late night opening should be possible at other site venues where there is no mixing with private residential neighbours and any hours extensions should be restricted to those areas and not allowed at the west sands complex.

Please provide
any additional
information to
support this
representation

Supporting evidence

Declaration

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

Confirmed

Name

Lynne
Johnson

Date

06/03
/2021