FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No: H01/1274/97

Date Registered: 05 DEC 1997

NAME AND ADDRESS OF APPLICANT

G.S. BARKER
92 BARKER BANK
CONDIT
SPALDING LINCS
PE12 6AQ

Tel No: 01406 380949

NAME AND ADDRESS OF AGENT

(If name completed by agent)

Tel No:

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS ABOVE

DESCRIPTION OF PROPOSED DEVELOPMENT

3-BAY POLYTHENE CLAD GREENHOUSE

R Barker

Date: 3/12/97

£30.00

INDUSTRIAL, WAREHOUSING, OFFICES OR SHOPS Please complete if appropriate

Please tick one box and complete S.F. answers

1. The proposal does not involve any new floorspace
2. The proposal involves the creation of new floorspace. Please complete the following questions

Total gross floorspace: sq. m

Use Class: Sales/Retail space: sq. m

Warehousing: sq. m

	Production staff	Other staff

If yes, you may need to apply for Hazardous Substances Consent

A 3-BAY POLYTHENE CLAD GREENHOUSE FOR THE PRODUCTION OF CONTAINERISED GARDEN PLANTS.

TYPE OF DEVELOPMENT

3 2 Please state whether the proposed involves

(a) Residential

(b) Other (e.g. industrial)

(c) Mixed residential and other

(d) Change of use

Please tick as appropriate

3 Please state site area in all cases)

If new dwellings are proposed, please state the number of dwellings to be created

Please state gross floor space of any new development (please state whether metric or imperial)

(a) Existing

(b) Proposed

(c) Total

Please state type and colour of external materials for any new buildings

Please state type and colour of roofing materials

Does the proposal involve the felling of trees?

3

46.0.8

3.4

2.4

19.2.

NO

GENERAL INFORMATION

Please tick as appropriate

Site Area

HORTICULTURE

ACCESS TO PUBLIC HIGHWAY FOR VEHICULAR AND PEDESTRIAN

Please tick one box

ROOF STORM WATER TO BE COLLECTED IN A STORAGE TANK FOR IRRIGATION PURPOSES

PLEASE COMPLETE IN ALL CASES

If yes please give details on a separate sheet

If yes please tick box

ANY OTHER INFORMATION

Please give any other relevant information in support of your application

OWNER'S AFFIDAVIT
CERTIFICATE B

PLEASE COMPLETE ALL THREE SECTIONS.

OWNER

Date 3/12/97

Date 3/12/97