SOUTH HOLLAND DISTRICT COUNCIL

H03-0162-11

- 1 MAR 2011

FILE COPY

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Please complete using block capitals and black ink.
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address					
Title:	MR	First name:	ROBERT		
Last name:	VANN				
Company (optional):	N/A				
Unit:		House number:	14	House suffix:	
House name:					
Address 1:	FALLOW FIELDS				
Address 2:	DEEPING ST NICHOLAS				
Address 3:					
Town:	SPALDING				
County:	LINCOLNSHIRE				
Country:	ENGLAND				
Postcode:	PE11 3TL				

2. Agent Name and Address					
Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: | House suffix:

House name: ORCHARD BUNGALOW

Address 1: MAIN ROAD

Address 2: DEEPING ST NICHOLAS

Address 3:

Town: SPALDING

County: LINCOLNSHIRE

Postcode (optional): PE11 3EN

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: | Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☑ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name: MR C CREW

Reference: NONE GIVEN

Date (DD/MM/YYYY): 28/01/2011
(must be pre-application submission)

Details of pre-application advice received? 2 COPIES ONLY

ISSUES THAT HAVE BEEN ADVISED AND APPROVED BY THE FULL PLANNING APPLICATION e.g. SEWAGE DISPOSAL METHOD DO NOT NEED TO BE SUPPLIED AGAIN. PHYSICAL SAMPLES ARE NOT TO BE SUPPLIED.

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

ERECTION OF DETACHED HOUSE AND GARAGE (OUTLINE APPLICATION H03-0486-09)

Reference number: H03-0966-10 Date of decision: 11/01/2011 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	2(i) LAYOUT, SCALE & EXTERNAL APPEARANCE + SCHEDULE OF EXTERNAL MATERIALS	6.	—
2.	2(iii) THE LANDSCAPING OF THE SITE	7.	—
3.	2(v) PROPOSED SITE LEVELS, FLOOR LEVELS & HARD STANDING.	8.	—
4.	2(iv) SEWAGE DISPOSAL AND SURFACE WATER DISPOSAL	9.	—
5.	—	10.	—

Has the development already started? ☐ Yes ☒ No

If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)

Has the development been completed? ☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Discharge Of Condition

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

PLEASE SEE INFORMATION SUPPLIED WITHIN THE FILE

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☐ Yes ☒ No

If Yes, please indicate which part of the condition your application relates to:

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

2 copies of a completed and dated application form: ☒
confirmed 2 copies 16/2/11

2 copies of other plans and drawings or information necessary to describe the subject of the application: ☒
confirmed 2 copies 16/2/11

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant: Robert D. Vann

Or signed - Agent:

Date (DD/MM/YYYY): 24/02/2011 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
–	01775 631897	–

Country code: Mobile number (optional): 0794 118 4653.

Country code: Fax number (optional): –

Email address (optional): robert.vann@live.co.uk

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. 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? *(Please select only one)* ☐ Agent ☒ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: Telephone number:

Email address: