FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. 1H04/0447/03

Date Registered 16 APR 2003

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

SWINESHEAD MEDICAL GROUP
THE SURGERY
CHURCH LANE
SWINESHEAD, BOSTON, PE203JA

Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)

JAMES TOTTY PARTNERSHIP
38 WILKINSON STREET
SHEFFIELD S10 2GB

Tel. No. 01142700208
(Personal contact name) MR G. NORMINGTON

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

CHURCH STREET, DONNINGTON, LINCOLNSHIRE

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

DEMOLITION OF EXISTING SURGERY AND ERRECTION OF 5 No DETACHED HOUSES

PAID £1100 :-
* REFUND OF £660 DUE FROM SOUTH HOLLAND

Please complete

I attach * Four copies of all plans
*an ownership certificate (see back page)
*a fee of £440 If you consider no fee is payable include a written explanation instead.

Signed G. Normington Date 15.4.03

Previous application No:

Please tick **one** box and answer the extra questions under that section.

2. **TYPE OF APPLICATION**

(✓)

This is a **full** application for change of use and/or new building works [ ] → **Now complete Parts 3, 4 and 5 and an Ownership Certificate**

or This is an **outline** application [✓]

Please state Site Area 1980 (~~Hectares~~) M^2

Please tick **any** box where you are including details which you wish to be considered as part of this application.

Siting [ ] Design [ ] External Appearance [ ]

Means of Access [ ] Landscaping [ ]

Now complete Parts 3 and 5 and an Ownership Certificate.

or This is a **reserved matters** application. [ ]

A. Please state Reference Number of outline permission.
B. Please state which reserved matters are dealt with in this application.

Now complete Part 4 only

or This is an application for **renewal** of temporary permission or **continuation** without complying with planning condition. [ ]

A. Please state Reference Number of previous permission
B. Please state Condition Number referred to

Now complete an Ownership Certificate

or This is an application for **modification** of a condition on a planning permission which has not yet been implemented. [ ]

A. Please state Reference Number of previous permission
B. Please state Condition Number referred to
C. Please state variation required

Now complete an Ownership Certificate

TYPE OF DEVELOPMENT

3. A. Please state whether the proposal involves:- (Tick one or more boxes)

(i) New building(s)	✓
(ii) Alterations or extension	
(iii) Change of use	✓

B. If new dwellings are proposed, please state how many: 5 NO DWELLINGS

4. A. If building works are proposed, other than residential, please state extra floorspace to be created: sq. metres

B. Please state size of any new structure:- (a) max. height: metres

(b) max. length: metres

(c) max. width: metres

C. Please state type and colour of materials for facing external walls:

D. Please state type and colour of roofing materials.

5. GENERAL INFORMATION Please complete each section

EXISTING USES
Please state existing or, if vacant, the last use(s) of site.

DOCTORS SURGERY

ACCESS TO ROADS (VEHICULAR AND PEDESTRIAN) Please tick **one** box

A. There will be **no** new access to a public road and **no** alteration to any existing access to a public road ✓

or

B. There will be a new or altered access to a public road → If so, name of road:
Will there be --
Individual access(es)
New estate road

C. What provision will be made for garages or parking within the site?

TREES Please tick **one** box

A. The proposal does **not** involve the felling of any trees ✓

B. The proposal does involve the felling of one of more trees → If so, please show details on plans

DRAINAGE Please complete

A. Please state how surface water will be disposed of: TO EXISTING SYSTEM

B. For estate developments, please state how highway surface water will be disposed of

C. Please state whether a land drain will be affected: NO

D. Foul sewerage will be disposed of to:

Mains sewer ✓ Cesspool Septic tank

OTHER MATTERS Please complete

	State Yes or No	
The proposal is in connection with agriculture	No	→ If so, **please give details in Part 6**
The proposal affects a listed building	No	
The proposal affects a public footpath	No	
The proposal is known to affect contaminated or filled land	No	
The proposal is for industrial, warehousing, offices or shopping purposes	No	→ If so, **please complete Part 7**
In cases where a statutory consultation will be required, please state whether you have sent a copy of the application to the consultee yourself. If yes, please give date sent.	No	→ Date: Consultee(s):

6. ANY OTHER INFORMATION Please add any details you wish in support of your application.

Continue on separate sheet if necessary.

OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIONS.

Use the notice at the bottom of the page only when necessary.

1. **APPLICANT'S INTEREST**
Please state interest (e.g. owner, prospective purchaser)

2. **OWNERSHIP OF THE SITE**

This certificate is to make sure that the owners of land are aware of applications made on it.

If the applicant is the **sole owner of the whole site,** complete **Certificate A.**
In **any other case** (i.e. if the applicant is a prospective purchaser, or a tenant, or a joint owner, or the sole owner of only part of the site) then you must give notice to all other owners, and complete **Certificate B.** You can use the notice at the bottom of the form to send to the owner. (An "owner" is a person having a freehold interest, or having a leasehold interest where seven years or more remains unexpired). If you are unable to trace the owner, please contact the Planning Office as a different certificate will be required.

Certificate A Nobody except the applicant was an owner of any part of the land to which the application relates at the beginning of the period of 21 days ending with the date of the accompanying application.

Signed G. Norrington ~~Applicant~~/Agent) Date 15/4/03

Certificate B The applicant has given the required notice to everyone else who were owners of any part of the land to which the application relates at the beginning of the period of 21 days ending with the date of the accompanying application.

State Name and address of owner: State Date notice served:

Signed ..... (Applicant/Agent) Date .....

3. **AGRICULTURAL HOLDINGS CERTIFICATE**

If the land is not in agricultural use, complete Certificate 1.
If the land is agricultural, but there is no agricultural tenant, complete Certificate 1.
If the site does relate to an agricultural holding, you must give notice to any tenant, and complete Certificate 2. (You can use the notice at the bottom of the form to send to the tenant). If you are the sole agricultural tenant yourself, sign certificate 2 but insert 'not applicable' in the tenant details.

Certificate 1 None of the land to which the application relates is or is part of any agricultural holding.

Signed G. Norrington ~~Applicant~~/Agent) Date 15/4/03

Certificate 2 The applicant has given the required notice to every other person who, at the beginning of the period of 21 days ending with the date of the application, was a tenant of an agricultural holding on all or part of the land to which the application relates.

State Name and address of tenant: State Date notice served:

Signed ..... (Applicant/Agent) Date .....

NOTICE UNDER SECTION 27 OF TOWN AND COUNTRY PLANNING ACT 1971

TO BE COMPLETED BY APPLICANT OR HIS AGENT

Proposed development at

Take notice that application is being made to South Holland District Council by

for planning permission for

If you should wish to make representations about the application, you should make them in writing within 21 days from the date of service of this notice, to Chief Executive, South Holland District Council, Priory Road, Spalding, Lincolnshire.

Signed ..... Date .....

7. INDUSTRIAL, WAREHOUSING, OFFICES OR SHOPS Please complete

F se tick **one** box and complete B if necessary

A. The proposal does not involve any alteration in existing floorspace ☐

B. The proposal involves the creation of or an alteration in total **gross** floorspace ☐

Proposed total gross floorspace ____ sq. m. Previous total gross floorspace ____ sq. m.

This new total includes the following net floorspace:

Retail ____ sq. m. Office ____ sq. m. Industrial ____ sq. m. Warehousing ____ sq. m.

Other ____ sq. m. ➡ If so, please state use:

	Office staff	Industrial staff	Other staff
How many office, industrial and other staff will be employed on the site as a result of the development proposed? If you have existing premises on the site, how many of the employees will be new staff?			
If you propose to transfer staff from other premises please give details of the numbers involved and of the premises affected.			
In the case of industrial development, give a description of the processess to be carried out and of the end products, and the type of plant or machinery to be installed			
If the proposal forms a stage of a larger scheme for which planning permission is not at present sought, please give what information you can about the ultimate development			
Is the proposal related to an existing use on or near the site?	State Yes or No ☐		
If so, please explain the relationship			
Is this a proposal to replace existing premises in this area or elsewhere which have become obsolete, inadequate or otherwise unsatisfactory?	State Yes or No ☐		
If so, please give details including gross floor area of such premises and state your intentions in respect of those premises			
What provisions have been made for the parking, loading and unloading of vehicles within the curtilage of the site? (Please show the location of such provision on the plans and distinguish between parking for operational needs and other purposes)			
What is the estimated vehicular traffic flow to the site during a normal working day? (Please include all vehicles except those used by individual employees driving to work)			
What is the nature, volume and proposed means of disposal of any trade effluents or trade refuse?			
Will the proposed use involve the use of storage of any hazardous materials?	State Yes or No ☐		
What provision is being made for access to the premises for the disabled?			