If you would rather make this application online, you can do so on our website:
https://www.planningportal.co.uk/apply

HOS-04-10-22

Application for Outline Planning Permission with all matters reserved.
Town and Country Planning Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. / subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory an commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:

SOUTH HOLLAND DISTRICT COUNCIL

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you requ any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address		2. Agent Name and Address	
Title:	MR	Title:	MR
First name:	NICHOLAS	First name:	BRIAN
Last name:	GEELINGS.	Last name:	GILHAM
Company (optional):		Company (optional):	STATUS DESIGN
Unit:		Unit:	
House number:		House number:	2
House suffix:		House suffix:	
House name:	THE GABLES NURSERY.	House name:	
Address 1:	NEW FEN DROVE	Address 1:	EDINBURGH WALK.
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	GEDNEY HILL	Town:	HOLBEACH
County:	LINCS	County:	LINCS
Country:		Country:	
Postcode:	PE12 OPY	Postcode:	PE12 7AP

3. Description of the Proposal

Please describe the proposal:

HOUSE AND GARAGE AT THE GABLES NURSERY, NEWFEN DROVE, GOGNEY HILL.

Has building or works already been carried out? ☐ Yes ☑ No

If Yes, please state the date when building or works were started (DD/MM/YYYY): _____

(date must be pre-application submission)

Have the works been completed? ☐ Yes ☐ No

If Yes, please state when the works were completed (DD/MM/YYYY): _____

(date must be pre-application submission)

Reference no. of permission in principle being relied on (technical details consent applications only): _____

4. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	THE GABLES NURSERY.				
Address 1:	NEW FEN DROVE				
Address 2:					
Address 3:					
Town:	GOGNEY HILL				
County:					
Postcode (optional):	PE12 0PY				

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

Easting: _____ Northing: _____

Description:

5. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 a consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☑ Yes ☐ N

If yes, you will need to submit a Flood Risk Assessment to consid the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? ☑ Yes ☐ N

Will the proposal increase the flood risk elsewhere? ☐ Yes ☑ No

How will surface water be disposed of?

☐ Sustainable drainage system ☐ Existing watercour

☑ Soakaway ☐ Pond/lake

☐ Main sewer

6. Pre-application Advice

Has assistance or prior advice been sought from the localauthority 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).

lease tick if the full contact details are notknown, and then complete as much as possible: ☐

Officer name:

Reference:

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

Details of pre-application advice received?

7. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? ☐ Yes ☑ No

With respect to the authority, I am:
(a) a member of staff
(b) an elected member
(c) related to a member of staff
(d) related to an elected member

If Yes, please provide details of their name, role and how you are related to them.

8. Site Area

Please state the site area in hectares (ha) 0·090

9. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? ☑ Yes ☐ No
If Yes, please complete details of the changes in the tables below:

Proposed Housing

Market Housing	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						\
Flats/maisonettes	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Cluster flats	☐						
Other	☐						
Totals $(a+b+c+d+e+f)=$							

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						
Flats/maisonettes	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Cluster flats	☐						
Other	☐						
Totals $(a+b+c+d+e+f)=$							

Affordable Home Ownership	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						
Flats/maisonettes	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Cluster flats	☐						
Other	☐						
Totals $(a+b+c+d+e+f)=$							

Starter Homes	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						
Flats/maisonettes	☐						
Bedsit/studios	☐						
Other	☐						
Totals $(a+b+c+d)=$							

Self Build and Custom Build	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						
Flats/maisonettes	☐						
Bedsit/studios	☐						
Other	☐						
Totals $(a+b+c+d)=$							

Total proposed residential units $(A+B+C+D+E)=$

Existing Housing

Market Housing	Not known	Number of Bedrooms 1	2	3	4+	Unknown	To
Houses	☐						
Flats/maisonettes	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Cluster flats	☐						
Other	☐						
Totals $(a+b+c+d+e+f)=$							

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms 1	2	3	4+	Unknown	To
Houses	☐						
Flats/maisonettes	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Cluster flats	☐						
Other	☐						
Totals $(a+b+c+d+e+f)=$							

Affordable Home Ownership	Not known	Number of Bedrooms 1	2	3	4+	Unknown	To
Houses	☐						
Flats/maisonettes	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Cluster flats	☐						
Other	☐						
Totals $(a+b+c+d+e+f)=$							

Starter Homes	Not known	Number of Bedrooms 1	2	3	4+	Unknown	To
Houses	☐						
Flats/maisonettes	☐						
Bedsit/studios	☐						
Other	☐						
Totals $(a+b+c+d)=$							

Self Build and Custom Build	Not known	Number of Bedrooms 1	2	3	4+	Unknown	To
Houses	☐						
Flats/maisonettes	☐						
Bedsit/studios	☐						
Other	☐						
Totals $(a+b+c+d)=$							

Total existing residential units $(F+G+H+I+J)=$

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total): \

10. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☑ No ☐ Unknown

If you have answered Yes to the question above please add details in the following table:

Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Unknown	Total gross internal floorspace proposed (including change of use)(square metres)	Unknown	Net additional gross internal floorspace following developme (square metres)
A1	Shops	☐			☐		☐	
	Net tradable area:	☐			☐		☐	
A2	Financial and professional services	☐			☐		☐	
A3	Restaurants and cafes	☐			☐		☑	
A4	Drinking establishments	☐			☐		☐	
A5	Hot food takeaways	☐			☐		☐	
B1 (a)	Office (other than A2)	☐			☐		☐	
B1 (b)	Research and development	☐			☐		☐	
B1 (c)	Light industrial	☐			☐		☐	
B2	General industrial	☐			☐		☐	
B8	Storage or distribution	☐			☐		☐	
C1	Hotels and halls of residence	☐			☐		☐	
C2	Residential institutions	☐			☐		☐	
D1	Non-residential institutions	☐			☐		☐	
D2	Assembly and leisure	☐			☐		☐	
OTHER		☐			☐		☐	
Please Specify		☐			☐		☐	
	Total							

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Unknown	Total rooms proposed (including changes of use)	Unknown	Net additional roon
C1	Hotels	☐		☐		☐	
C2	Residential Institutions	☐		☐		☐	
OTHER		☐		☐		☐	
Please Specify		☐		☐		☐	

11. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

12. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

13. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? ☐ Yes ☐ No ☐ Unknown

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Unknown	Maximum annual operational through put in tonnes (or litres if liquid waste)	Unknov
Inert landfill	☐		☐		☐
Non-hazardous landfill	☐		☐		☐
Hazardous landfill	☐		☐		☐
Energy from waste incineration	☐		☐		☐
Other incineration	☐		☐		☐
Landfill gas generation plant	☐		☐		☐
Pyrolysis/gasification	☐		☐		☐
Metal recycling site	☐		☐		☐
Transfer stations	☐		☐		☐
Material recovery/recycling facilities (MRFs)	☐		☐		☐
Household civic amenity sites	☐		☐		☐
Open windrow composting	☐		☐		☐
In-vessel composting	☐		☐		☐
Anaerobic digestion	☐		☐		☐
Any combined mechanical, biological and/ or thermal treatment (MBT)	☐		☐		☐
Sewage treatment works	☐		☐		☐
Other treatment	☐		☐		☐
Recycling facilities construction, demolition and excavation waste	☐		☐		☐
Storage of waste	☐		☐		☐
Other waste management	☐		☐		☐
Other developments	☐		☐		☐

Please provide the maximum annual operational throughput of the following waste streams:	
Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

14. Existing Use

Please describe the current use of the site: AGRICULTURAL LAND.

Is the site currently vacant? ☑ Yes ☑ No

If Yes, please describe the last use of the site:

When did this use end (if known)? DD/MM/YYYY (date where known may be approximate)

Does the proposal involve any of the following?
If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☑ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☑ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☑ No

15. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, c is part of, an agricultural holding**

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

** "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.*
*** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.*

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY
	S Eales Design.	13/4/22

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the d 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which t application relates.

** "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.*
*** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990*

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY

16. 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 b the Local Planning Authority (LPA) has been submitted.

The original and 3 copies* of a completed and dated application form: ☐

The original and 3 copies* of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: ☐

The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application: ☐

The correct fee: [

The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details): [

The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings): [

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

17. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	Status Design.	13/4/22. (date cannot pre-applicati

18. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code:	Mobile number (optional):

Country code:	Fax number (optional):

Email address (optional):

19. Agent Contact Details

Telephone numbers

Country code:	National number:	Extensi number
01406	424343.	

Country code:	Mobile number (optional):

Country code:	Fax number (optional):

Email address (optional): info@status-design.co.uk

20. 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 t agent/applicant's detail

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: