

Application for approval of details reserved by condition.  
Town and Country Planning Act 1990  
Planning (Listed Buildings and Conservation Areas) Act 1990

**Publication of applications on planning authority websites.**

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website.  
If you require any further clarification, please contact the Authority's planning department.

**1. Applicant Name, Address and Contact Details**

|                                                     |                                             |             |                                |                                      |                                    |                      |                      |
|-----------------------------------------------------|---------------------------------------------|-------------|--------------------------------|--------------------------------------|------------------------------------|----------------------|----------------------|
| Title:                                              | <input type="text" value="Mr"/>             | First name: | <input type="text" value="R"/> | Surname:                             | <input type="text" value="Smith"/> |                      |                      |
| Company name:                                       | <input type="text"/>                        |             |                                |                                      |                                    |                      |                      |
| Street address:                                     | <input type="text" value="Corner Cottage"/> |             |                                | Telephone number:                    | Country Code                       | National Number      | Extension Number     |
|                                                     | <input type="text" value="Lowgate Road"/>   |             |                                |                                      | <input type="text"/>               | <input type="text"/> | <input type="text"/> |
|                                                     | <input type="text"/>                        |             |                                |                                      | <input type="text"/>               | <input type="text"/> | <input type="text"/> |
| Town/City:                                          | <input type="text" value="Tydd St Mary"/>   |             |                                | Mobile number:                       | <input type="text"/>               | <input type="text"/> | <input type="text"/> |
| County:                                             | <input type="text" value="Cambs"/>          |             |                                | Fax number:                          | <input type="text"/>               | <input type="text"/> | <input type="text"/> |
| Country:                                            | <input type="text" value="United Kingdom"/> |             |                                | Email address:                       | <input type="text"/>               |                      |                      |
| Postcode:                                           | <input type="text" value="PE13 5QP"/>       |             |                                |                                      |                                    |                      |                      |
| Are you an agent acting on behalf of the applicant? |                                             |             |                                |                                      |                                    |                      |                      |
|                                                     |                                             |             |                                | <input checked="" type="radio"/> Yes | <input type="radio"/> No           |                      |                      |

**2. Agent Name, Address and Contact Details**

|                 |                                               |             |                      |                                                        |                      |                                           |                      |
|-----------------|-----------------------------------------------|-------------|----------------------|--------------------------------------------------------|----------------------|-------------------------------------------|----------------------|
| Title:          | <input type="text"/>                          | First Name: | <input type="text"/> | Surname:                                               | <input type="text"/> |                                           |                      |
| Company name:   | <input type="text" value="G R Merchant Ltd"/> |             |                      |                                                        |                      |                                           |                      |
| Street address: | <input type="text" value="4 Wrights Mews"/>   |             |                      | Telephone number:                                      | Country Code         | National Number                           | Extension Number     |
|                 | <input type="text" value="12A Park Road"/>    |             |                      |                                                        | <input type="text"/> | <input type="text" value="01406 490800"/> | <input type="text"/> |
|                 | <input type="text"/>                          |             |                      |                                                        | <input type="text"/> | <input type="text"/>                      | <input type="text"/> |
| Town/City:      | <input type="text" value="Holbeach"/>         |             |                      | Mobile number:                                         | <input type="text"/> | <input type="text"/>                      | <input type="text"/> |
| County:         | <input type="text" value="Lincs"/>            |             |                      | Fax number:                                            | <input type="text"/> | <input type="text"/>                      | <input type="text"/> |
| Country:        | <input type="text"/>                          |             |                      | Email address:                                         | <input type="text"/> |                                           |                      |
| Postcode:       | <input type="text" value="PE12 7EE"/>         |             |                      | <input type="text" value="gr.merchant@btconnect.com"/> |                      |                                           |                      |

### 3. Site Address Details

Full postal address of the site (including full postcode where available)

|                 |                                            |         |                      |
|-----------------|--------------------------------------------|---------|----------------------|
| House:          | <input type="text"/>                       | Suffix: | <input type="text"/> |
| House name:     | <input type="text" value="Bull Row"/>      |         |                      |
| Street address: | <input type="text" value="Old Main Road"/> |         |                      |
|                 | <input type="text" value="Holbeach"/>      |         |                      |
| Town/City:      | <input type="text" value="Spalding"/>      |         |                      |
| County:         | <input type="text"/>                       |         |                      |
| Postcode:       | <input type="text" value="PE12 8LH"/>      |         |                      |

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

|           |                                     |
|-----------|-------------------------------------|
| Easting:  | <input type="text" value="539269"/> |
| Northing: | <input type="text" value="325061"/> |

Description:

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☐ Yes ☒ No

### 5. Description of Proposal

Please provide a description of the approved development as shown on the decision letter:

|                               |                                          |                   |                                         |
|-------------------------------|------------------------------------------|-------------------|-----------------------------------------|
| Application reference number: | <input type="text" value="H05-1016-13"/> | Date of decision: | <input type="text" value="16/06/2014"/> |
|-------------------------------|------------------------------------------|-------------------|-----------------------------------------|

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

Condition number(s):

Has the development already started?

☐ Yes ☒ No

### 6. Discharge of Condition(s)

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

### 7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

### 8. 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)

☒ The agent ☐ The applicant ☐ Other person

### 9. 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.



Date