FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H05/1052/96

Date Registered 21 NOV 1996

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR+MRS A.D. SHARP

T/A HARRINGTON HALL NURSERY

LITTLE MARSH LANE

FLEET SPALDING LINCS PE12 8NW

Tel. No. 01406 423018

NAME AND ADDRESS OF AGENT

(If form completed by agent)

Tel. No.
(Personal contact name)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

HARRINGTON HALL NURSERY, LITTLE MARSH LANE, FLEET, SPALDING PE12 8NW

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

POLYTUNNEL

Please complete

I attach * Four copies of all plans
* an ownership certificate
* a fee of £30 (if you consider no fee is payable include a written explanation with your application)

Signed ..... Date 20-11-96

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 (Hectares)

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 pervious 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 Dwellings		If so, how many:
(ii) Other new building(s)	✓	
(iii) Alterations or extension		
(iv) Change of use		

4. A. Please state site area (in all cases)	0·02 hectares
B. If building works are proposed, please state extra floor space to be created:	28·4·7 sq. metres
C. Please state size of any new structure:- (a) max. height:	3·51 metres
(b) max. length:	21·9 metres
(c) max. width:	13 metres
D. Please state type and colour of materials for facing external walls:	POLYTHENE.
E. Please state type and colour of roofing materials.	"
F. Has a survey of the site been undertaken? State Yes or No	NO

5. GENERAL INFORMATION Please complete each section

EXISTING USES X
Please state existing or, if vacant, the last use(s) of site: (1/2) PARKING + MANOEUVRING AREA FOR GOODS VEHICLES (1/2) COMMUNITY CENTRE + 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. This proposal does not involve the felling of any trees ✓

B. This proposal does involve the felling of one or more trees ☐ ➡ If so, please show details on plans.

DRAINAGE Please complete

A. It is proposed that foul sewage will be disposed of: SOAKAWAY

B. If surface water information, please state how highway surface water is to be disposed of: N/A

C. Please indicate whether a river or stream will be affected: NO

Is it proposed to connect to existing public sewer? Cesspool ☐ Septic tank ☐

PLEASE ANSWER IN ALL CASES State Yes or No

A. Is the proposal in any way associated with agriculture: YES ➡ If so, please give details in Part 6

B. Is the proposal for a dwelling: NO

C. Is the site within a public right of way: NO

D. Is the site known to affect contaminated or filled land: NO

E. Is the proposal for a factory, warehousing, offices, a building for storage or commercial purposes: NO ➡ If so, please complete Part 7

F. Is this one of those cases where statutory consultation will be required, please check whether you have sent a copy of the application to the consultee(s) listed. If yes please give date sent: N/A ➡ Date: Consultee(s)

G. Is this application related to a previous submission? NO ➡ Application No.

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

Continue on separate sheet if necessary.

EXTRA GROUND SPACE FOR NURSERY

OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIONS.

1. **APPLICANT'S INTEREST**
Please state interest in site (e.g. owner, prosp. purchaser)
(Please remember to indicate on the location plan any other land under your control)

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**. (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 ..... (Applicant / Agent) Date 20-11-96

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

Owner's Name:
Address of owner at which notice was served: 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 farmed by the owner and there is no agricultural tenant, complete Certificate 1.
If the site does relate to an agricultural holding, you must give notice to the tenant, and complete Certificate 2. 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

X or

Signed ..... (Applicant / Agent) Date 28-11-96

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.

X

Tenant's Name:
Address of tenant at which notice was served: State Date notice served:

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