

21 SEP 2009

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:	ADRIAN		
Last name:	GILLETT				
Company (optional):					
Unit:		House number:	77	House suffix:	
House name:					
Address 1:	LONDON ROAD				
Address 2:	LONG SUTTON				
Address 3:					
Town:	SPALDING				
County:	LINCS				
Country:	UK				
Postcode:	PE12 9EE				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):	OGLESBY & LIMB LTD				
Unit:		House number:	67	House suffix:	
House name:	THE COACH HOUSE				
Address 1:	LONDON ROAD				
Address 2:					
Address 3:					
Town:	NEWARK				
County:	NOTTS				
Country:	UK				
Postcode:	NG24 1RZ				

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	THE HOMESTEAD NURSERY				
Address 1:	GEDNEY				
Address 2:					
Address 3:					
Town:	SPALDING				
County:	LINCS				
Postcode (optional):	PE12 OAH				
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 CHRIS CREW
Reference:	
Date (DD/MM/YYYY):	
(must be pre-application submission)	
Details of pre-application advice received?	
ADVICE IN RESPECT OF REQUIREMENTS OF CONDITIONS 7 & 8	

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:

REPLACEMENT DWELLING AT HOMESTEAD NURSERY, HALLGATE, GEDNEY, SPALDING.

Reference number: H06/0803/08

Date of decision: 04/02/09

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

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

1.	CONDITION NO. 13 (PART)	6.	
2.	CONDITION NO. 18 (PART)	7.	
3.	CONDITION NO. 7 (FULL)	8.	
4.	CONDITION NO. 8 (FULL)	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:

A0760-20D - GF Plan; A0760-21C - FF Plan; A0760-22C - Elevations; A0760-23C - Sections
A0760-28C - Sash window details; A0760-29D - sash details; A0760-36A - window arch
details. A0760-30A - boundary details

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:

13 - Refinish
18 - Rear boundary

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.

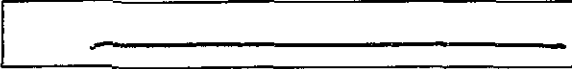
3 copies of a completed and dated application form: ☒

3 copies of other plans and drawings or information necessary to describe the subject of the application: ☒

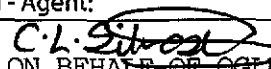
9. Declaration

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

Signed - Applicant:



Or signed - Agent:


FOR & ON BEHALF OF OGLESBY & LIMB LTD

Date (DD/MM/YYYY):

16.09.2009

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

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):

design@o-1-ltd.co.uk

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: