FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H09/0066/98

Date Registered 23 JAN 1998

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. R. BAILEY
COLONA NURSERY,
PENNYHILL,
HOLBEACH,
LINCS.

Tel. No. 01406 423935

NAME AND ADDRESS OF AGENT

(If form completed by agent)

MR. R.W. WHITE,
8 MERIDIAN WALK,
HOLBEACH,
LINCS

Tel. No. 01406 422439
(Personal contact name) R.W. WHITE

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

COLONA NURSERY, PENNYHILL, HOLBEACH, LINCS

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

TO ERECT A STEEL FRAMED, ASBESTOS CLAD GENERAL PURPOSE CROP STORAGE BUILDING.

Please complete

I attach * four copies of all plans
* an ownership certificate (see back page)
* a fee of £ 350.00 (If you consider no fee is payable include a written explanation instead)

Signed ..... Date 22-1-98

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 Certificates

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 previous permission
B. Please state Condition Number referred to
C. Please state variation required
Now complete an Ownership Certificate.

INDUSTRIAL, WAREHOUSING, OFFICES OR SHOPS Please complete if appropriate

Please 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 floor space ____ sq. m

The new total includes the following net floorspace:

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

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

	Office Staff	Industrial staff	Other staff
If industrial, office and other staff will be employed as a result of the development proposed? If there are existing premises on the site, how many of the present staff will be new staff?			
If you propose to transfer staff from other premises please state the numbers involved and of the premises			
If the proposal is for development, give a description of the type and amount of floorspace to be moved out and of the end premises			
If the proposal is the first stage of a larger scheme for which you may be submitting applications at present sought, please give an indication of the ultimate development			
Is the proposal for the change of use of any existing building? If so, what is the present use?	State Yes or No		
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Please state the amount of floorspace in each use class affected by the proposal and indicate any increase or decrease in respect of those			
Please state what provision is made for the parking, loading and turning of vehicles within the curtilage of the site and indicate the number of such spaces on the plans			
Please state the number of staff employed at present and the number of staff likely to be employed after the proposal is implemented			
Please state how it is proposed that staff will travel to and from the site and indicate the number of parking spaces to be provided for each method of travel			
Will the proposal involve the use or storage of any hazardous substances?	State Yes or No	If yes, you may need to apply for Hazardous Substances Consent	
Is the site currently vacant? If not, what is the present use?			

THE BUILDING IS FOR THE PURPOSE OF STORING APPLICANTS GRAIN GROWN ON THE FARM.

TYPE OF DEVELOPMENT

✓

400 ACRES

463 sq. metres

6·500 metres

18·288 metres

24·400 metres

PLASTISOL BOX PROFILE CLADDING OLIVE GREEN
GALVANISED STEEL WALLING
NATURAL ASBESTOS

YES.

GENERAL INFORMATION

N A.

✓

VIA 100m P.V.C. U/G DRAINS TO SOAKAWAYS

NO.

N.A. N.A. N.A.

✓ If so, please give details in Part 6

NO

NO

NO

NO If so, please complete Part 7

OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIONS.

1. APPLICANT'S INTEREST

Please state interest in site (eg. owner, prosp. purchaser)

Please remember to indicate on the location plan any other land under your control.

OWNER.

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 22-1-98

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.

Signed ..... (~~Applicant~~ / Agent) Date 22-1-98

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.

Tenant's Name:

Address of tenant at which notice was served: State Date notice served:

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