FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H09/0117/02

Date Registered 01 FEB 2002

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

THE ORDERS OF ST. JOHN CARE TRUST
WELLINGORE HALL
WELLINGORE
LINCOLN
LN5 OHU

Tel. No.

NAME AND ADDRESS OF AGENT

(If form completed by agent)
CARLESS & ADAMS PARTNERSHIP
6 PROGRESS BUSINESS CENTRE
WHITTLE PARKWAY
BATH ROAD
SLOUGH SL1 6DQ
Tel. No. 01628 66531
(Personal contact name) MIKE BUNYAN

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

PATCHETT LODGE, ARTHURS AVENUE
HOLBEACH, SPALDING PE12 7LJ

OFFICE COPY

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

DEMOLITION OF EXISTING RESIDENTIAL CARE HOME & ERECTION OF NEW RESIDENTIAL CARE HOME, DAY CARE CENTRE & ASSOCIATED CAR PARKING

Please complete — I attach * Four copies of all plans
— an ownership certificate (see back page)
— the fee of £170 (If you consider no fee is payable include a written explanation instead)

Signed. CARLESS & ADAMS Date 31 JAN 02 — 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 [illegible] ✓ → Now complete Parts 3, 4 and 5 and an Ownership Certificate

or This is an **outline** application

Please state Site Area [illegible]

Please tick **any** box where you are including details you wish to be considered as part of this application.

Siting ☐ Design ☐ [illegible] ☐

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 [illegible]

A. Please state reference Number of previous [illegible]
B. Please state Condition Number referred to

Now complete an Ownership Certificate

or This is an application for **modification** of a condition [illegible] planning permission which has not yet been implemented

A. Please state Reference Number of previous [illegible]
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)

(a) New dwellings		If so, how many:
(b) Other new buildings	✓	
(c) Alterations or extension		
(d) Change of use		

4. A. Please state site area (in all cases)	0·68 hectares
B. If building works are proposed, please state extra floor space to be created:	1823 sq. metres
C. Please state size of any new structure:- (a) max. height:	9·2 metres (SEE PLANS)
(b) max. length:	95 metres (SEE PLANS)
(c) max. width:	13·5 metres (SEE PLANS)
D. Please state type and colour of materials for facing external walls:	RED BRICK / WEATHERBOARDING
E. Please state type and colour of roofing materials.	SLATE GREY CONCRETE TILES
F. Has a survey of the site been undertaken? State Yes or No	YES

5. GENERAL INFORMATION Please complete each section

EXISTING USES
Please state existing or, if vacant, the last use(s) of site.

RESIDENTIAL CARE HOME

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?	16 SPACES - SEE PLAN	

TREES Please tick one box

A. The proposal does **not** involve the felling of any trees		
B. The proposal does involve the felling of one or more trees	✓	➡ If so, please show details on plans.

DRAINAGE Please complete

A. Please state how surface water will be disposed of	SOAKAWAYS
B. For estate developments, please state how highway surface water will be disposed of	
C. Please state whether a land drain will be affected	NO

D. Foul sewerage will be disposed of to:
Mains sewer ✓ Cesspool ☐ Septic tank ☐

PLEASE COMPLETE IN ALL CASES

	State Yes or No	
The proposal is in connection with agriculture	NO	➡ If so, **please give details in Part 6**
The proposal affects a listed building	NO	
The proposal affects a public right of way	NO	
The proposal is known to affect contaminated or filled land	NO	
The proposal is for industrial, warehousing, offices, shopping or similar commercial purposes.	NO	➡ If so, **please complete Part 7**
In cases where a statutory consultation will be required, please state whether you have sent a copy of the application to the consultee yourself. If yes, please give date sent.	NO	➡ Date: Consultee(s)
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.

OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIO

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 M J Rayner CARLESS & ADAMS (~~Applicant~~ / Agent) Date 31 JAN 02

~~**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 M J Rayner CARLESS & ADAMS (~~Applicant~~ / Agent) Date 31 JAN 02

~~**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 .....