FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H09/0300/97

Date Registered

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

South Lincolnshire Community and
Mental Health Services NHS Trust
Orchard House
Rauceby Hospital
Sleaford
Lincs NG34 8PP

Tel. No. 01529 416007

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

Health Clinic, Park Road, Holbeach, Lincolnshire

OFFICE COPY

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

Extension to existing Health Clinic and Dental Surgery to form offices and corridor, internal alterations and new staff car park and access drive

Please complete

Signed

Date

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 work ✓

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 in 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

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 15.03.97

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 15.03.97

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 .....

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 [illegible] area (in all cases)	0.135 hectares
B. [illegible] proposed, please state extra [illegible]	53 sq. metres
C. [illegible] of any new structure:- (a) max. height:	metres
(b) max. length:	metres
(c) max. width:	metres
D. Please state type and colour of materials for facing external walls:	To match existing
E. Please state type and colour of roofing materials.	Flat roof to match existing
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.	Health Clinic and Dental 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?		Existing parking at front, staff parking area at rear

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 [illegible]

A. [illegible] will be disposed of	Existing surface water sewer
B. [illegible] highway [illegible]	N/A
[illegible] will be affected	No

[illegible] disposed of to

[illegible] ✓ Cesspool [ ] Septic tank [ ]

[illegible] ALL CASES

	State Yes or No	
The [illegible] connection with agriculture	NO	➡ If so, please give details in Part 6
The [illegible] a listed building	NO	
The [illegible] a public right of way	NO	
The [illegible] is known to affect contaminated or filled land	NO	
The [illegible] industrial, warehousing, offices, shopping [illegible] commercial purposes	NO	➡ If so, please complete Part 7
In [illegible] a statutory consultation will be required, please state whether you have sent a copy of the application to the [illegible] 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