FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H 09/0484/97

Date Registered 1 MAY 1997

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

HOLBEACH AND EAST ELLOE HOSPITAL TRUST.
HOLBEACH HOSPITAL,
BOSTON ROAD, HOLBEACH,
LINCOLNSHIRE. PE12 8AQ.

Tel. No. 01406 422283

NAME AND ADDRESS OF AGENT

(if form completed by agent)
ESTATES DIRECTORATE,
PILGRIM HEALTH NHS TRUST,
PILGRIM HOSPITAL, SIBSEY ROAD,
BOSTON, LINCOLNSHIRE. PE21 9QS
Tel. No. 01205 364801, EXT. 2215.
(Personal contact name) MR C PARKER.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

HOLBEACH HOSPITAL, BOSTON ROAD, HOLBEACH
LINCOLNSHIRE. PE12 8AQ.

OFFICE COPY

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

ALTERATIONS TO MAIN ENTRANCE AREAS (PHASE 1) AND DAY ROOM 2 AND KITCHEN/DINING (PHASE 2)

Please complete

Signed p.p. Pilgrim Health NHS Trust. CW Parker

Date 30 April 1997

Attach * Four copies of all plans
an ownership certificate
a fee of £90.00

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 build and/or works ✓

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

OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIONS.

1. **APPLICANT'S INTEREST**
Please state interest in site (e.g. owner, prosp. purchaser)
(Please remember to include 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 — Subject, except for 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 P.P. Pilgrim Health NHS Trust C.W. Parker (~~Applicant~~ / Agent) Date 30 April 1997

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 at which notice was served: N/A 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 P.P. Pilgrim Health NHS Trust C.W. Parker (Applicant / Agent) Date 30 April 1997

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 at which notice was served: N/A 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 site area (in all cases) — APPROX. 0·73 hectares

B. If building works are proposed, please state extra floor space to be created: — NIL sq. metres

C. Please state size of any new structure - (a) max. height: EXTERNAL 3·5 metres; (b) max. length: COVERED 3·4 metres; (c) max. width: WALKWAY 1·9 metres

D. Please state type and colour of materials for facing external walls: FACING BRICKS TO MATCH EXISTING (EXISTING BUILDING)

E. Please state type and colour of roofing materials — NOT APPLICABLE

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. — HOSPITAL

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 accesses? / New estate road?

C. What provision will be made for garages or parking within the site? — EXISTING PARKING TO BE RETAINED

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 — TO EXISTING MAINS

B. For estate developments, please state how highway surface water will be disposed of — NOT APPLICABLE

C. Please state whether a land drain will be affected — NOT APPLICABLE

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.	N/A	➡ 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

7. **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.

This new total includes the following net floorspace:

Retail ☐ sq. m. Office ☐ sq. m. Industrial ☐ sq. m. Warehousing ☐ sq. m.

Other ☐ sq. m. ➧ If so, please state use:

	Office Staff	Industrial staff	Other staff
How many office, industrial and other staff will be employed on the site as a result of the development proposed. If you have existing premises on the site, how many of the employees will be new staff?			
If you propose to transfer staff from other premises please give details of the numbers involved and of the premises affected.			
In the case of industrial development, give a description of the processes to be carried out and of the end products and the type of plant or machinery to be installed.			
If the proposal forms a stage of a larger scheme for which planning permission is not at present sought, please give what information you can about the total development.			
Is the proposal related to an existing or approved use? If so, please give brief details.	State Yes or No ☐		
Is this a proposal to replace existing premises elsewhere which will become vacant or otherwise unsuitable for use? If so, please give details including your plans for the existing premises and the year in which you propose to vacate them.	State Yes or No ☐		
What provisions have been made for the delivery, loading and unloading of vehicles within the curtilage of the site? (Please show the location of all such facilities on the plans and distinguish between parking for employees, visitors and other purposes.)			
What is the estimated vehicle flow to the site during a normal weekday and weekend, and to what extent it is used by heavy goods vehicles?			
What is the nature and quantity of any trade effluent likely to be produced?			
Will the proposal involve the use, storage or disposal of hazardous materials?	State Yes or No ☐	If yes, you may need to apply for Hazardous Substances Consent	
What provision is to be made for the disposal of refuse from the premises?			

NOT APPLICABLE