SOUTH HOLLAND DISTRICT COUNCIL

Town and Country Planning Act 1990

Planning Permission

Reference: H09/1152/92 Received:09-NOV-92 Type:FULL

Name: Holbeach & E.E. Hospital Trust
Holbeach Hospital
Boston Road
Holbeach
Spalding Lincs PE12 8AQ

Agent: South Lincs Health Authority
Dept of Estate Management
Laundon House
Eastgate
Sleaford Lincs NG34 7DW

Description: Two storey extension to provide additional single bedroom accommodation, day room and support facilities
Location : Holbeach Hospital Boston Road
Holbeach Spalding

South Holland District Council hereby give notice that PERMISSION HAS BEEN GRANTED for the development in accordance with the application and plans submitted, subject to any condition(s) set out below:

1 The development must be begun not later than the expiration of five years beginning with the date of this permission.

Reason: As required by Section 91 of the Town and Country Planning Act 1990.

2 Before any development is commenced a scheme to provide replacement tree planting for the site, including details of positions, heights on planting and species of trees and shrubs, shall be submitted to and approved by the Local Planning Authority.

Reason: In the interests of the visual amenities of the locality.

3 The approved scheme of landscaping and/or screening shall be carried out in its entirety within a period of two years beginning with the date on which development of the land is commenced. The trees, shrubs or bushes shall be adequately maintained by the owner(s) of the land on which they are situated for a period of ten years beginning with the date of completion of the scheme, and all losses shall be made good during that period.

Reason: In the interests of visual amenity and to ensure that the approved scheme is implemented satisfactorily.

4 Before the development hereby permitted is commenced details of the type and colour of the bricks to be used for external walls shall be submitted to and approved in writing by the Local Planning Authority.

Reason: To ensure that the external appearance of the proposed development harmonises with existing buildings in the area.

BRIAN SMITH Dip TP MRTPI Director of Planning & Building Control Services

Planning & Building Control Department, Council Offices, Priory Road, Spalding, Lincolnshire. PE11 2XE (Tel: 0775 761161)

SOUTH HOLLAND DISTRICT COUNCIL

Notes to Applicant:

Your attention is drawn to the need to comply with the provisions of Section 4, 7, 8 and 8(a) of the Chronically Sick and Disabled Persons Act 1970, where appropriate, and to the Code of Practice for Access of the Disabled to Buildings (British Standard Institutions code of practice BS 5810:1979) or to Design Note 18 'Access for Disabled People to Educational Buildings', or to documents replacing such codes. Any work required which would alter the proposal hereby permitted may need a further application for planning permission.

Director of Planning and Building Control Services
29-DEC-92 H09/1152/92

This decision refers only to that required for the purposes of the Town and Country Planning Act and not for Building Regulations or any other legislation. See enclosed notes relating to rights of appeal.

BRIAN SMITH Dip TP MRTPI Director of Planning & Building Control Services

Planning & Building Control Department, Council Offices, Priory Road, Spalding, Lincolnshire. PE11 2XE (Tel: 0775 761161)

Wardsway Road Farm

HOLBEACH

HOLBEACH HOSPITAL

Cackle Hill

Cackle Hill Farm

Callows Site

Holbeach River Drain

Nurses Home

Bypass

Biggadike's Bridge

MICC LANE

SOUTH HOLLAND D.C.
PLAN DEPT.
30 OCT 1992
REF 1152/92

site Plan 1:2500

HOLLAND WITH BOSTON CO CONST

Conversion Scale Acres-Hectares

REFERENCE

For fuller information see Reference Card published separately.

FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H09/1152/92

Date Registered 30 OCT 1992

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

HOLBEACH & EAST ELLOE HOSPITAL TRUST
HOLBEACH HOSPITAL
BOSTON ROAD
HOLBEACH
LINCOLNSHIRE PE12 8AQ

Tel. No. 0406 22283

NAME AND ADDRESS OF AGENT

(if form completed by agent)
SOUTH LINCOLNSHIRE HEALTH AUTHORITY
DEPARTMENT OF ESTATE MANAGEMENT
LAUNDON HOUSE EASTGATE
SLEAFORD LINCOLNSHIRE NG34 7DW
Tel. No. 0529 414166 EXT 5601
(Personal contact name) MR H M FORMAN

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

HOLBEACH & EAST ELLOE HOSPITAL TRUST
HOLBEACH HOSPITAL BOSTON ROAD HOLBEACH LINCOLNSHIRE PE12 8AQ

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

TWO STOREY EXTENSION TO PROVIDE ADDITIONAL SINGLE BEDROOM ACCOMMODATION, DAY ROOM AND SUPPORT FACILITIES

Please complete

Signed N A Owen Date 28 OCTOBER 1992

I attach
* Four copies of all plans ✓
* an ownership certificate (see back page)
* a fee of £490.00 If you consider no fee is payable include a written explanation instead.

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 pervious permission 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)

(i) New Dwellings		If so, how many:
(ii) Other new building(s)	✓	
(iii) Alterations or extension	✓	
(iv) Change of use		

4. A. If building works are proposed, please state extra floor space to be created:	334 sq. metres
B. Please state size of any new structure:- (a) max. height:	11.00 metres
(b) max. length:	19.50 metres
(c) max. width:	13.50 metres
C. Please state type and colour of materials for facing external walls:	RED FACINGS TYPE AND COLOUR TO BE AGREED
D. Please state type and colour of roofing materials.	REDLAND STONEWOLD SLATE GREY
E. 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 AND NURSING 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?

EXISTING CAR PARKING FACILITIES AVAILABLE

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	EXISTING SYSTEM AVAILABLE FOR EXTENSION
B. For estate developments, please state how highway surface water will be disposed of	N/A
C. Please state whether a land drain will be affected	NOT AFFECTED

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 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).	TENANT OF PROPERTY OWNED BY SOUTH LINCOLNSHIRE HEALTH AUTHORITY

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 .....

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: SOUTH LINCOLNSHIRE HEALTH AUTHORITY

Address of owner at which notice was served:
DISTRICT HEADQUARTERS
EASTGATE
SLEAFORD LINCOLNSHIRE NG34 7EB

State Date notice served: 28.10.92

Signed N. A. Overton (~~Applicant~~ / Agent) Date 28-10-92

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 N. A. Overton (~~Applicant~~ / Agent) Date 28-10-92

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 .....

APPLICATION ASSESSMENT

Notes for Case Officer

Site Inspection | Accuracy | Neighbours | Boundaries

Site features | Other Existing garden area. Behind existing buildings. Concealed from ~~Rail~~ Boston Rd by new ambulance station. Trees/hedging at rear of site.

Inspected by DMG
Date 19/11

Notice posted by DMG
Date 19/11

Resident Notices required

Sent | Delivered

Case Officer Conclusions DMG 22/12

No objection in principle.
Location to rear of existing buildings.
Will not be readily visible from road.
3 willow and 2 spruce to be removed. Should be replaced elsewhere.
Sufficient distance from neighbouring property to prevent material overlooking.

RECOMMENDATION

COMMITTEE

Departure from Policy .....

Ward Member request .....

Recommend approval against material objection .....

Other circumstance viz: .....

Change to Committee recorded

DELEGATED

Case Officer ...DMG...

Senior Officer 23/12

Case Officer Recommendation

Approve | Refuse

Signed ...P.M. Eyley...

Conditions/~~Reasons~~
(continue overleaf)

(1) Before any development is commenced a scheme to provide replacement tree planting for the site, including details of positions, heights, planting and species of trees and shrubs, shall be submitted to and approved by the Local Planning Authority.
(2) S(27).
(3) S(12) — bricks.

~~Notes to applicant~~

~~Disabled~~
~~Outstanding RM~~
~~Amended plans~~

Reasons

(1) In the interests of the visual amenities of the locality.
(2) Standard.
(3) — " —

DC RECORD SHEET

APPLICATION REF:

Directions

Art 7 (Outlines)
RM checklist

	Siting	Design	Ext app	Access	Landscape
Previous					
Current					
Required					

Reg 4 Scale drawing ..... Highway S/W ..... Agric appraisal .....

Other ....

Precise details, for non-standard direction:

Senior Officer authorised: ..... Sent: .....

Revalidation after Direction

Information satisfactory/unsatisfactory Signed: .....

Further direction: Precise details:

Amended description:

New valid date: .....

Consultation/Publicity Required

	Requested	Sent
Extra Publicity:		
Departure	.....	.....
Setting of LB	.....	.....
Public Right of Way	.....	.....
Discretionary	.....	.....
Extra Consultations:		
Dept of Transport	.....	.....
Environmental Serv.	.....	.....
LB/Cons. Area - Local	.....	.....
- Local & National	.....	.....
- English Heritage	.....	.....
Consultant: Name.....		..... Order No .....
Other:	.....	.....

Case Officer DAVID GODFREY **Recorded on board:**

ADMIN RECORD SHEET

Initial

Submitted Fee £ 490 -

Receipt Issued P1873 P1903

Date first Rec'd 30 [illegible]

Registration

Reference H09/1152/92

Cross-Ref R

Date 02-NOV-92

Validation

TYPE FULL

Earliest permission

Site area

No of dwellings

Floorspace 334

Description

Tech

Certificate
Site plans
Description

Accuracy
Incomplete form

Fees

Nil fee

Discounted fee

Previous app Type

Correct fee 550

Additional Refund 60

Receipt Issued P1903

Information

Newbuild/Redevelopment/Change of use/Extension/Alteration/Works

Earlier permission Ref

RM

	Siting	Design	Ext app	Access	Landscaping
Previous					
Current					

Index sheets 133

OS No's

Grid ref 5 [illegible] 32624C

Ward -J

Parish HOLBEACH

Inside IBD NO

Inside LP area NO

TR Rural
TR Bypass
Level Cross
Footpath

CA
LB
TPO

Linked to site

Ref

Linked to property 0314829 Ref

Planning Records:
Earlier apps 119/90
1297/89
757/87
596/80
773/80
1013/83

B Reg Records:
Already submitted - Ref
Request
Requested

BRIAN SMITH Dip TP MRTPI
Director of Planning & Building Control Services
Planning & Building Control Department,
Council Offices,
Priory Road, Spalding,
Lincolnshire. PE11 2XE

Telephone: (0775) 761161
Fax: (0775) 710772

SOUTH HOLLAND DISTRICT COUNCIL

REGISTER COPY TO EARLIER PERMISSION

Previous permission: H09/1152/92

Town and Country Planning Act 1990

Approval required by Condition of Planning Permission

Reference: H09/0314/93 Received:31-MAR-93 Type:CONDITION COMPLIANCE

Name: Holbeach & E.E. Hospital Trust
Holbeach Hospital, Boston Rd
Holbeach
Spalding Lincs

Agent: South Lincs Health Authority
Dept of Estate Management
Laundon House
Eastgate
Sleaford Lincs

Description: Details of bricks (Condition 4 of application H09/1152/92)

Location : Holbeach Hospital Boston Road
Holbeach Spalding

South Holland District Council hereby give notice that CONSENT HAS BEEN GRANTED for the details submitted for the purpose of conditions attached to the planning permission, subject to any conditions below:

sgd B SMITH
Director of Planning and Building Control Services

13-APR-93 H09/0314/93

BRIAN SMITH Dip TP MRTPI
Director of Planning & Building Control Services
Planning & Building Control Department,
Council Offices,
Priory Road, Spalding,
Lincolnshire. PE11 2XE

Telephone: (0775) 761161
Fax: (0775) 710772

SOUTH HOLLAND DISTRICT COUNCIL

REGISTER COPY TO EARLIER PERMISSION

Previous permission: H09/1152/92

Town and Country Planning Act 1990

Approval required by Condition of Planning Permission

Reference: H09/0305/93 Received:29-MAR-93 Type:CONDITION COMPLIANCE

Name: Holbeach & E.E Hospital Trust
Holbeach Hospital
Boston Road
Holbeach
Spalding, Lincs

Agent: S.L.H.A.,
Department of Estate Mgmt.,
Laundon House
Eastgate
Sleaford, Lincs NG34 7DW

Description: Brick details (Condition 4 of application H09/1152/92)

Location : Holbeach Hospital Boston Road
Holbeach Spalding, Lincs

South Holland District Council hereby give notice that CONSENT HAS BEEN GRANTED for the details submitted for the purpose of conditions attached to the planning permission, subject to any conditions below:

sgd B SMITH
Director of Planning and Building Control Services

05-APR-93 H09/0305/93

BRIAN SMITH Dip TP MRTPI
Director of Planning & Building Control Services
Planning & Building Control Department,
Council Offices,
Priory Road, Spalding,
Lincolnshire. PE11 2XE

Telephone: (0775) 761161
Fax: (0775) 710772

SOUTH HOLLAND DISTRICT COUNCIL

Application no: H09/1152/92 Type: FULL

Applicant: Holbeach & E. E. Hospital Trust Agent: South Lincs Health Authorit
Tel: 0406 22283 0529 414166 Ext 5601

Description: Two storey extension to provide additional single bedroom accommodation, day room and support facilities
Location: Holbeach Hospital
Boston Road
Holbeach
Spalding

Valid date:	09-NOV-92	Terminal date:	04-JAN-93
Target dates:		Target Committee:	08-DEC-92
To case officer	16-NOV-92	Report deadline:	24-NOV-92
Inspected by	19-NOV-92		
Extra contacts	23-NOV-92	Case Officer:	
Report if not clear by 14-DEC-92		D M GEDNEY	

DEVELOPMENT/CONSTRAINTS

Size: 334 M2
Category: Extension
Listed building: Other Constraints:
Conservation Area:

CONSULTATIONS CARRIED OUT

		Sent	Expiry
Clerk to Holbeach PC	0406 26739	11-NOV-92	25-NOV-92
Cllr N I Capes	0406 23830	11-NOV-92	25-NOV-92
Cllr T G M Tyler	0406 22285	11-NOV-92	25-NOV-92
Cllr D S Venni		11-NOV-92	25-NOV-92
Site/Press Advert MIN		17 19-NOV-92	~~08~~ 10-DEC-92

L.C.C. - No Objections Jacs 11/11/92

DPO

SOUTH HOLLAND
Internal Drainage Board

Marsh Reeves,
Foxes Lowe Road,
Holbeach,
Spalding, Lincs.
PE12 7PA.

S.H.D.C. PLANNING DEPT.
RECEIVED
07 DEC 1992
DG
Acknowledged YES/NO
By

Please contact: Mr. Staines

Tel: Holbeach (0406) 24933
Fax: (0406) 26501

Our Ref. RS/PA-P/1152/92/JAM **Your Ref.** H&EE/TRUST/3

Date 26 November 1992

Dear Sir,

FULL PLANNING APPLICATION - HOLBEACH & E.E. HOSPITAL TRUST
HOSPITAL EXTENSIONS - BOSTON ROAD, HOLBEACH

Thank you for the copy of your drawing No. 92/HH/13 showing the above project regarding which I have the following observations to make.

My Board's Stockwell Gate Drain is culverted along the frontage of the property to Mill Lane and whilst drawing the Board's Byelaws as summarised on the enclosed standard conditions to your attention, I would confirm that the details shown would not seem to affect my Board's interests.

Other watercourses adjoining the site are privately owned and maintained.

I note that soakaways are intended for the disposal of roof water run-off. I would suggest appropriate tests be undertaken to ensure the subsoils are suitable and that such soakaway systems will function adequately. Bearing in mind that high ground water levels may be experienced during periods of prolonged heavy rainfall.

In the eventuality that roof water soakaways are not to be installed, full details of the route and quantity of run-off for surface water disposal will be required for my prior approval.

The riparian owners consent must be obtained prior to any filling being undertaken or extra stormwater run-off discharged to the private dyke. Prior to such works being undertaken however full details must be provided for my Board's approval in order I can ensure existing drainage interests will not be affected. Should improvements be required to privately owned dykes to cater for increased flows from the development such works must be carried out at the applicants expense following my Board's approval of details.

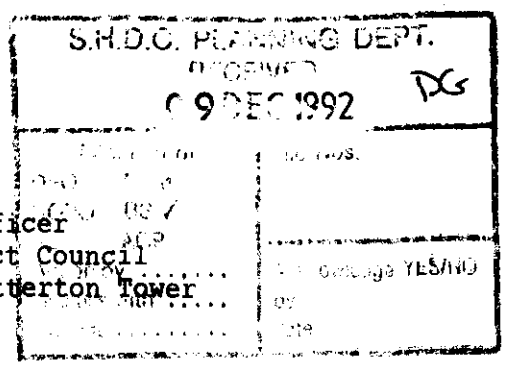
You are advised that it is the Board's policy that where increased surface water flows are to be discharged to either a Board's or private watercourse, the Board will seek a single once and for all time contribution towards future improvements of their system to ensure adequate capacity for increasing flows from continuing developments, unless on site attenuation facilities are provided to limit flows to the "green field" situation. The contribution rate is currently £6,870 per acre of new impermeable surface drained via a direct outfall and subject to engineering and administration fees as set out in the following scale, and V.A.T., although these figures are subject to periodic review.

Anglian Water

Anglian Water
Services Limited

P.O. Box 62
Waterside House
Waterside North
Lincoln LN2 5HA

Telephone 0522 557000
Facsimile 0522 557992



District Planning Officer
South Holland District Council
Council Offices, Chatterton Tower
Winfrey Avenue
SPALDING Lincs
PE11 1DB

Our ref SH/920126

Your ref H09/1152/92

04-DEC-92

Dear Sir,

Proposal : EXTENSION TO PROVIDE BEDROOM, DAY ROOM AND SUPPORT FACILITIE
Location : HOLBEACH HOSPITAL, BOSTON ROAD, HOLBEACH
Applicant: HOLBEACH AND EAST ELLOE HOSPITAL TRUST

With regard to the above-mentioned Application, I would inform you that whilst Anglian Water have no objections to raise in principle to the proposals, I wish to make the following observations.

The foul drainage from this development can be accommodated in the existing public sewer.

There are no surface water sewerage facilities in the vicinity of the proposed development.

The use of soakaways at this site should be proven adequate in accordance with BS6297:1983.

Surface water will not in any circumstances be permitted to discharge to the foul sewer.

From a water supply aspect, the company have existing water mains in this area from which the development could be supplied.

The nature of the proposal necessitates that a water meter shall be installed at the applicant's expense. A further requirement is that storage equivalent to 24 hours' normal use be provided and, in this regard, the applicant's attention is drawn to the guidance contained in British Standard BS6700:1987.

If any further information is required concerning the above please contact my Senior Engineer (Planning) Mr. D. Hellier.

Yours faithfully,

Les Outram
Acting Customer Services Manager

Registered in England No 2366656
Registered Office:
Anglian House Ambury Road
Huntingdon Cambridgeshire PE18 6NZ

DPC

SOUTH HOLLAND
Internal Drainage Board

Marsh Reeves,
Foxes Lowe Road,
Holbeach,
Spalding, Lincs.
PE12 7PA.

S.H.D.C. PLANNING DEPT.
RECEIVED
23 NOV 1992

Please contact: Mr. Staines

Tel. Holbeach (0406) 24933
Fax: (0406) 26501

Our Ref. RS/PA-P/1152/92/JAM Your Ref.

Date 18 November 1992

Dear Sirs,

FULL PLANNING APPLICATION - HOLBEACH & E.E. HOSPITAL TRUST
HOSPITAL EXTENSIONS - BOSTON ROAD, HOLBEACH

May I respectfully remind you that I am awaiting a copy of the plan relating to the above application you have submitted on your clients behalf.

You will be aware from the telephone conversation with my assistant Mr. Staines on the 9th November 1992 that the project may affect my Board's interests regarding which I shall have observations to make.

I am sending a copy of this letter to the Director of Planning so that he is aware details are awaited.

Yours faithfully,

F.A.O. Mr. H.M. Forman,
South Lincs Health Authority,
Dept. of Estate Management,
Laundon House,
Eastgate, Sleaford,
Lincs. NG34 7DW

ENGINEER TO THE BOARD

BRIAN SMI, Dip TP MRTPI
Director of Planning & Building Control Services
Planning & Building Control Department,
Council Offices,
Priory Road, Spalding,
Lincolnshire. PE11 2XE

Telephone: (0775) 761161
Fax: (0775) 710772

SOUTH HOLLAND DISTRICT COUNCIL

Application no: H09/1152/92

Applicant: Holbeach & E.E. Hospital Trust
Holbeach Hospital
Boston Road
Holbeach
Spalding Lincs PE12 8AQ

Agent: South Lincs Health Authorit
Dept of Estate Management
Laundon House
Eastgate
Sleaford Lincs NG34 7DW

Description: Two storey extension to provide additional single bedroom accommodation, day room and support facilities

Location: Holbeach Hospital Boston Road
Holbeach Spalding

Type: FULL

Date received: 09-NOV-92

11-NOV-92

Dear Sir/Madam

CONSULTATION WITH PARISH COUNCIL

I have received an application for the above proposal and enclose a copy for your information. Any observations which the Parish Council wish to make should be set out below and returned to me by 26-NOV-92. If no observations have been received by that date, it will be assumed that the Parish Council have no comments to make. The officer dealing with this application is D M GEDNEY

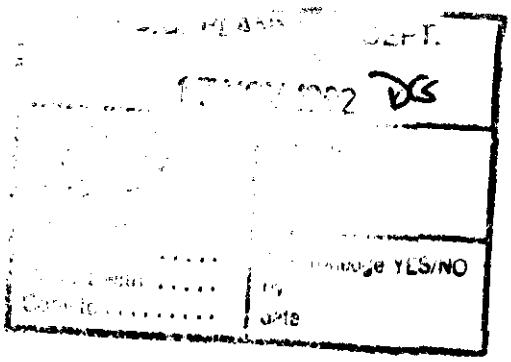
Yours faithfully
B SMITH
Director of Planning and Building Control Services

Clerk to Holbeach PC
Parish Council Office
2 Spalding Road, Holbeach
Spalding, Lincs

FOR PARISH COUNCIL USE ONLY

Comments: Strongly Supported

Signed:



AWAITING CHEQUE 52.7

BRIAN SMITH Dip TP MRTPI
Director of Planning & Building Control Services
Planning & Building Control Department,
Council Offices,
Priory Road, Spalding,
Lincolnshire. PE11 2XE

Telephone: (0775) 761161
Fax: (0775) 710772

SOUTH HOLLAND DISTRICT COUNCIL

RECEIVED IN PLANNING DEPARTMENT
- 4 NOV 1992
INITIALS

Application no: H09/1152/92

Applicant: Holbeach & E.E. Hospital Trust
Holbeach Hospital
Boston Road
Holbeach
Spalding Lincs PE12 8AQ

Agent: South Lincs Health Authorit
Dept of Estate Management
Laundon House
Eastgate
Sleaford Lincs NG34 7DW

Description: Two storey extension to provide additional single bedroom accommodation, day room and support facilities

Location: Holbeach Hospital
Boston Road
Holbeach
Spalding

SOUTH HOLLAND D.C.
PLAN DEPT
09 NOV 1992
REF.....

Type: FULL

Date received: 30-OCT-92

02-NOV-92

Dear Sir/Madam

NOTICE THAT APPLICATION IS INVALID
Requirement for additional information, fees etc

Your submission for the above has been received, but I regret that it cannot be dealt with as it stands. Please provide the following:

✓ A further fee of £60 is required. Please see attached fee sheet.

Please return the additional copy of this letter with your reply.

If I do not hear from you within the next 14 days it will be assumed that you have no wish to continue with the application. It will then be filed away and any fee already received will be reimbursed.
If you wish to contact the department at any time, please ask for Mrs Maxwell quoting the above reference.

Yours faithfully

pp Principal Administrative Officer

South Lincolnshire Health Authority

District General Manager
M. T. Townson, B.A., A.H.S.M.

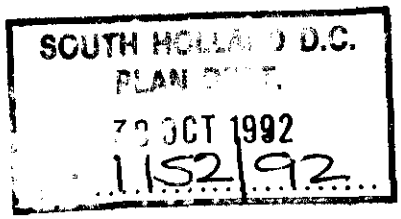
Department of Estate Management,
Laundon House, Eastgate, Sleaford,
Lincolnshire. NG34 7DW

Telephone: 0529 414166
Ext: 5601

Our Ref: H&EE/TRUST/2
Your Ref:
Please Ask For: H M Forman

South Holland District Council
Council Offices
Priory Road
SPALDING
Lincs PE11 2XE

For the attention of Director of Planning



29 October 1992

Dear Sir

RE: APPLICATION FOR PERMISSION TO EXTEND HOLBEACH HOSPITAL
BOSTON ROAD HOLBEACH LINCOLNSHIRE

On behalf of the Holbeach & East Elloe Hospital Trust, I formally apply for planning consent to extend the accommodation at Holbeach Hospital.

I enclose 4 copies of the ordnance survey, site layout, ground floor plans, first floor plans, elevations, application forms and cheque in payment of fees.

If you wish to visit site or discuss our proposal, I should be pleased to meet at a mutually convenient time.

Yours faithfully

pp H M Forman
District Building Officer

HMF/SMT
29-10-92

Encs

SL 81

SOUTH HOLLAND DISTRICT COUNCIL

Application No: H09/1152/92/A1 Date Received: 12-MAR-93

Applicant: Holbeach & E. E. Hospital Trust
Holbeach Hospital
Boston Road
Holbeach
Spalding
Lincs PE12 8AQ

Agent: South Lincs. Health Authority
Laundon House
Eastgate
Sleaford
Lincs

Description of Original Development: Two storey extension to provide additional single bedroom accommodation, day room and support facilities

Location: Holbeach Hospital, Boston Road, Holbeach

Amendment Submitted: Amendments to fire escape

29 March, 1993

Dear Sir/Madam

TOWN AND COUNTRY PLANNING ACT 1990
NOTICE OF ACCEPTANCE OF AMENDMENT

The amended details submitted in respect of the above proposal have now been considered, and I am able to inform you that there are no objections to the amendment being implemented to the extent described above.

Note: This Notice does not convey any approval under the Building Regulations.

Yours faithfully

Director of Planning and Building Control Services

BRIAN SMITH Dip TP MRTPI Director of Planning & Building Control Services

Planning & Building Control Department, Council Offices, Priory Road, Spalding, Lincolnshire. PE11 2XE (Tel: 0775 761161)

PLANNING AMENDMENT

For office use only

Application No. H09/1152/92/91

Date registered 12 [illegible] 1993

Case Officer DG

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

HOLBEACH & EE. HOSPITAL TRUST
HOLBEACH

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

South Lincs Health Authority
Lawndon House
Eastgate
Sleaford. Lincs.

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Please complete

EARLIER APPLICATION No.

This application **cannot be considered** unless the relevant reference is stated

H09/1152/92

Building Regulation reference relating to same development.

2. Please tick **one** box only

A. Amendment is proposed where permission already granted ☐
If yes, submit two forms and two plans

or

B. Amendment is to a proposal currently being considered ☐
If yes, submit four forms and four plans.
State whether amendment has been requested by the Council ☐

Has a similar amendment been submitted under Building Regulations? Yes / No

Please complete

I attach the necessary plans and request that the changes described below be accepted as an amendment. I understand that the Council may require a fresh application, together with fee if appropriate.

Signed ..... Date .....

3. Please complete in block letters

FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

As **NOW PROPOSED**, if different

Same

State details of amendments proposed

(Give a full detailed list of the changes, and also mark these clearly on the accompanying plans)

Amendments to fire escape.

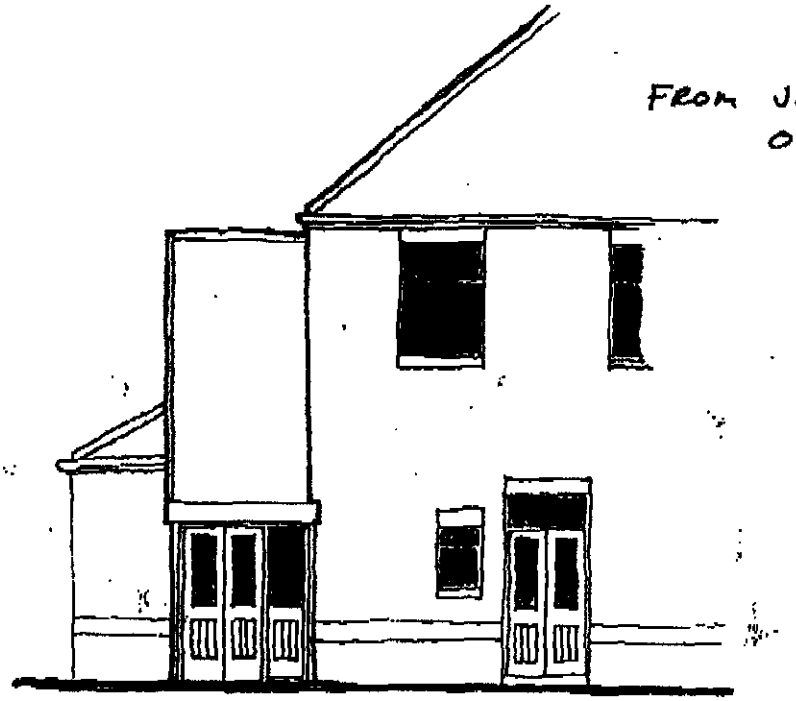
State drawing no's of the current submission

State Officer dealing with the application, if known.

Describe any part of the original development which is excluded by virtue of the amendment, and state any alteration to plot numbers

FROM JOHN H CANNER
0636 812919

HOLBEACH
HOSPITAL.

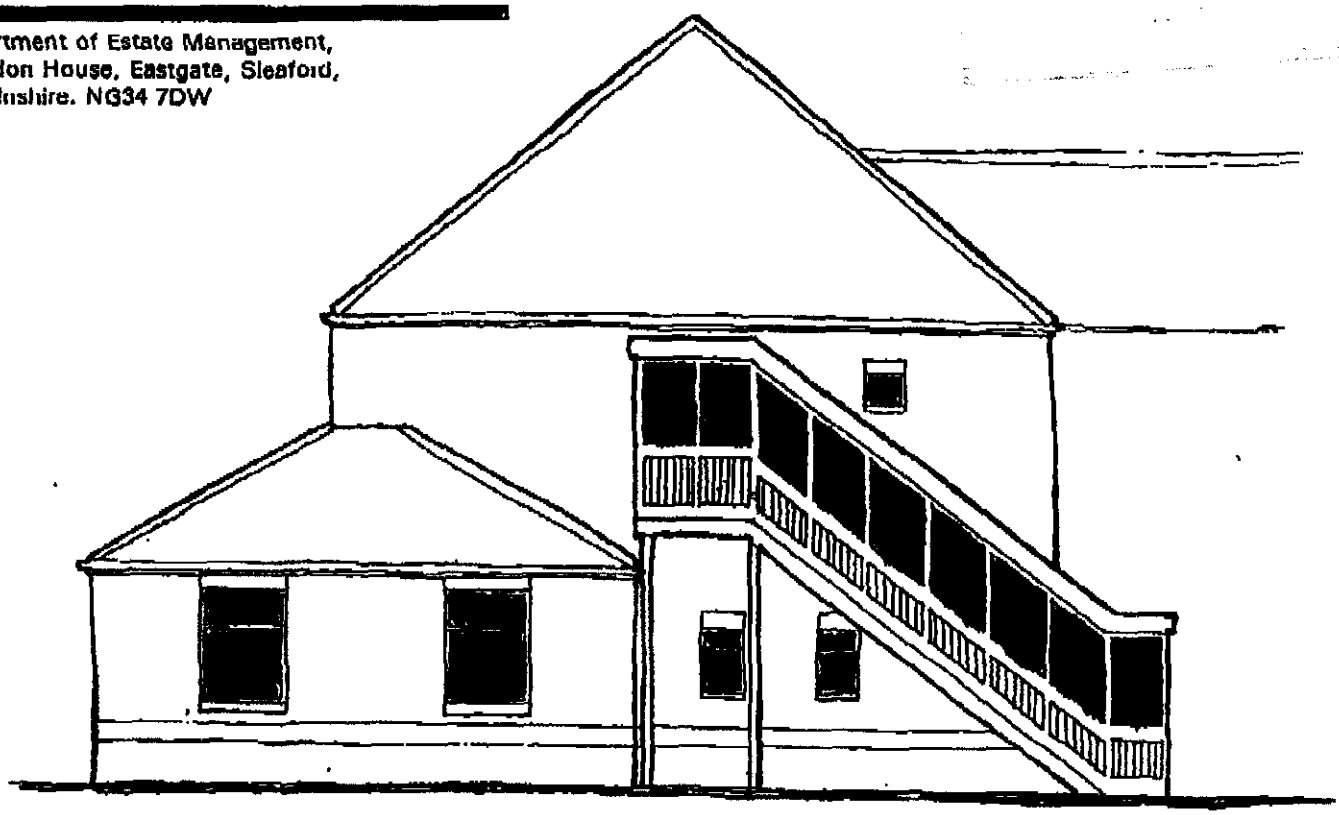


S.H.D.C. PLANNING DEPT.
RECEIVED
11/52/92 10 MAR 1993
Application No. Fee Paid
D6.

South Lincolnshire Health Authority

Department of Estate Management,
Laundon House, Eastgate, Sleaford,
Lincolnshire. NG34 7DW

NORTH



EAST

FOR THE ATTENTION OF
MR. D. GEDNEY (PLANNING)

BRIAN SMITH Dip TP MRTPI
Director of Planning & Building Control Services
Planning & Building Control Department,
Council Offices,
Priory Road, Spalding.
Lincolnshire. PE11 2XE

Telephone: (0775) 761161
Fax: (0775) 710772

SOUTH HOLLAND DISTRICT COUNCIL

FILE COPY

Application No: H09/1152/92/A2 Date Received: 09-JUN-93

Applicant: Holbeach and East
Elloe Hospital Trust
Holbeach Hospital
Boston Road
Holbeach
Spalding
Lincs PE12 8AQ

Agent: South Lincs Health
Authority
Dept of Estate
Management
Laundon House
Eastgate
Sleaford
Lincs NG34 0RA

Description of Original Development: Two storey extension to provide additional single bedroom accommodation, day room and support facilities.

Location: Holbeach Hospital, Boston Road, Holbeach.

Amendment Submitted: Amendments to fire escape

11 June 1993

Dear Sir/Madam

TOWN AND COUNTRY PLANNING ACT 1990
NOTICE OF ACCEPTANCE OF AMENDMENT

The amended details submitted in respect of the above proposal have now been considered, and I am able to inform you that there are no objections to the amendment being implemented to the extent described above.

Note: This Notice does not convey any approval under the Building Regulations.

Yours faithfully

Director of Planning and Building Control Services

amd.2

PLANNING AMENDMENT

For office use only

Application No. H09/1152/92/2

Date registered 1 JUN 1993

Case Officer DG

1. Please complete in block letters **NAME AND ADDRESS OF APPLICANT**	**NAME AND ADDRESS OF AGENT** (if form completed by agent)
Holbeach + E.E. Hospital Trust Holbeach Tel. No.	South Lincs Health Authority. Tel. No. (Contact)

Please complete in block letters
FULL POSTAL ADDRESS OF THE APPLICATION SITE

Please complete **EARLIER APPLICATION No.** This application **cannot be considered** *unless the relevant reference is stated*	H09/1152/92
Building Regulation reference relating to same development.	

2. Please tick **one** box only

A. Amendment is proposed where permission already granted. If yes, submit two forms and two plans [ ]

or

B. Amendment is to a proposal currently being considered. If yes, submit four forms and four plans. [ ]

State whether amendment has been requested by the Council [ ]

Has a similar amendment been submitted under Building Regulations? Yes / No

Please complete

I attach the necessary plans and request that the changes described below be accepted as an amendment. I understand that the Council may require a fresh application, together with fee if appropriate.

Signed ..... Date .....

3. Please complete in block letters **FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION**	
As NOW PROPOSED, if different	Same
State details of amendments proposed (Give a full detailed list of the changes, and also mark these clearly on the accompanying plans)	Amendments to fire escape.
State drawing no's of the current submission	
State Officer dealing with the application, if known.	
Describe any part of the original development which is excluded by virtue of the amendment, and state any alteration to plot numbers	

South Lincolnshire Health Authority

District General Manager
M. T. Townson, B.A., A.H.S.M.

Department of Estate Management,
Laundon House, Eastgate, Sleaford,
Lincolnshire. NG34 7DW

Telephone: 0529 414166

Ext: 5601

Our Ref:

Your Ref:

Please Ask For:

Planning and Building Control Department
Council Offices
Spalding
Lincolnshire
PE11 2XE

For the attention of Mr D.Gedney

7th June 1993

Ref. A/2

Dear Sir

Re:Proposed Extension and Alterations to Holbeach Hospital
Planning Reference:H09/1152/92

Further to the recent telephone conversations between Mr Gedney and John Canner please find enclosed four copies of drawing No. 92/HH/46 indicating the proposal for the escape stair at the Eastern end of the extension.

We would now welcome your formal consideration and approval of the revised proposal as a minor amendment to the Planning Permission granted on 29th December 1992.

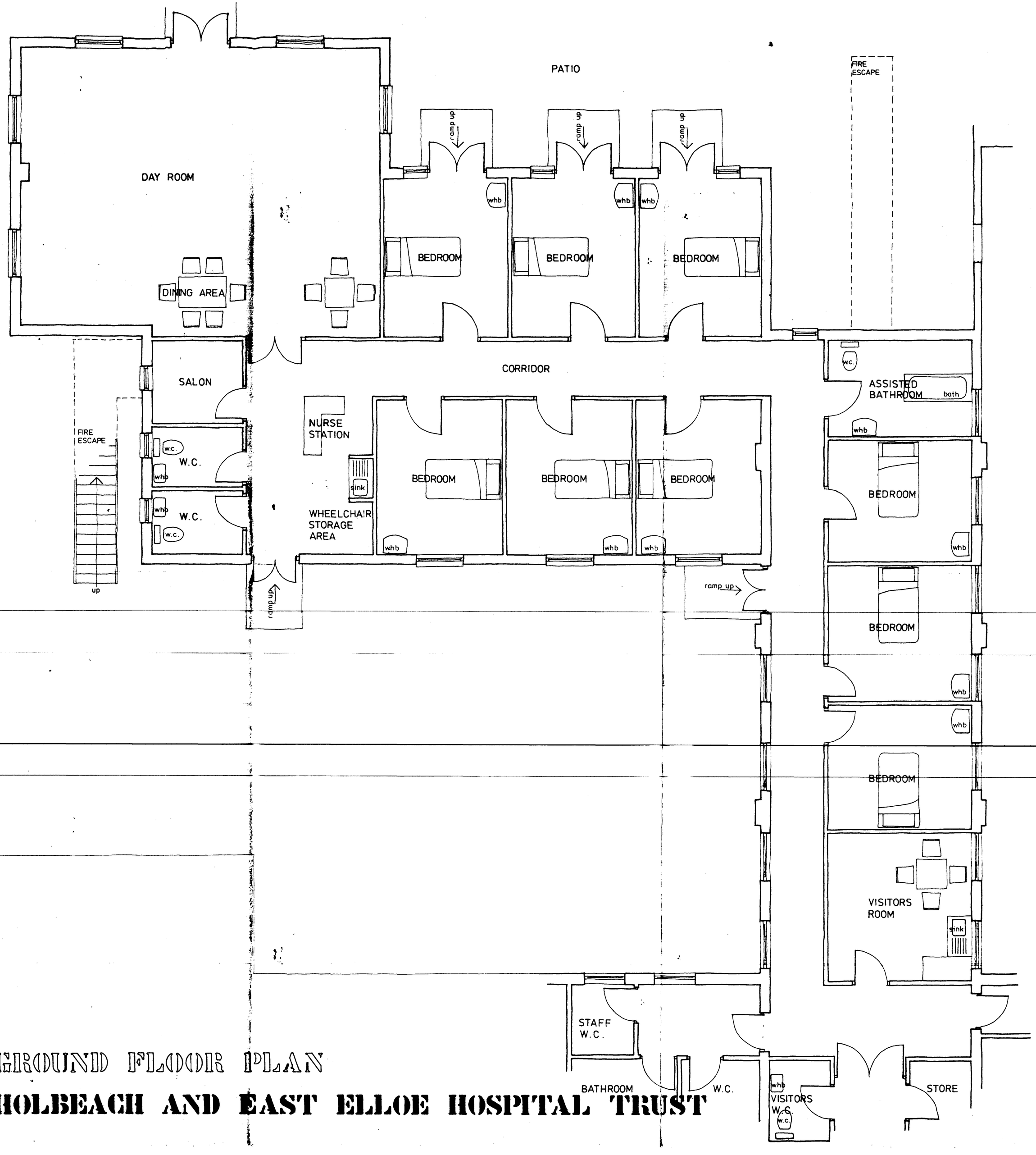
SOUTH HOLLAND D.C.
PLAN DEPT
09 JUN 1993
REF Ack KL

Yours Faithfully

John H. Canner

p.p. H.M.Forman
Estates Director

HMF/JHC/SJC
07.06.93



NOTES

1. DIMENSIONS ARE NOT TO BE SCALED.
2. GIVEN DIMENSIONS SHOULD BE CHECKED AGAINST ACTUAL SITE SIZES BEFORE ANY WORK IS CONSTRUCTED.

30 OCT 1992
REF 1152/92

No.	Date	Description
REVISION		

SOUTH LINCOLNSHIRE HEALTH AUTHORITY
DEPARTMENT OF ESTATE MANAGEMENT
DISTRICT HEADQUARTERS
EASTGATE SLEAFORD,
LINCOLNSHIRE NG34 7EB
telephone No. (0529) 414166

TITLE
PROPOSED EXTENSION AND ALTERATIONS

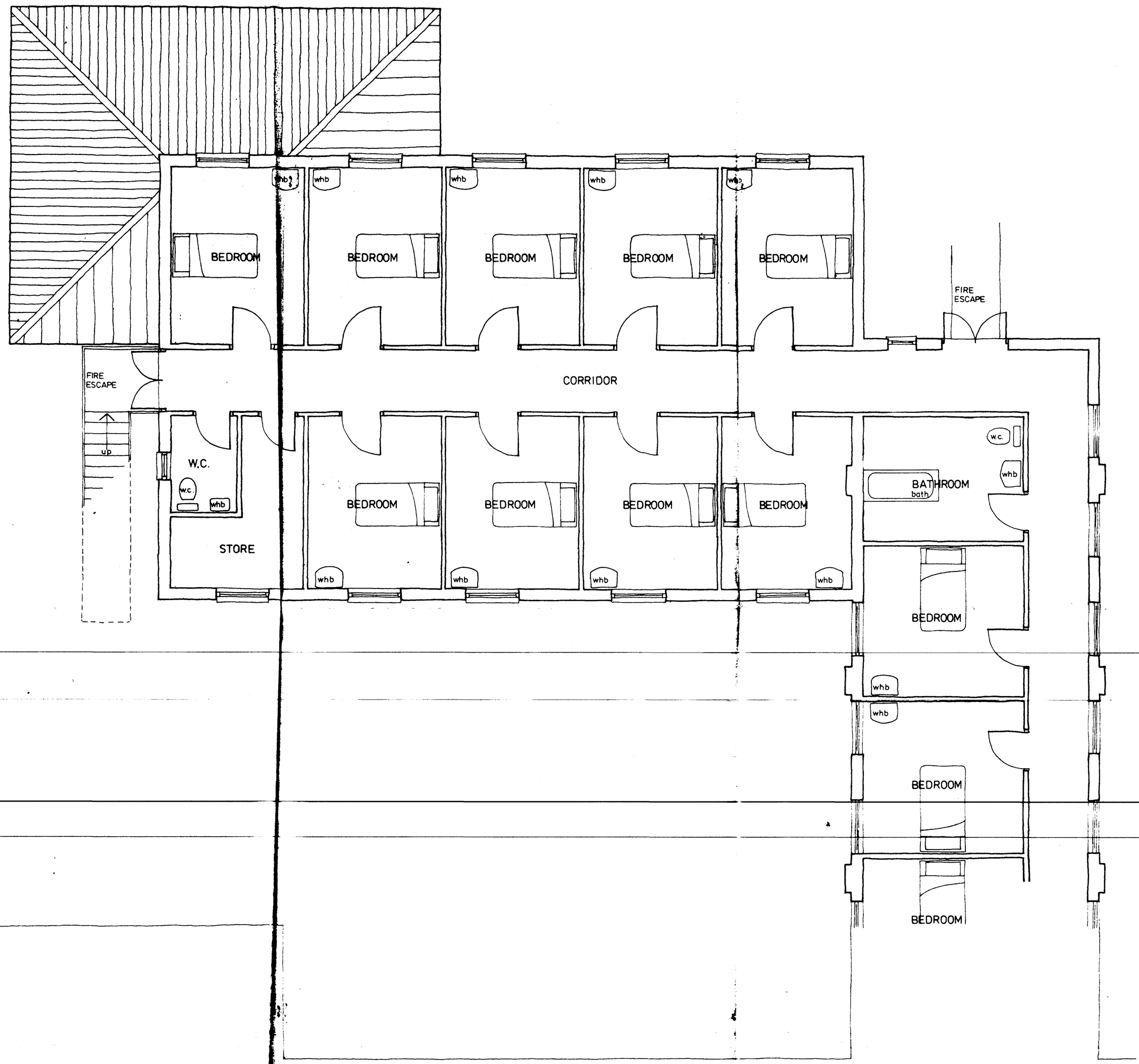
PROPERTY
HOLBEACH AND EAST ELLOE HOSPITAL TRUST

DRAWN	CHECKED	DATE
JHC		Oct. 1992
DRAWING NUMBER: 92/HH/10		SCALE: 1:50

DRAWING STATUS
GROUND FLOOR PLAN

GROUND FLOOR PLAN

HOLBEACH AND EAST ELLOE HOSPITAL TRUST



FIRST FLOOR PLAN

HOLBEACH AND EAST ELLOE HOSPITAL TRUST

NOTES

1. DIMENSIONS ARE NOT TO BE SCALED.
2. GIVEN DIMENSIONS SHOULD BE CHECKED AGAINST ACTUAL SITE SIZES BEFORE ANY WORK IS CONSTRUCTED.

RECEIVED
30 OCT 1992
REF 1152/92

No.	Date	Description
REVISION		

SOUTH LINCOLNSHIRE HEALTH AUTHORITY

DEPARTMENT OF ESTATE MANAGEMENT
DISTRICT HEADQUARTERS
EASTGATE SLEAFORD,
LINCOLNSHIRE NG34 7EB
telephone No. (0529) 414166

TITLE
PROPOSED EXTENSION AND ALTERATIONS.

PROPERTY
HOLBEACH AND EAST ELLOE HOSPITAL TRUST

DRAWN	CHECKED	DATE
JHC		Oct. 1992

DRAWING NUMBER	SCALE
92/HH/11	1:50

DRAWING STATUS
FIRST FLOOR PLAN



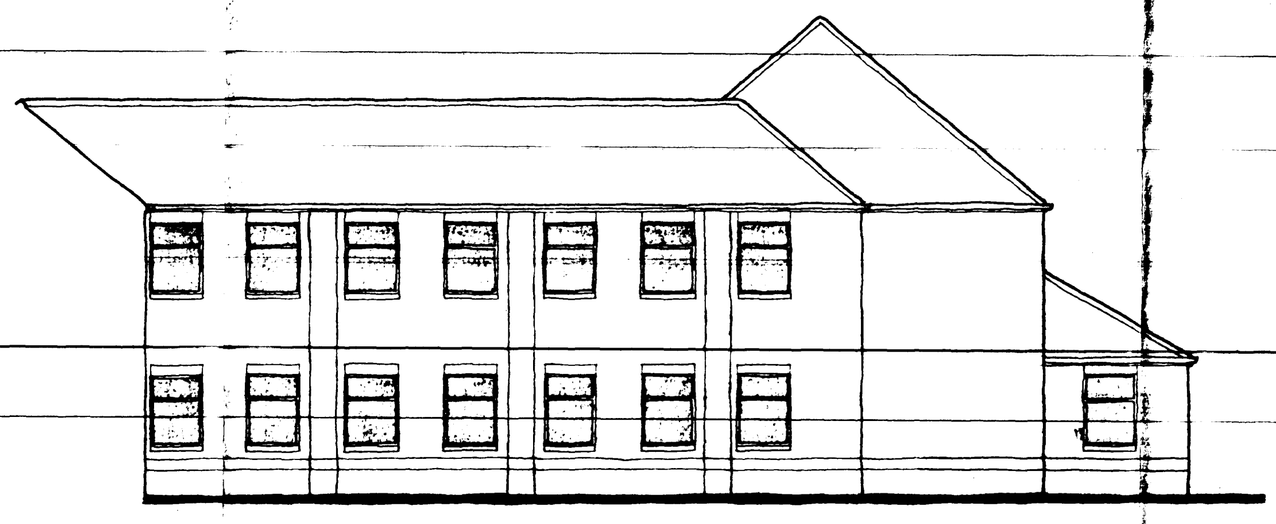
NORTH



EAST



SOUTH



WEST

ELEVATIONS

HOLBEACH AND EAST ELLOE HOSPITAL TRUST

NOTES

1. **DIMENSIONS ARE NOT TO BE SCALED.**
2. **GIVEN DIMENSIONS SHOULD BE CHECKED AGAINST ACTUAL SITE SIZES BEFORE ANY WORK IS CONSTRUCTED.**

MATERIALS FOR PROPOSED EXTENSION:

ROOF:
Redland Stonewold II Tiles
Colour Slate Grey

EXTERNAL WALLS:
Red Facings Bricks Type and
Colour to be Agreed

WINDOWS AND DOORS:
White Upvc

FIRE ESCAPE:
Steps and Landing Galvanised,
Balustrade painted Black Gloss.

SOUTH LINCOLNSHIRE D.C.
PLANNING DEPT.
30 OCT 1992
1152/92

No.	Date	Description
REVISION		

SOUTH LINCOLNSHIRE HEALTH AUTHORITY
DEPARTMENT OF ESTATE MANAGEMENT
DISTRICT HEADQUARTERS
EASTGATE SLEAFORD,
LINCOLNSHIRE NG34 7EB
telephone No. (0529) 414166

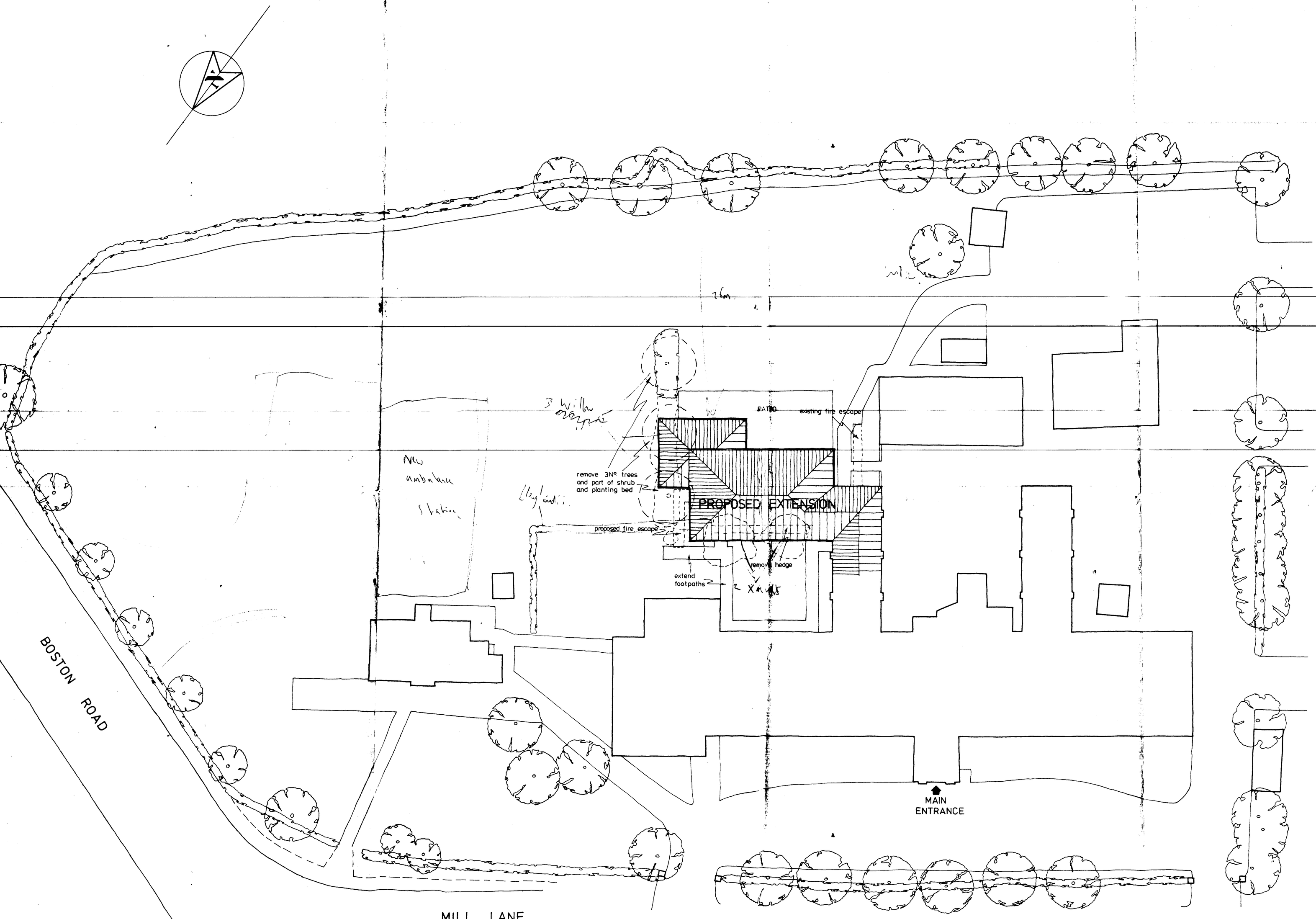
TITLE	PROPOSED EXTENSION AND ALTERATIONS
PROPERTY	HOLBEACH AND EAST ELLOE HOSPITAL TRUST

DRAWN	CHECKED	DATE
JHC		Oct. 1992
DRAWING NUMBER	**SCALE**	
92/HH/12	1:100	

DRAWING STATUS
ELEVATIONS

NOTES

1. **DIMENSIONS ARE NOT TO BE SCALED.**
2. **GIVEN DIMENSIONS SHOULD BE CHECKED AGAINST ACTUAL SITE SIZES BEFORE ANY WORK IS CONSTRUCTED.**



SOUTH LINCOLNSHIRE HEALTH AUTHORITY
30 OCT 1992
1152/92

No.	Date	Description
REVISION		

SOUTH LINCOLNSHIRE HEALTH AUTHORITY
DEPARTMENT OF ESTATE MANAGEMENT
DISTRICT HEADQUARTERS
EASTGATE SLEAFORD,
LINCOLNSHIRE NG34 7EB
telephone No. (0529) 414166

TITLE
PROPERTY
HOLBEACH AND EAST ELLOE HOSPITAL TRUST

DRAWN	CHECKED	DATE
JHC		Oct. 1992

DRAWING NUMBER	SCALE
92/HH/13	1:200

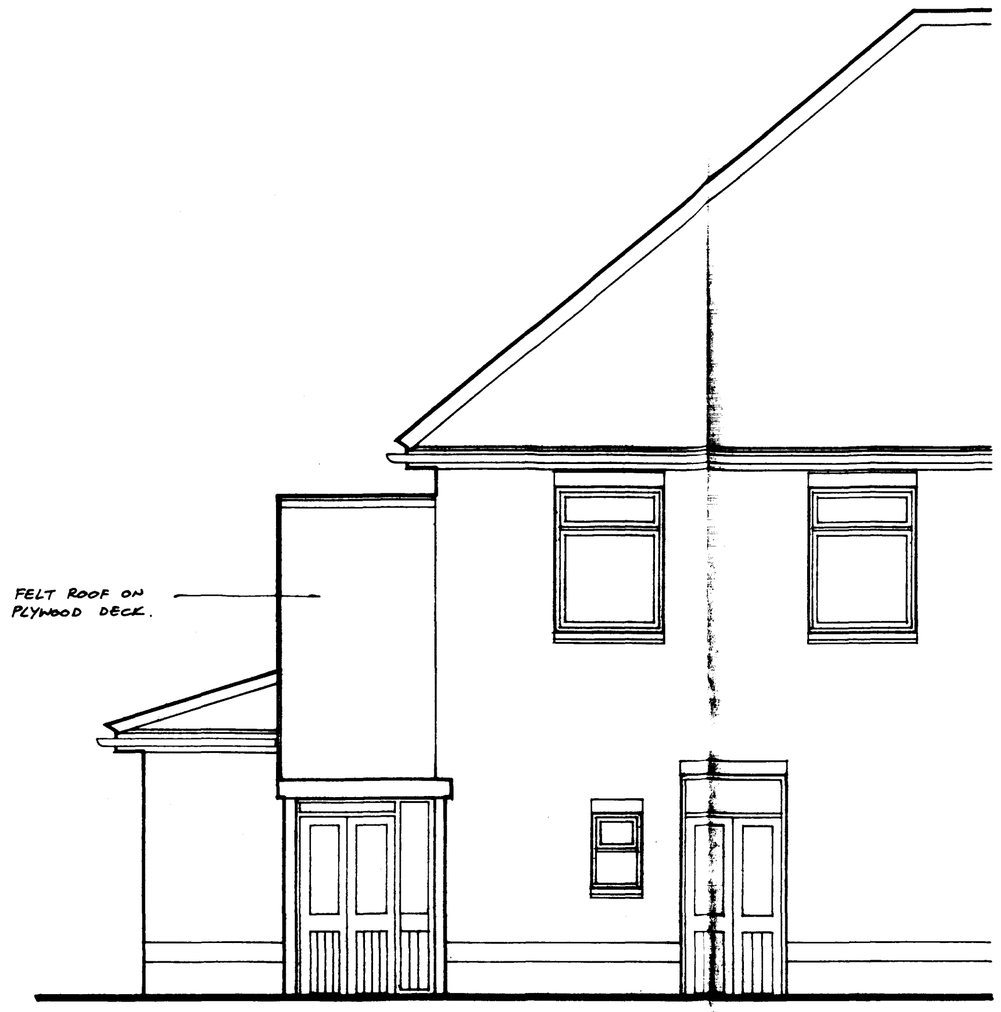
DRAWING STATUS
SITE LAYOUT

SITE LAYOUT

HOLBEACH AND EAST ELLOE HOSPITAL TRUST

NOTES

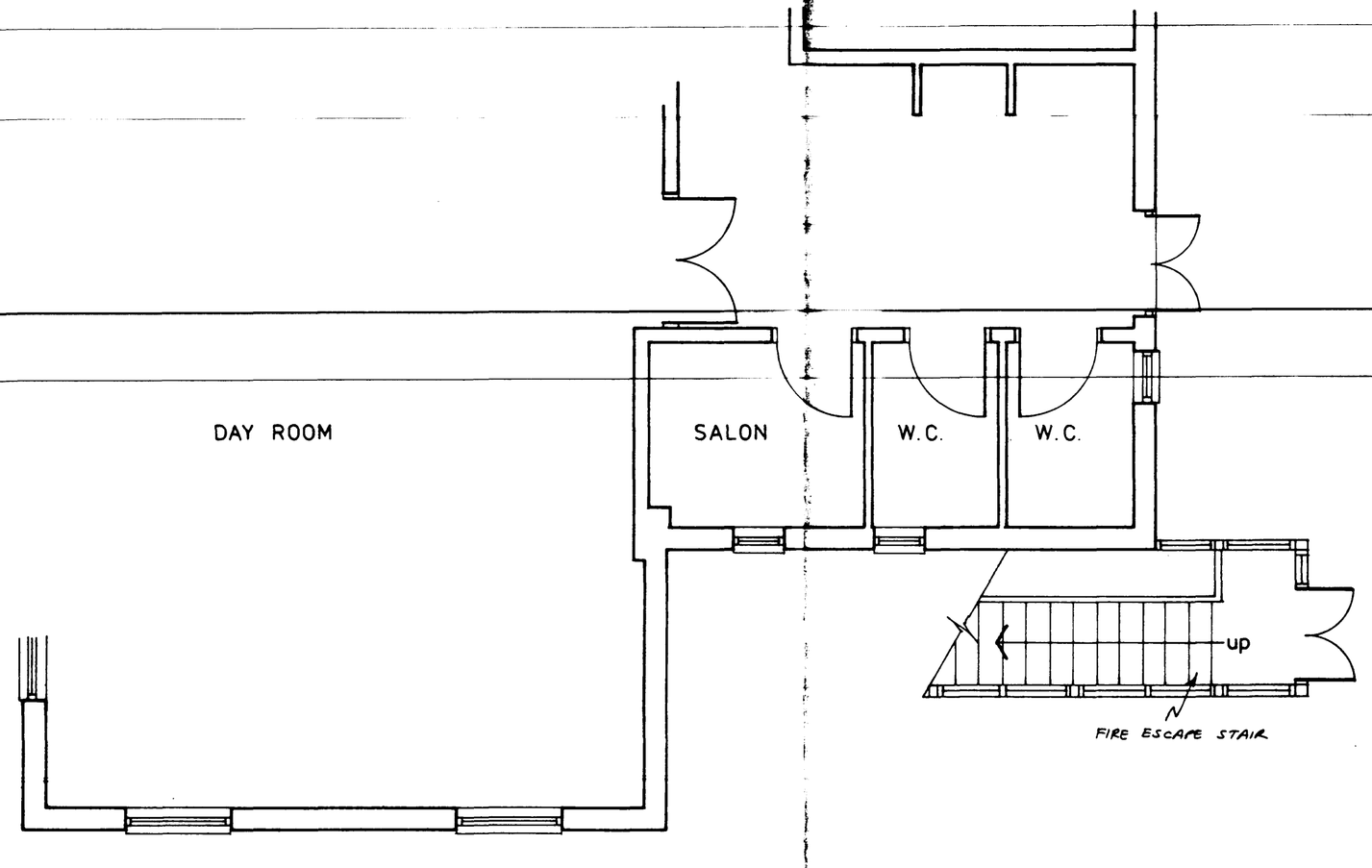
1. DIMENSIONS ARE NOT TO BE SCALED.
2. GIVEN DIMENSIONS SHOULD BE CHECKED AGAINST ACTUAL SITE SIZES BEFORE ANY WORK IS CONSTRUCTED.



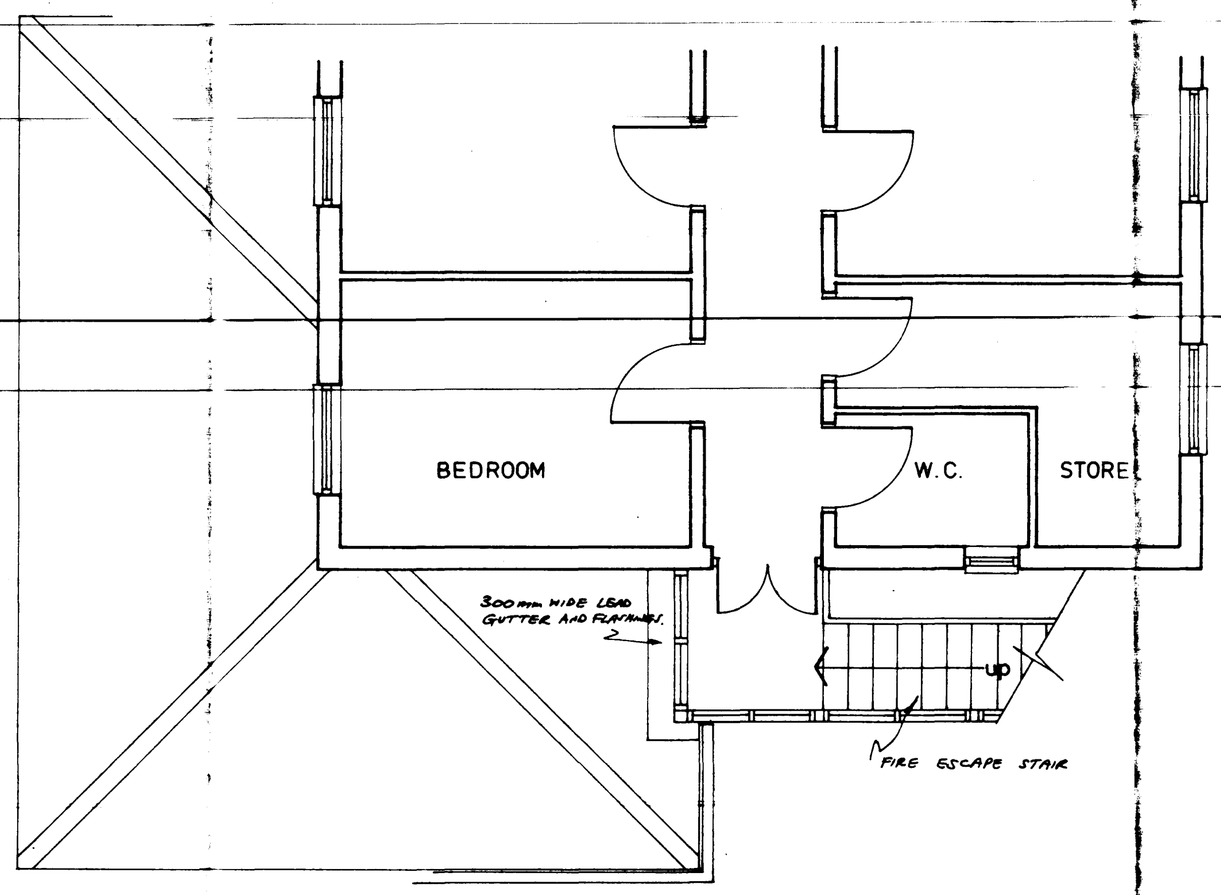
NORTH ELEVATION



EAST ELEVATION



PART GROUND FLOOR PLAN



PART FIRST FLOOR PLAN

APPROVED PLAN
Ref. A/2

SOUTH HOLLAND D.C.
PLAN DEPT
09 JUN 1993
REF 1/93/pp

No.	Date	Description
REVISION		

SOUTH LINCOLNSHIRE HEALTH AUTHORITY

DEPARTMENT OF ESTATE MANAGEMENT
DISTRICT HEADQUARTERS
EASTGATE SLEAFORD,
LINCOLNSHIRE NG34 7EB
telephone No. (0529) 414166

TITLE
PROPOSED EXTENSION AND ALTERATIONS TO NURSING HOME

PROPERTY
HOLBEACH HOSPITAL
HOLBEACH AND EAST ELLOE HOSPITAL TRUST

DRAWN	CHECKED	DATE
JHC		JUNE 1993

DRAWING NUMBER	SCALE
92/HH/46	1 : 50

DRAWING STATUS
ADDITIONAL COVERED ESCAPE STAIR

M.O.D. 3674/91 (14/100)