PLANNING APPLICATION

For office use only

Application No. H09/1241/98

Date Registered 15 DEC 1998

Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR & MRS. G. LUFF.
'MALVERN HOUSE'
28 FLEET STREET
HOLBEACH
LINCS

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

COOPER ARCHITECTURAL DESIGN
HOCKLESGATE, FLEET
SPALDING, LINCS
01406 423762

Tel. No.
(Personal contact name)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS APPLICANT.

OFFICE COPY

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

REPLACEMENT of FIRST FLOOR WINDOWS GUTTERS & FASCIA.

Please complete

I attach * Four copies of the plans
* an ownership certificate
* a fee of £95.00

Signed ..... Date 15-12-98

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(s) ✓

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.**

TYPE OF DEVELOPMENT

3 A. [illegible] (tick one or more boxes)

		If so, how many:
	✓	

4 B. [illegible] hectares

B. If building [illegible] sq. metres

C. [illegible] metres

[illegible] metres

[illegible] metres

D. Please [illegible] for [illegible] external walls:

E. Please [illegible]

F. [illegible] State Yes or No: YES.

5 GENERAL INFORMATION [illegible] this section

EXISTING [illegible]

Please [illegible] use of site: DWELLING & HAIRDRESSING SALON.

ACCESS [illegible] (PUBLIC ROAD) Please tick one box

A. [illegible] ✓

B. [illegible] [illegible] Proposed Means of Access to a Classified Road

C. [illegible] EXISTING.

[illegible]

[illegible] ✓

D. [illegible] [illegible] trees ➡ If so, please show details on plans.

DRAINAGE [illegible]

E. [illegible]

F. [illegible] Septic tank

Please [illegible] Yes or No

[illegible] NO ➡ If so, please give details in Part 6

NO

NO

NO

[illegible] and [illegible] YES ➡ If so, please complete Part 7

[illegible] NO ➡ Date:

Consent(s):

NO ➡ Application No.:

7. ANY [illegible] [illegible] details you wish in support of your application.

7. INDUSTRIAL, WAREHOUSING, OFFICES OR SHOPS Please complete if appropriate

Please tick one box only and complete B if necessary

A The proposal is for internal and/or external alterations only and will not result in any alteration in existing floorspace ✓

B The proposal includes the creation of or an alteration in total **gross** floorspace

Previous total gross floor space — sq. m

Industrial — sq. m Warehousing — sq. m

	Office Staff	Industrial staff	Other staff
How many staff do you employ at this address? If you have vacant floorspace, how many staff do you employ in that space?			
If you propose to change the number of staff, please give details of your proposed method of allocation			
In the case of a new business, what is the expected date of first occupation? In the case of an extension, what is the expected completion date?			
If this proposal involves the loss of staff, please state how many staff will be made redundant and when. If this proposal involves the gain of staff, please state how many staff will be employed and when.			
Is any of the floorspace to be used for the storage of hazardous substances?	State Yes or No: YES		
If yes, please state what substances will be stored and in what quantities	REPLACEMENT OF WINDOWS ETC.		
Is any of the floorspace to be used for the storage of radioactive substances?	State Yes or No: NO		
If yes, please state what substances will be stored and in what quantities			
What provision is to be made for the storage and disposal of waste? Please describe the facilities to be provided.	EXISTING UNCHANGED		
What provision is to be made for the parking, loading, unloading and turning of goods vehicles?	UNCHANGED		
What provision is to be made for the parking of cycles?	NONE		
Will the proposal affect existing public rights of way?	State Yes or No: NO — If yes, you may need to apply for Hazardous Substances Consent		
Will the proposal require the diversion or extinguishment of any public rights of way?	UNCHANGED.		

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).

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 15-12-98

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 15-12-98

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 .....