SOUTH HOLLAND DISTRICT COUNCIL

H11-0215-10

23 MAR 2010

Application for Planning Permission.
Town and Country Planning Act 1990

FILE COPY

ıblication of planning applications on council websites

ease note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this plication form and in supporting documents may be published on the council's website.

rou have provided any other information as part of your application which falls within the definition of personal data under the ta Protection Act which you do not wish to be published on the council's website, please contact the council's planning partment.

ase complete using block capitals and black ink.

s important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Applicant Name and Address		2. Agent Name and Address	
tle:	MR	Title:	
First name:	CHRIS	First name:	
ıst name:	PARSONS	Last name:	
ɔmpany ptional):		Company (optional):	
nit:		Unit:	
House number:	55	House number:	
House suffix:		House suffix:	
ɔuse ıme:		House name:	
ddress 1:	LONDON ROAD	Address 1:	
ddress 2:	LONG SUTTON	Address 2:	
ddress 3:		Address 3:	
wn:	SPALDING	Town:	
unty:	LINCOLNSHIRE	County:	
untry:	UNITED KINGDOM	Country:	
stcode:	PE12 9ED	Postcode:	

Description of the Proposal

ease describe the proposed development, including any change of use:

TO CONVERT EXISTING GARAGE INTO "GRANNY ANNEXE"
ONLY EXTERNAL CHANGE TO EXISTING BUILDING IS REPLACE GARAGE DOOR WITH WINDOW.
BUILDING HAS A PITCHED ROOF AND EXISTING SUPPLIES OF WATER & ELECTRICITY.

the building, work or change of use already started? ☐ Yes ☒ No

es, please state the date when building, rk or use were started (DD/MM/YYYY): (date must be pre-application submission)

the building, work or change of use been completed? ☐ Yes ☒ No

es, please state the date when the building, work hange of use was completed: (DD/MM/YYYY): (date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: 55 | House suffix:

House name:

Address 1: LONDON ROAD

Address 2: LONG SUTTON

Address 3:

Town: SPALDING

County: LINCOLNSHIRE

Postcode (optional): PE12 9ED

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: | Northing:

Description:

5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☒ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

6. Pedestrian and Vehicle Access, Roads and Rights of Way

s a new or altered vehicle access proposed o or from the public highway? ☐ Yes ☒ No

s a new or altered pedestrian ccess proposed to or from ne public highway? ☐ Yes ☒ No

re there any new public roads to be rovided within the site? ☐ Yes ☒ No

re there any new public ghts of way to be provided ithin or adjacent to the site? ☐ Yes ☒ No

o the proposals require any diversions xtinguishments and/or eation of rights of way? ☐ Yes ☒ No

you answered Yes to any of the above questions, please show etails on your plans/drawings and state the reference of the plan)/drawings(s)

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☒ Yes ☐ No

If Yes, please provide details:

USE EXISTING BIN AREA

Have arrangements been made for the separate storage and collection of recyclable waste? ☒ Yes ☐ No

If Yes, please provide details:

IN EXISTING BIN AREA

Neighbour and Community Consultation

ve you consulted your neighbours or local community about the proposal? ☐ Yes ☒ No

'es, please provide details:

9. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council? ☐ Yes ☒ No

If Yes, please provide details:

10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable
Walls	BRICK WITH CAVITY SPACE		☐	☐	
Roof	~~PITCH~~ PITCHED TILED ROOF		☐	☐	
Windows		REPLACEMENT UPVC WINDOWS WHITE EXCEPT TO FRONT	☐	☐	
Doors		REPLACEMENT HARD WOOD	☐	☐	
Boundary treatments (e.g. fences, walls)			☒	☐	
Vehicle access and hard-standing	CONCRETE DRIVE FOR UP TO FIVE CARS		☐	☐	
Lighting			☐	☒	
Others (please specify)			☐	☐	

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? ☒ Yes ☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

DAS/1

11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	5	5	0
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			

12. Foul Sewage

Please state how foul sewage is to be disposed of:

- [x] Mains sewer
- [ ] Cess pit
- [ ] Septic tank
- [ ] Other
- [ ] Package treatment plant

Are you proposing to connect to the existing drainage system? [x] Yes [ ] No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

13. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

[ ] Yes [x] No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? [ ] Yes [x] No

Will the proposal increase the flood risk elsewhere? [ ] Yes [x] No

How will surface water be disposed of?

- [ ] Sustainable drainage system
- [ ] Existing watercourse
- [x] Soakaway
- [ ] Pond/lake
- [ ] Main sewer

14. Biodiversity and Geological Conservation

Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- [ ] Yes, on the development site
- [ ] Yes, on land adjacent to or near the proposed development
- [x] No

) Designated sites, important habitats or other biodiversity eatures:

- [ ] Yes, on the development site
- [ ] Yes, on land adjacent to or near the proposed development
- [x] No

Features of geological conservation importance:

- [ ] Yes, on the development site
- [ ] Yes, on land adjacent to or near the proposed development
- [x] No

15. Existing Use

Please describe the current use of the site:

GARAGE

Is the site currently vacant? [x] Yes [ ] No

If Yes, please describe the last use of the site:

GARAGE

When did this use end (if known)? DD/MM/YYYY (date where known may be approximate) N/A

Does the proposal involve any of the following:

Land which is known to be contaminated? [ ] Yes [x] No

Land where contamination is suspected for all or part of the site? [ ] Yes [x] No

A proposed use that would be particularly vulnerable to the presence of contamination? [ ] Yes [x] No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

5. Trees and Hedges

e there trees or hedges on the oposed development site? [ ] Yes [x] No

id/or: Are there trees or hedges on land adjacent to the oposed development site that could influence the velopment or might be important as part the local landscape character? [ ] Yes [x] No

'es to either or both of the above, you will need to provide a full

17. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? [ ] Yes [x] No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

18. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? ☒ Yes ☐ No
If Yes, please complete details of the changes in the tables below:

Proposed Housing

Market Housing	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐	X					1
Flats and maisonettes	☐						
Live-work units	☐						
Cluster flats	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Unknown type	☐						
Totals *(a+b+c+d+e+f+g)=*							

Social Rented	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						
Flats and maisonettes	☐						
Live-work units	☐						
Cluster flats	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Unknown type	☐						
Totals *(a+b+c+d+e+f+g)=*							

Intermediate	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						
Flats and maisonettes	☐						
Live-work units	☐						
Cluster flats	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Unknown type	☐						
Totals *(a+b+c+d+e+f+g)=*							

Key worker	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
ouses	☐						
ats and maisonettes	☐						
ve-work units	☐						
uster flats	☐						
heltered housing	☐						
edsit/studios	☐						
nknown type	☐						
Totals *(a+b+c+d+e+f+g)=*							1

Total proposed residential units *(A+B+C+D)=* 1

Existing Housing

Market Housing	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						0
Flats and maisonettes	☐						
Live-work units	☐						
Cluster flats	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Unknown type	☐						
Totals *(a+b+c+d+e+f+g)=*							

Social Rented	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						
Flats and maisonettes	☐						
Live-work units	☐						
Cluster flats	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Unknown type	☐						
Totals *(a+b+c+d+e+f+g)=*							

Intermediate	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						
Flats and maisonettes	☐						
Live-work units	☐						
Cluster flats	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Unknown type	☐						
Totals *(a+b+c+d+e+f+g)=*							

Key worker	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						
Flats and maisonettes	☐						
Live-work units	☐						
Cluster flats	☐						
Sheltered housing	☐						
Bedsit/studios	☐						
Unknown type	☐						
Totals *(a+b+c+d+e+f+g)=*							0

Total existing residential units *(E+F+G+H)=* 0

19. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☒ No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	Shops	☐				
	Net tradable area:	☐				
A2	Financial and professional services	☐				
A3	Restaurants and cafes	☐				
A4	Drinking establishments	☐				
A5	Hot food takeaways	☐				
B1 (a)	Office (other than A2)	☐				
B1 (b)	Research and development	☐				
B1 (c)	Light industrial	☐				
B2	General industrial	☐				
B8	Storage or distribution	☐				
C1	Hotels and halls of residence	☐				
C2	Residential institutions	☐				
D1	Non-residential institutions	☐				
D2	Assembly and leisure	☐				
OTHER	Please specify	☐				
		☐				
	Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	☐			
C2	Residential Institutions	☐			
Other	Hostels	☐			

Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent	Not known
Existing employees	N/A			
Proposed employees				

Hours of Opening

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
N/A				

Site Area

23. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? ☐ Yes ☒ No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	☐		
Non-hazardous landfill	☐		
Hazardous landfill	☐		
Energy from waste incineration	☐		
Other incineration	☐		
Landfill gas generation plant	☐		
Pyrolysis/gasification	☐		
Metal recycling site	☐		
Transfer stations	☐		
Material recovery/recycling facilities (MRFs)	☐		
Household civic amenity sites	☐		
Open windrow composting	☐		
In-vessel composting	☐		
Anaerobic digestion	☐		
Any combined mechanical, biological and/or thermal treatment (MBT)	☐		
Sewage treatment works	☐		
Other treatment	☐		
Recycling facilities construction, demolition and excavation waste	☐		
Storage of waste	☐		
Other waste management	☐		
Other developments	☐		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

24. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☒ No ☐ Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) | Ethylene oxide (tonnes) | Phosgene (tonnes)

Ammonia (tonnes) | Hydrogen cyanide (tonnes) | Sulphur dioxide (tonnes)

Bromine (tonnes) | Liquid oxygen (tonnes) | Flour (tonnes)

Chlorine (tonnes) | Liquid petroleum gas (tonnes) | Refined white sugar (tonnes)

Other: | Other:

Amount (tonnes): | Amount (tonnes):

25. Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of any part of the land or building to which the application relates.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		22-3-2010

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of any part of the land or building to which this application relates.

Name of Owner	Address	Date Notice Served

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

certify/ The applicant certifies that:

Neither Certificate A or B can be issued for this application

All reasonable steps have been taken to find out the names and addresses of the other owners *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*)of the land or building, or of a part of it , but I have/ the applicant has been unable to do so.

he steps taken were:

Name of Owner	Address	Date Notice Served

otice of the application has been published in the following newspaper rculating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

ined - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

25. Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that:

§ Certificate A cannot be issued for this application

§ All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner *(owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):	On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

AGRICULTURAL HOLDINGS CERTIFICATE

Town and Country Planning (General Development Procedure)Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
Ch. P—		22=3=2010

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

ɜned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

Planning Application Requirements - Checklist

ase read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all rmation required will result in your application being deemed invalid. It will not be considered valid until all information required by Local Planning Authority has been submitted.

- ɔpies of a completed and dated application form: ☐
- pies of the plan which identifies the land to which application relates drawn to an identified e and showing the direction of North: ☐
- ɔies of other plans and drawings or information ssary to describe the subject of the application: ☐
- *The correct fee:* ☐
- 2 copies of a design and access statement: ☐
- 2 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): ☐
- 2 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable): ☐

Declaration

hereby apply for planning permission/consent as described in this form and the accom

28. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
	01406 364380	

Country code:	Mobile number (optional):

Country code:	Fax number (optional):

Email address (optional): beck@londonrd6.fsnet.co.uk

29. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code:	Mobile number (optional):

Country code:	Fax number (optional):

Email address (optional):

30. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? [X] Yes [ ] No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? *(Please select only one)* [ ] Agent [X] Applicant [ ] Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: CHRIS PARSONS

Telephone number: 01406 364380

Email address: beck@londonrd6.fsnet.co.uk