FOUR COPIES REQUIRED

PLANNING APPLICATION

COPY

For office use only

Application No. H11/0526/02

Date Registered - 2 MAY 2002

Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR G. C. ELIAS
DENTAL SURGERY
THE L[illegible]
LONDON ROAD
LONG SUTTON, SPALDING LINCS

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

CHRIS HICKS
53 LOWGATE
LUTTON
SPALDING, LINCS

Tel. No. 01406 365916, 07960245467
(Personal contact name) CHRIS HICKS

SOUTH HOLLAND DISTRICT COUNCIL
- 2 MAY 2002
RECEIVED

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS APPLICANT.

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

PROPOSED EXTENSION TO DENTAL SURGERY

Please complete

Signed [signature] Date 29.4.02

I attach: 1. Four copies of all plans
2. Ownership Certificate (see back page)
3. Fee of 210.00 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 of 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. Please state whether the proposal involves:- (Tick one or more boxes)

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

4. A. Please state site area (in all cases)	0.212 hectares
B. If building works are proposed, please state extra floor space to be created.	16.449 m^2 sq. metres
C. Please state size of any new structure:- (a) max. height:	4.115 metres
(b) max. length:	3.477 metres
(c) max. width:	4.745 metres
D. Please state type and colour of materials for facing external walls:	BRICKWORK TO MATCH EXISTING
E. Please state type and colour of roofing materials.	SLATES 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. — 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.	

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	SOAKAWAY.
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	NO
D. Foul sewerage will be disposed of to:	EXISTING SYSTEM.

Mains sewer ☐ Cesspool ☐ Septic tank ☐

PLEASE COMPLETE IN ALL CASES

	State Yes or No	
The proposal is connected with agriculture	NO	➡ If so, **please give details in Part 6**
The proposal affects a listed building	YES	
The proposal affects a public right of way	YES	
The proposal is known to affect contaminated or filled land	NO	
The proposal is for industry, warehousing, offices, shopping or similar commercial purposes.	YES	➡ 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.

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 [YES] ⬇

Proposed total gross floorspace [119] sq. m. Previous total gross floor space [105] sq. m.

This new total includes the following net floorspace:

Retail [ ] sq. m. Office [6·9] sq. m. Industrial [ ] sq. m. Warehousing [ ] sq. m.

Other [7·1] sq. m. ➡ If so, please state use: W/C & ENTRANCE LOBBY.

	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?	NO ADDITIONAL		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 ultimate development	—		
Is the proposal related to an existing use on or near the site?	State Yes or No: YES		
If so please explain the relationship	EXISTING DENTAL SURGERY EXTENSION		
Is the proposal to replace existing premises in this area or elsewhere which have become obsolete, inadequate or otherwise unsatisfactory?	State Yes or No: NO		
If so please give details including gross floor area of such premises and state your intentions in respect of those premises	—		
What provisions have been made for the parking, loading and unloading of vehicles within the curtilage of the site? (Please show the location of such provision on the plans and distinguish between parking for operational needs and other purposes)	EXISTING		
What is the estimated vehicular traffic flow to the site during a normal working day? (Please include all vehicles except those used by individual employees driving to work)	EXISTING (NO INCREASE).		
What is the estimated volume and proposed means of disposal of any trade effluents or trade refuse?	N/A.		
Will the proposed use involve the use or storage of any hazardous substances?	State Yes or No: NO — If yes, you may need to apply for Hazardous Substances Consent		
What provisions are being made for access to premises for the disabled	TO COMPLY WITH PART M OF THE BUILDING REGULATIONS.		

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 30.4.02.

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 30.4.02.

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 .....