FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H13/0421/98

Date Registered 23 APR 1998

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR AND MRS C R BUSTANCE
34 HIGH ROAD
MOULTON
SPALDING
LINCS.

Tel. No. 01406 370196

NAME AND ADDRESS OF AGENT

(if form completed by agent)

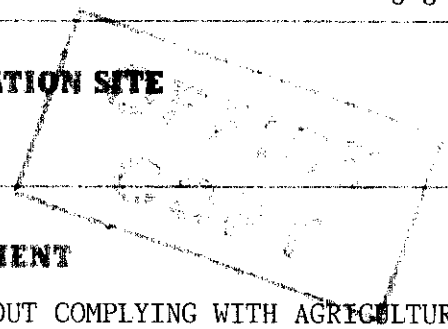
R LONGSTAFF & CO
5 NEW ROAD
SPALDING, LINCS. PE11 1BS

Tel. No. 01775 766766
(Personal contact name) J J ALLEN

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

34 HIGH ROAD, MOULTON, SPALDING, LINCS.



Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

CONTINUATION OF PLANNING PERMISSION WITHOUT COMPLYING WITH AGRICULTURAL HABITATION CLAUSE.

Please complete

Signed R Longstaff & Co Date 22 April 1998

Attach
* Four copies of all plans
* an ownership certificate (see back page)
* a fee of £190 (If you consider no fee is payable include a written explanation as to why.)

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 Certificate
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.	✓
X	A. Please state reference Number of previous permission B. Please state Condition Number referred to Now complete an Ownership Certificate	H13/0237/80 3
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	

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.

The new floorspace 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 industrial and clerical staff will be employed on the site at the development proposed? How many of these staff will be new staff?			
If it is intended to transfer staff from other premises please state how many will be involved and at the premises			
If the proposal involves production, give a description of the general nature of the end products, and of any machinery to be installed			
If the proposal is part of a larger scheme for which outline planning permission has already been sought, please give the reference number of the outline development			
Will the proposal involve the loss of any existing residential accommodation?	State Yes or No ☐		
Will the proposal involve the provision of any new residential accommodation? If so, how many units of each size (number of bedrooms) and type (house, flat, bungalow, etc.)	State Yes or No ☐		
Please state the gross floor area of each use for which floorspace is sought or lost (in square metres)			
Please state the number of existing parking spaces on the site and the number of spaces to be provided in connection with the development. Please indicate the number of spaces for the use of disabled people, and the number of spaces reserved for operational use.			
Please state the number of daily trips by all modes of transport that will be generated by the proposal. This should include all visits by employees, customers, visitors, deliveries, collections, etc.			
Please state the proposed means of disposal of foul sewage.			
Please state the proposed means of disposal of surface water.			
Will the proposal involve the storage of hazardous substances?	State Yes or No ☐ If yes, you may need to apply for Hazardous Substances Consent		
Is the site of the proposal known to be contaminated?			

0.8

No

Grazing Paddock

N/A

Yes
No
No
No
No
No

See separate sheet