FOUR COPIES REQUIRED

# PLANNING APPLICATION

For office use only

H13/0491/99

19 MAY 1999

1. Please complete in block letters

**NAME AND ADDRESS OF APPLICANT**

ABBEYGATE REST HOMES LIMITED,
NORTH STREET,
CROWLAND,
LINC'S PE6 0EG

Tel. No. 01733 211553 (MR DAVID BARK)

**NAME AND ADDRESS OF AGENT**

**OFFICE COPY**

Please complete in block letters

**FULL POSTAL ADDRESS OF THE APPLICATION SITE**

ABBEYGATE RETIREMENT HOME
HIGH STREET, MOULTON, SPALDING, LINC'S

Please complete in block letters

**DESCRIPTION OF PROPOSED DEVELOPMENT**

TO ERECT A 10·850M X 16·210M O/A EXTENSION TO FORM ADDITIONAL BEDROOMS, W.C'S AND INTERNAL ALTERATIONS FOR NEW BATHROOM.

Please complete

£380-00

Signed. Mark Rogers pp ABBEYGATE REST. HOMES LTD Date 19TH MAY '99

Please tick **one** box and answer the extra questions

2. **TYPE OF APPLICATION**

This is a **full** application for change of use and

✓

or This is an **outline** application

Please state Site Area

Please tick **any** box where you are reducing

this application

Siting Design

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 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 what the proposal involves: (Tick one or more boxes)

| | | |
|---|---|---|
| | | If so, how many: |
| | | |
| | ✓ | |
| | | |

| | | |
|---|---|---|
| 4. A. Please state the site area: | 0.40 | hectares |
| B. If extension to existing floor space is proposed, please state extra floor space to be created: | 130.40 | sq. metres |
| C. Please state size of any new structure: (a) max. height: | 5.700 (TO RIDGE) | metres |
| (b) max. length: | 16.210 | metres |
| (c) max. width: | 10.850 | metres |
| D. Please state type and details of construction for facing external walls: | TO MATCH EXISTING | |
| E. Please state type and colour of roofing materials: | TO MATCH EXISTING | |
| F. Has any work already been undertaken? State Yes or No | YES | |

## 5. GENERAL INFORMATION Please complete each section

**EXISTING USES**
Please describe the present use(s) of site. — RESIDENTIAL CARE HOME

**ACCESS TO ROAD (VEHICULAR AND PEDESTRIAN)** Please tick one box

| | | |
|---|---|---|
| A. Existing access to road and no alteration | ✓ | |
| B. New access to a public road | | If so, name of road: Will there be: Individual access(es) / New estate road |
| C. Existing access to road with widening or improvement | | EXISTING |

**TREES**

| | | |
|---|---|---|
| A. Are there any trees on the site? | ✓ | |
| B. Is it proposed to remove any tree or trees? | | ➡ If so, please show details on plans. |

**DRAINAGE**

| | | |
|---|---|---|
| A. Proposed method of surface water disposal | TO SOAKAWAY | |
| B. Is it proposed to connect to a new highway drainage system? | ✓ | |
| C. Will the proposal affect any existing public sewer? | NO | |
| D. Is a connection to the public sewer proposed? | ✓ | Septic tank |

PLEASE STATE WHETHER THE PROPOSAL INVOLVES:

| | State Yes or No | |
|---|---|---|
| Any agricultural structure | NO | ➡ If so, please give details in Part 6 |
| Any change of use | NO | |
| Any demolition | NO | |
| Any development in relation to reclaimed or filled land | NO | |
| The provision of dwelling units or offices, | NO | ➡ If so, please complete Part 7 |
| Consultations will be required, prior to the application being submitted? | ✓ | ➡ Date: Consultee(s) |
| Is this application a resubmission? | ✓ | ➡ Application No: |

6. ANY OTHER RELEVANT DETAILS Please give details you wish in support of your application.

**AD** **INDUSTRY, WAREHOUSING, OFFICES OR SHOPS** Please complete if appropriate

Please [illegible] necessary

[illegible] alteration of existing floorspace

[illegible] of an alteration in total **gross**

[illegible] Previous total gross floor space sq. m.

[illegible] Industrial sq. m. Warehousing sq. m.

| | Office Staff | Industrial staff | Other staff |
|---|---|---|---|
| How many of the [illegible] will be employed on the site as a result of the development? If you have no [illegible] employees will be new staff. | | | |
| If you propose to [illegible] give details of the numbers [illegible] affected | | | |
| In the case of [illegible] of the processes to be [illegible] and the [illegible] | | | |
| If the proposal [illegible] planning [illegible] what [illegible] | | | |
| Is the [illegible] | State Yes or No | | |
| If [illegible] | | | |
| Is the [illegible] or [illegible] [illegible] | State Yes or No | | |
| If so, please [illegible] processes [illegible] Control | | | |
| What [illegible] and [illegible] Please [illegible] and [illegible] [illegible] | | | |
| Will the [illegible] Supply [illegible] except [illegible] | | | |
| Will the [illegible] dispose [illegible] | | | |
| Will the [illegible] Substances [illegible] | State Yes or No | If yes, you may need to apply for Hazardous Substances Consent | |
| Will the [illegible] for the [illegible] | | | |

# OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THE RELEVANT SECTIONS.

## 1. APPLICANT'S INTEREST

*Please state interest in site (eg. owner, prosp. purchaser)*

(Please remember to indicate on the location plan the site boundary in red and any land in your control edged blue)

OWNER

## 2. OWNERSHIP OF THE SITE

This certificate is to make sure that the owners of land are aware of any planning application that affects their property.

If the applicant is the sole owner of the whole site, complete Certificate A.
In any other case (ie. if the applicant is a prospective purchaser, or a tenant or a part owner, or the sole owner of only part of the site) 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 with at least seven years or more remaining unexpired. If you are unable to trace the owner, please contact the Planning Office as a different certificate will be required.)

**Certificate A** I/We hereby certify that except for myself/ourselves no person other than the owner or owners of any part of the land to which the application relates was the owner of any part of the land at the beginning of the period of 21 days ending with the date of the accompanying application.

Signed MARK ROGERS for ASSOCIATE REST HOMES LTD. (Applicant / Agent) Date 19TH MAY '99

**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 MARK ROGERS for ASSOCIATE REST HOMES LTD (Applicant / Agent) Date 19TH MAY '99

**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 .....