FOUR COPIES REQUIRED

# PLANNING APPLICATION

**For office use only**

Application No. H14/0069/97.

Date Registered 23 JAN 1997

1. Please complete in block letters

**NAME AND ADDRESS OF APPLICANT**

MISS H. I. GARDNER
THE BULL INN, 1 KNIGHT ST
PINCHBECK, SPALDING, LINCS
PE11 3RA

Tel. No. 01775 723022

**NAME AND ADDRESS OF AGENT**

(If form completed by agent)

Tel. No.
(Personal contact name)

Please complete in block letters

**FULL POSTAL ADDRESS OF THE APPLICATION SITE**

AS ABOVE

OFFICE COPY

Please complete in block letters

**DESCRIPTION OF PROPOSED DEVELOPMENT**

ERECTION OF PERGOLA OVER PATIO.

Please complete

Signed H. Gardner

Date 22/1/97 £80=00

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 ✓

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 being sought 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

# OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIONS.

## 1. APPLICANT'S INTEREST

Please state interest in site (e.g. owner, prosp. purchaser)

[illegible] the location plan any other land under your control.

LESSEE (MORE THAN 7 YEARS UNEXPIRED)

## 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 X H. Cocher (Applicant / ~~Agent~~) Date 22/1/97

**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: PHOENIX INNS.

Address of owner at which notice was served: State Date notice served:

X PHOENIX HSE
THAME
OXON.

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 [illegible]

**Certificate 1** None of the land to which the application relates is or is part of any agricultural holding.

X or

Signed H. Cocher (Applicant / ~~Agent~~) Date 7/2/97

**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.

X

Tenant's Name:

Address of tenant at which notice was served: State Date notice served:

Signed ..... (Applicant / Agent) Date .....

## 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 building(s) | | |
| (iii) Alterations or extension | ✓ | |
| (iv) Change of use | | |

4. A. Please state site area (in all cases) — hectares

B. If building works are proposed, please state extra floor space to be created: — sq. metres

C. Please state size of any new structure:- (a) max. height: 2.3 metres; (b) max. length: 10 metres; (c) max. width: 4 metres

D. Please state type and colour of materials for facing external walls: STAINED SAWN TIMBER

E. Please state type and colour of roofing materials.

F. Has a survey of the site been undertaken? State Yes or No: NO

## 5. GENERAL INFORMATION Please complete each section

**EXISTING USES**
*Please state existing or, if vacant, the last use(s) of site.*

PATIO

***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?

**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. [illegible] surface water will be disposed of

B. [illegible] developments, please state how highway surface [illegible] will be disposed of

C. Please [illegible] whether a land drain will be affected

D. Foul [illegible] will be disposed of to:

Mains sewer ✓ Cesspool ☐ Septic tank ☐

NO ALTERATION

**PLEASE COMPLETE IN ALL CASES** State Yes or No

| | | |
|---|---|---|
| The proposal [illegible] connection with agriculture | NO | ➡ If so, please give details in Part 6 |
| The proposal [illegible] existed building | NO | |
| The [illegible] public right of way | NO | |
| The [illegible] affect contaminated or filled land | NO | |
| The [illegible] industrial, warehousing, offices, shop[illegible] commercial purposes. | NO | ➡ If so, please complete Part 7 |
| In [illegible] statutory consultation will be required. [illegible] you have sent a copy of the application to the [illegible] yourself. If yes, please give date sent. | NO | ➡ Date: Consultee(s) |
| Is [illegible] 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.

SOUTH HOLLAND DISTRICT COUNCIL - CHEQUE REQUISITION

PAYABLE TO: The Bull Inn

CREDITORS NO: (IF KNOWN)

ADDRESS : The Bull Inn
1 Knight Street
Pinchbeck
Spalding

N.B. IF CREDITOR NO. IS KNOWN ONLY THE FIRST LINE OF THE ADDRESS IS REQUIRED.

POST CODE :

DATE:

| DUE DATE : | REQUISITION IN RESPECT OF: | AMOUNT |
|---|---|---|
| | REFUND OF PLANNING/~~BUILDING REGULATION/NOTICE/FEE~~ | 80 00 |
| | REFERENCE: H14/0069/97 | |
| | APPLICANT: The Bull Inn | |
| | FEE RECEIVED: 80-00 | |
| | RECEIPT NO: P8393 DATE: 23-1-97 | |
| | FEE REQUIRED: NIL | |
| | REASON FOR REFUND: ~~OVERPAYMENT/EXEMPT FROM VAT~~ | |
| | Application withdrawn | |
| | | |
| ENCS: YES / NO | SEPERATE CHEQUE ☐ TOTAL: | 80 00 |

Please return cheque to : ..... Extn : .....

ALLOCATION/CERTIFICATION

PART A - To be completed in all cases.

PART B - Complete only if Computerised Order NOT us of if FMS allocations differ from Order.

ORDER No/MIN REF.

CHECKED: GOODS RECEIVED

TICK IF PREVIOUS YEAR: ☐

TICK IF NOT FINAL PAYMENT: ☐

CERTIFIED FOR PAYMENT

AUTHORISED OFFICER

| ALLOCATION | | | AMOUNT | Va Co |
|---|---|---|---|---|
| OBJ | SUBJ | COST | £ p | |
| GREC | 9317 | 0000 | 80 00 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | VAT | | |
| | | TOTAL | 80 00 | |

PART C - EXCHEQUER USE ONLY

| RECEIVED FINANCE DEPT. | VOUCHER NO. |
|---|---|
| | |