

Application for Outline Planning Permission with all matters reserved.  
Town and Country Planning Act 1990

**Publication of applications on planning authority websites.**

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website.  
If you require any further clarification, please contact the Authority's planning department.

**1. Applicant Name, Address and Contact Details**

|                                                               |                                                                 |             |                                   |          |                                        |
|---------------------------------------------------------------|-----------------------------------------------------------------|-------------|-----------------------------------|----------|----------------------------------------|
| Title:                                                        | <input type="text" value="Mr"/>                                 | First Name: | <input type="text" value="Tony"/> | Surname: | <input type="text" value="Stanberry"/> |
| Company name:                                                 | <input type="text"/>                                            |             |                                   |          |                                        |
| Street address:                                               | <input type="text" value="c/o Robert Doughty Consultancy Ltd"/> |             |                                   |          |                                        |
|                                                               | <input type="text"/>                                            |             |                                   |          |                                        |
|                                                               | <input type="text"/>                                            |             |                                   |          |                                        |
| Telephone number:                                             | <input type="text"/>                                            |             |                                   |          |                                        |
| Mobile number:                                                | <input type="text"/>                                            |             |                                   |          |                                        |
| Town/City:                                                    | <input type="text"/>                                            |             |                                   |          |                                        |
| Fax number:                                                   | <input type="text"/>                                            |             |                                   |          |                                        |
| Country:                                                      | <input type="text"/>                                            |             |                                   |          |                                        |
| Email address:                                                | <input type="text"/>                                            |             |                                   |          |                                        |
| Postcode:                                                     | <input type="text"/>                                            |             |                                   |          |                                        |
| Are you an agent acting on behalf of the applicant?           |                                                                 |             |                                   |          |                                        |
| <input checked="" type="radio"/> Yes <input type="radio"/> No |                                                                 |             |                                   |          |                                        |

**2. Agent Name, Address and Contact Details**

|                   |                                                             |             |                                    |          |                                    |
|-------------------|-------------------------------------------------------------|-------------|------------------------------------|----------|------------------------------------|
| Title:            | <input type="text" value="Mr"/>                             | First Name: | <input type="text" value="Lewis"/> | Surname: | <input type="text" value="Smith"/> |
| Company name:     | <input type="text" value="Robert Doughty Consultancy Ltd"/> |             |                                    |          |                                    |
| Street address:   | <input type="text" value="32"/>                             |             |                                    |          |                                    |
|                   | <input type="text" value="High Street"/>                    |             |                                    |          |                                    |
|                   | <input type="text" value="Helpringham"/>                    |             |                                    |          |                                    |
| Telephone number: | <input type="text" value="01529421646"/>                    |             |                                    |          |                                    |
| Mobile number:    | <input type="text"/>                                        |             |                                    |          |                                    |
| Town/City:        | <input type="text" value="SLEAFORD"/>                       |             |                                    |          |                                    |
| Fax number:       | <input type="text"/>                                        |             |                                    |          |                                    |
| Country:          | <input type="text"/>                                        |             |                                    |          |                                    |
| Email address:    | <input type="text"/>                                        |             |                                    |          |                                    |
| Postcode:         | <input type="text" value="NG34 0RA"/>                       |             |                                    |          |                                    |
|                   | <input type="text" value="planning@rdc-landplan.co.uk"/>    |             |                                    |          |                                    |

**3. Description of the Proposal**

Please describe the proposal:

Has the building or works already been carried out? ☐ Yes ☒ No

#### 4. Site Address Details

Full postal address of the site (including full postcode where available)

House:  Suffix:

House name:

Street address:

Town/City:

Postcode:

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

Easting:

Northing:

Description:

Land off Elsoms Way, Spalding.

#### 5. 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 ☐ No

If Yes, you will need to submit an appropriate 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 ☒ No

Will the proposal increase the flood risk elsewhere?

☐ Yes ☒ No

How will surface water be disposed of?

☒ Sustainable drainage system

☐ Main sewer

☐ Pond/lake

☐ Soakaway

☐ Existing watercourse

#### 6. 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):

Officer name:

Title:

First name:

Surname:

Reference:

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

Details of the pre-application advice received:

Need to demonstrate why the chosen location is only available site.

#### 7. Authority Employee/Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

☐ Yes ☒ No

8. Site Area

What is the site area?

0.29

hectares

9. Residential Units

Does your proposal include the gain or loss of residential units?

Yes  No

| Market Housing - Proposed |                    |   |   |    |         |
|---------------------------|--------------------|---|---|----|---------|
|                           | Number of bedrooms |   |   |    |         |
|                           | 1                  | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios           |                    |   |   |    |         |
| Cluster Flats             |                    |   |   |    |         |
| Flats/Maisonettes         |                    |   |   |    |         |
| Houses                    |                    |   |   |    |         |
| Live-Work Units           |                    |   |   |    |         |
| Sheltered Housing         |                    |   |   |    |         |
| Unknown                   |                    |   |   |    |         |

Proposed Market Housing Total

| Social Rented Housing - Proposed |                    |   |   |    |         |
|----------------------------------|--------------------|---|---|----|---------|
|                                  | Number of bedrooms |   |   |    |         |
|                                  | 1                  | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios                  |                    |   |   |    |         |
| Cluster Flats                    |                    |   |   |    |         |
| Flats/Maisonettes                |                    |   |   |    |         |
| Houses                           |                    |   |   |    |         |
| Live-Work Units                  |                    |   |   |    |         |
| Sheltered Housing                |                    |   |   |    |         |
| Unknown                          |                    |   |   |    |         |

Proposed Social Housing Total

| Intermediate Housing - Proposed |                    |   |   |    |         |
|---------------------------------|--------------------|---|---|----|---------|
|                                 | Number of bedrooms |   |   |    |         |
|                                 | 1                  | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios                 |                    |   |   |    |         |
| Cluster Flats                   |                    |   |   |    |         |
| Flats/Maisonettes               |                    |   |   |    |         |
| Houses                          |                    |   |   |    |         |
| Live-Work Units                 |                    |   |   |    |         |
| Sheltered Housing               |                    |   |   |    |         |
| Unknown                         |                    |   |   |    |         |

Proposed Intermediate Housing Total

| Key Worker Housing - Proposed |                    |   |   |    |         |
|-------------------------------|--------------------|---|---|----|---------|
|                               | Number of bedrooms |   |   |    |         |
|                               | 1                  | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios               |                    |   |   |    |         |
| Cluster Flats                 |                    |   |   |    |         |
| Flats/Maisonettes             |                    |   |   |    |         |
| Houses                        |                    |   |   |    |         |
| Live-Work Units               |                    |   |   |    |         |
| Sheltered Housing             |                    |   |   |    |         |
| Unknown                       |                    |   |   |    |         |

| Market Housing - Existing |                    |   |   |    |         |
|---------------------------|--------------------|---|---|----|---------|
|                           | Number of bedrooms |   |   |    |         |
|                           | 1                  | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios           |                    |   |   |    |         |
| Cluster Flats             |                    |   |   |    |         |
| Flats/Maisonettes         |                    |   |   |    |         |
| Houses                    |                    |   |   |    |         |
| Live-Work Units           |                    |   |   |    |         |
| Sheltered Housing         |                    |   |   |    |         |
| Unknown                   |                    |   |   |    |         |

Existing Market Housing Total

| Social Rented Housing - Existing |                    |   |   |    |         |
|----------------------------------|--------------------|---|---|----|---------|
|                                  | Number of bedrooms |   |   |    |         |
|                                  | 1                  | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios                  |                    |   |   |    |         |
| Cluster Flats                    |                    |   |   |    |         |
| Flats/Maisonettes                |                    |   |   |    |         |
| Houses                           |                    |   |   |    |         |
| Live-Work Units                  |                    |   |   |    |         |
| Sheltered Housing                |                    |   |   |    |         |
| Unknown                          |                    |   |   |    |         |

Existing Social Housing Total

| Intermediate Housing - Existing |                    |   |   |    |         |
|---------------------------------|--------------------|---|---|----|---------|
|                                 | Number of bedrooms |   |   |    |         |
|                                 | 1                  | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios                 |                    |   |   |    |         |
| Cluster Flats                   |                    |   |   |    |         |
| Flats/Maisonettes               |                    |   |   |    |         |
| Houses                          |                    |   |   |    |         |
| Live-Work Units                 |                    |   |   |    |         |
| Sheltered Housing               |                    |   |   |    |         |
| Unknown                         |                    |   |   |    |         |

Existing Intermediate Housing Total

| Key Worker Housing - Existing |                    |   |   |    |         |
|-------------------------------|--------------------|---|---|----|---------|
|                               | Number of bedrooms |   |   |    |         |
|                               | 1                  | 2 | 3 | 4+ | Unknown |
| Bedsits/Studios               |                    |   |   |    |         |
| Cluster Flats                 |                    |   |   |    |         |
| Flats/Maisonettes             |                    |   |   |    |         |
| Houses                        |                    |   |   |    |         |
| Live-Work Units               |                    |   |   |    |         |
| Sheltered Housing             |                    |   |   |    |         |
| Unknown                       |                    |   |   |    |         |

## 9. Residential Units

Proposed Key Worker Housing Total

Existing Key Worker Housing Total

## 10. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?

☒ Yes ☐ No

| Use Class/type of use | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross new internal floorspace proposed (including changes of use) (square metres) | Net additional gross internal floorspace following development (square metres) |
|-----------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Other                 | 0                                                  | 0                                                                                   | 474.5                                                                                   | 474.5                                                                          |
| Total                 | 0                                                  | 0                                                                                   | 474.5                                                                                   | 474.5                                                                          |

For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:

| Use Class/types of use | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|------------------------|----------------------------------------------------------|-------------------------------------------------|----------------------|
|                        |                                                          |                                                 |                      |

## 11. Employment

No Employment details were submitted for this application

## 12. Hours of Opening

No Hours of Opening details were submitted for this application

## 13. 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 for a waste management development?

☐ Yes ☒ No

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.

## 14. Existing Use

Please describe the current use of the site:

Is the site currently vacant?

☒ Yes ☐ No

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

When did this use end (if known) (DD/MM/YYYY)?

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated?

☐ Yes ☒ No

Land where contamination is suspected for all or part of the site?

☐ Yes ☒ No

## 14. Existing Use

A proposed use that would be particularly vulnerable to the presence of contamination?

☐ Yes ☒ No

## 15. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

☒ 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)

☒ The agent ☐ The applicant ☐ Other person

## 16. Certificates (Certificate B)

### Certificate of Ownership - Certificate B

#### Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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*) and/or agricultural tenant (*"agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990*) of any part of the land or building to which this application relates.

| Owner/Agricultural Tenant                                                                                                                      |                                                                                    | Date notice served |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------|
| Name:                                                                                                                                          | EMG Motor Group Spalding                                                           | 02/02/2018         |
| Number:                                                                                                                                        | <input type="text"/> Suffix: <input type="text"/> House name: <input type="text"/> |                    |
| Street:                                                                                                                                        | Glendum Close                                                                      |                    |
| Locality:                                                                                                                                      | Wardentree Lane                                                                    |                    |
| Town:                                                                                                                                          | Pinchbeck                                                                          |                    |
| Postcode:                                                                                                                                      | PE11 4DQ                                                                           |                    |
| Title: <input type="text"/> Mr First name: <input type="text"/> Lewis Surname: <input type="text"/> Smith                                      |                                                                                    |                    |
| Person role: <input type="text"/> AGENT Declaration date: <input type="text"/> 02/02/2018 <input checked="" type="checkbox"/> Declaration made |                                                                                    |                    |

## 17. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/ drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.



Date

02/02/2018