FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H14/0569/97.

Date Registered 22 MAY 1997

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

D & R SIMMONS LTD.
45 MARKET WAY.
PINCHBECK
SPALDING. LINCOLN.
PE11 3PE.

Tel. No. 01775 723320.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

SUFFLEBOTTOM LTD, CROSSHANDS BUSINESS PARK, CROSSHANDS CARMARTHENSHIRE, SA14 6RE.

Tel. No. 01269 831831.

(Personal contact name) JULIAN HOWELLS.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS ABOVE.

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT STEEL FRAMED BUILDING FOR STORAGE OF FLOWER BULBS & PLANTS.

Please complete

I attach
* Four copies of all plans
* an ownership certificate (see back page)
* a fee of £180.

If you consider an exemption is payable please provide a written explanation why.

Signed ..... Date 20/5/97

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 3.4 (Hectares)

Please tick any box below 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 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

Net floorspace (gross floorspace less circulation space)

Retail sq. m Offices sq. m Industrial sq. m Warehousing sq. m

Other sq. m Total (Gross floorspace) sq. m

	Office Staff	Industrial staff	Other staff
How many office and industrial staff will be employed on the site at present and how many are expected? If you have existing premises, how many will be employed there and how many will be new staff?			
If you propose alterations, please give details of the existing and proposed floorspace affected			
In the case of a change of use, please state the present and last use of the premises			
If the premises are vacant, please state for how long and what type of business was last carried on			
Is the proposal for a use which will be carried on only by persons registered under the Alkali, &c. Works Regulation Act 1906? If so, please state the process	State Yes or No		
Is the proposal for a use which will be carried on only by persons registered under the Factories Act 1961? If so, please state the process	State Yes or No		
Will the proposal result in the production of any effluent? If so, please give details of the nature and quantity of effluent and the proposed method of disposal			
Will the proposal result in the production of any trade waste? If so, please give details of the nature and quantity of waste and the proposed method of disposal			
Will the proposal result in the production of any smoke, fumes, gases, dust, steam, smell or noise? If so, please give details of the nature and quantity of the emissions and the proposed means of control			
Will the proposal involve the use or storage of any hazardous substances? If so, please give details of the substances and the proposed means of storage	State Yes or No	If yes, you may need to apply for Hazardous Substances Consent	
Will the proposal involve the use or storage of any explosive substances? If so, please give details of the substances and the proposed means of storage			

MORE STORAGE AREA REQUIRED TO COPE WITH INCREASED SALES OF FLOWERS, BULBS, PLANTS, & XMAS TREES.

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)	3·4. hectares
B. If building works are proposed, please state extra floor space to be created:	520 sq. metres
C. Please state size of any new structure:- (a) max. height:	6·632 metres
(b) max. length:	24·384 metres
(c) max. width:	21·336 metres
D. Please state type and colour of materials for facing external walls.	BOX PROFILE SHEETS. JUNIPER GREEN.
E. Please state type and colour of roofing materials.	ASBESTOS BIG SIX SHEETS. NATURAL GREY.
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

YARD AREA USED FOR STORAGE OF BOXES, BINS, ETC.

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: Public footpath across site? New private 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. 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:
Mains sewer ☐ Cesspool ☐ Septic tank ☐ N/A.

PLEASE COMPLETE IN ALL CASES

	State Yes or No	
The proposal is in connection with agriculture	YES	➡ If so, please give details in Part 6
The proposal affects a listed building	NO	
The proposal affects a public right of way	NO	
The proposal is known to affect contaminated or filled land	NO	
The proposal is for industrial, warehousing, offices, shopping or similar commercial purposes.	NO	➡ If so, please complete Part 7
A copy of the statutory consultation will be required, please indicate whether you have sent a copy of the application to the consultee(s) and if yes, please give details:	NO	➡ Date: Consultee(s):
Is this an identical or similar previous submission?	NO	➡ Application No.

6. ANY OTHER INFORMATION Please add any details you wish in support of your application.

Continue on a separate sheet if necessary

OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIONS.

1. **APPLICANT'S INTEREST**
Please state interest in site (e.g. owner, prosp. purchaser)
(Please complete by circle, or other appropriate letter or other land under your control)

OWNER.

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: I certify that (except for myself) 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 20/5/97

Certificate B: I certify that I have 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 20/5/97

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.

Tenant's Name:
Address of tenant at which notice was served: State Date notice served:

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