FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H15/0079/98

Date Registered 28 JAN 1998

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MICHAEL ROBERT
BUFFHAM
33, WATERGATE QUADRING
SPALDING, PE11 4PY

Tel. No. 01775/821162

NAME AND ADDRESS OF AGENT
(if form completed by agent)

Tel. No.
(Personal or last resort)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

81 MAIN ROAD, QUADRING, SPALDING

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

ERECTION OF STANDARD PORTACABIN

Please sign and date

X Signed M Buffham Date 27-1-98

Please read the guidance notes before answering questions under this section.

2. **TYPE OF APPLICATION**

Please tick ✓ one box for change of use and/or new building works

or Please tick ✓ one box

Please enter reference number of the outline permission

Please tick ✓ the reserved matters you are seeking details of which you want to be approved at this stage

Siting ✓ Design ✓ External Appearance ✓

Means of Access Landscaping

Now complete Parts 3 and 5 and an Ownership Certificate.

or Tick if a reserved matters application

Please enter reference number of outline permission

Please tick ✓ the reserved matters you are seeking details of which you want to be approved at this stage

Siting Design External Appearance

Means of Access Landscaping

Now complete Part 5 only

or Tick if application for renewal of temporary permission or continuance without complying with planning condition

Please enter reference number of previous permission

Please enter reference number referred to

Now complete an Ownership Certificate

or Tick if application for modification of a condition on a planning permission which has not yet been implemented

Please enter reference number of previous permission

Please enter reference number referred to

Now complete an Ownership Certificate

£95

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 to existing floorspace ☐

B. The proposal involves the creation of or alteration to total **gross** floorspace ✓ ft²

Total gross floorspace (sq ft) 11.92 Gross internal floor space NIL sq ft

Floorspace to be demolished (sq ft): Office NIL sq ft; Industrial NIL sq ft; Warehousing NIL sq ft

Total gross floorspace (sq ft) NIL sq ft

	Existing staff	Proposed staff	Other staff
Number of employees	NONE	NONE	NONE

Number of existing parking spaces for use by staff: NONE

Number of existing parking spaces for use by customers: N/A

Number of existing loading bays: N/A

Does the site involve the storage of hazardous substances? YES

Please describe the nature of the goods to be stored or used: PREVIOUSLY SALES FROM AN OPEN STALL

Will the proposal affect existing public rights of way? NO

Hours of opening: N/A

Hours of operation: NOT KNOWN BUT NOT EXTENSIVE

Please describe how waste materials will be disposed of: COLLECTED IN SKIP AND DISPOSED OF ON LOCAL LAND AS COMPOST

Will the proposal require the importation or exportation of waste through the site? NO

Please describe the measures you propose to make the premises suitable for disabled customers/clients: RAMP TO DOOR (PERSONAL SERVICE GIVEN AS APPROPRIATE)

TYPE OF DEVELOPMENT

✓

11.4
2.4
4.8
2.7
BROWN PLASTIC COATED BOARD
GREEN ROOFING FELT

FRUIT AND VEGETABLE SALES

✓

✓

NO CHANGE

NO

N/A

NO
NO
NO
NO
YES

NO

NO

OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIONS.

1. **APPLICANT'S INTEREST**

OWNER

2. **OWNERSHIP OF THE SITE**

Complete Certificate A.

Certificate B.

Certificate A

Certificate B

(Applicant ~~Agent~~) Date 27-1-98

3. **AGRICULTURAL HOLDINGS CERTIFICATE**

Certificate 1

Certificate 2

Certificate 1

(Applicant ~~Agent~~) Date 27-1-98

Certificate 2

(Applicant Agent) Date 27-1-98