

Application for approval of reserved matters following outline approval.
Town and Country Planning (Development Management Procedure) (England) Order 2015

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Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:

S O U T H



H O L L A N D
DISTRICT COUNCIL

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	CROSSROADS NURSERIES				
Address 1:	MAIN ROAD				
Address 2:	QUADRING				
Address 3:					
Town:	SPALDING				
County:	LINCS				
Postcode (optional):	PE11 4PJ				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northing:			
Description:					

4. 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).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

MR. P. NORMAN & MR. R. FIDUER

Reference:

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

07/11/2019

Details of pre-application advice received?

ADVICE REGARDING THE SUBMISSION OF
AN INITIAL PHASE OF DEVELOPMENT AS
RESERVED MATTERS FOR 9 DWELLINGS

5. Development Description

Please indicate which reserved matter(s) you require to be determined under this application:

☒ Access ☒ Appearance ☒ Landscaping ☒ Layout ☒ Scale

Please provide a description of the approved development as shown on the decision letter:

RESIDENTIAL DEVELOPMENT - UP TO 60 DWELLINGS

Reference number: H15-1207-18 Date of decision: 19/09/2019 (date must be pre-application submission) (DD/MM/YYYY)

Please provide a description of the reserved matters for which you are seeking consent. Please state if the outline planning application was an environment impact assessment application and, if so, confirm that an environmental statement was submitted to the planning authority at that time.

ALL RESERVED MATTERS INCLUDING FOUL & SURFACE WATER DRAINAGE DETAILS &
EXTERNAL MATERIALS FOR PHASE 1 (9 DWELLINGS)

Has the development already started?

☐ Yes ☒ No

If Yes, please state when the development was started (DD/MM/YYYY):

(date must be pre-application submission)

Has the work been completed?

☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

6. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question "relating to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent?

☒ Yes

☐ No

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

If Yes, please provide details of their name, role and how you are related to them.

THE APPLICANT MR. H. BINGHAM IS AN ELECTED MEMBER

7. Supporting Information

Please provide the following information:

List of all relevant drawings, including reference numbers, that were approved as part of the original decision:

Drawing	Reference Number
LOCATION PLAN	CN01/PI/LP
SITE LAYOUT	CN01/PI/LAYOUT

List of drawing numbers submitted with this application for approval:

Drawing Number
CN/PI/Ph 1/Site
INDIVIDUAL DWELLING DESIGNS
GARAGE DESIGNS
DRAINAGE DESIGN DETAILS
EXT. MATERIALS SCHEDULE
PHASE 1 DESK STUDY by AF HOWLAND ASSOCIATES.

Reasons for any changes to the original drawings (if applicable):

SITE LAYOUT IN OUTLINE APPLICATION WAS INDICATIVE FOR UP TO 60 DWELLINGS. THIS RESERVED MATTERS APPLICATION FOR AN INITIAL PHASE OF DEVELOPMENT.

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.

The original and 3 copies* of a completed and dated application form: ☒

The correct fee: *To follow* ☒

The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application: ☒

The original and 3 copies* of such plans and drawings as are necessary to deal with the matters reserved in the outline planning permission. ☒

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

9. 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.

Signed - Applicant:

Or signed - Agent:

A J FINCH

Date (DD/MM/YYYY):

19/10/2020

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

alan @ moultonland . co.uk.

12. 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)

☒ Agent

☐ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: