FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H16/0004/98

Date Registered 05 [illegible]

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

DR. HATTIN
210 PENNYGATE
SPALDING
LINCS

Tel No.

NAME AND ADDRESS OF AGENT

(If form completed by agent)

EAST MIDLANDS DESIGN ASSOC
[illegible] LODGE
HORNCASTLE ROAD
SPALDING

Tel No. 01775 767968
(Personal contact name)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

210 PENNYGATE, SPALDING, LINCS.

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

PROPOSED CONNECTING LINK BETWEEN SURGERIES & EXTENSION & ALTERATIONS TO ORIGINAL SURGERY

Please [illegible]

Attach * Four copies of all plans
* [illegible] ownership [illegible]
* a fee of [illegible]

Signed [signature] Date 5-01-98

Please tick one box and answer the ext a questions under that section

2. **TYPE OF APPLICATION**

This is a **full** application for change of use and/or new building works ☑ 1

or This is an **outline** application ☐ 4

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. ☐ 1

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. ☐ 3

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 ☐ 8

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: Exist+41 sq. m. Previous total gross floor space: Exist sq. m.

This new total includes the following net floorspace:

Retail: sq. m. Office: 21 sq. m. Industrial: sq. m. Warehousing: sq. m.

Other: 20 sq. m. If so please state use: ENTRANCE PORCH ETC

	Office Staff	Industrial staff	Other staff
How many office, industrial and other staff will be employed on the site as a result of the development proposed? If you have existing premises on the site how many of the employees will be new staff?	NO INCREASE IN STAFF		
If you propose to transfer staff from other premises please give details of the numbers involved and of the premises affected			
In the case of industrial development, give a description of the processes to be carried on in the course of business and the type of plant and machinery to be installed	N/A.		
If the proposal forms a variation of or is not in accordance with a planning permission, what is the planning permission and please give what information you can about the current development	NO		
Is the proposal related to any existing premises on the same or adjoining site?	State Yes or No: YES		
If so please explain what relation	CONNECTING LINK BETWEEN ORIGINAL & RECENTLY CONSTRUCTED SURGERIES		
Is this a proposal to relocate existing premises within the area or elsewhere within the Borough or is it otherwise linked to the relocation of existing premises?	State Yes or No: NO		
If so please give details of the existing premises and state your intentions for the future use of these premises.			
What provisions will be made for the parking and unloading of vehicles within the curtilage of the site? (Please show on the plan the layout of the parking and circulation areas and distinguish between parking for general use and for other purposes)	SEE PLAN.		
What is the maximum number of vehicles that will be parked during normal working hours and by whom, except those used by the individual employees travelling to work?			
What is the nature and quantity of any trade waste for disposal? If any, how will it be disposed of?	SPECIALIST COLLECTION SERVICE		
Will the proposal involve the use or storage of any hazardous materials?	State Yes or No: NO. If yes, you may need to apply for Hazardous Substances Consent		
What provision is to be made for the disabled?	RAMPED ACCESS		

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 structures:- (a) max. height:	7.0	metres
(b) max. length:	1.35	metres
(c) max. width:	19.7	metres
D. Please state type and colour of materials for facing external walls:	TO MATCH EXTG	
E. Please state type and colour of roofing materials:	TO " "	
F. Has a survey of the site been undertaken? State Yes or No		

5. GENERAL INFORMATION Please complete each section

EXISTING USES Please state existing or, if vacant, the last use(s) of site	MEDICAL PRACTITIONER SURGERY 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 : Individual access(es) New estate road
C. Will provision will be made for garages or parking within the site?	SEE PLAN
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~~ CONNECT TO EXTG SYSTEM
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	

PLEASE COMPLETE IN ALL CASES	State Yes or No	
The proposal is in connection with agriculture	No	➡ 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 showroom or similar commercial purposes.		➡ If so, please complete Part 7
Is the proposal a statutory consultation will be required, have you sent a copy of the application to the parish council? If yes, please give date sent.	No	➡ Date: Consultee:
Is the application 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.

OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIONS.

1 APPLICANT'S INTEREST

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

(Please note that a lease for a further 6 months or more is considered freehold)

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 remain 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 (except as stated below) that I 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 5-01-98

Certificate B — The applicant has given the required notice to everyone else who was 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 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 5-01-98

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 at which notice was served: State Date notice served:

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