PLANNING APPLICATION

For office use only

Application No. H16/0080/01

Date Registered 24 JAN 2001

Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MRS ROSIE [illegible] KAYTON-HANNAM

[illegible]

[illegible]

[illegible] NR SPALDING

[illegible]

Tel No [illegible]

NAME AND ADDRESS OF AGENT

(if [illegible] completed by agent)

OFFICE COPY

Name

(Person to contact name)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

[illegible] BURREYES, 13 LOVE LANE

SPALDING, LINCOLNSHIRE. PE11 2PE

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

CHANGE OF USE FROM DINING ROOM TO CHIROPODY SURGERY

Please complete [illegible] four copies of all plans

[illegible] this certificate (see back page)

Fee £ 190 — If you consider no fee is payable include a written explanation instead.

Signed Rosie A Kayton-Hannam Date 23-01-01

Previous application No.

Please tick **one** box and answer the extra questions in that section.

2. **TYPE OF APPLICATION**

This is a **full** application for change of use [illegible] existing works (✓) ✓ ➡ Now complete Parts 3, 4 and 5 and an Ownership Certificates

or This is an **outline** application ⬇

Please state Site Area [illegible]

Please tick any box where you are reserving details and 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 a condition subject to which previous permission was granted ⬇

A. Please state reference Number of previous permission

B. Please state Condition Number(s) relevant to

Now complete an Ownership Certificate

or This is an application for **modification** or [illegible] planning permission which has not yet been implemented ⬇

A. Please state reference Number of previous permission

B. Please state Condition Number(s) relevant to

Please state variation required

Now complete an Ownership Certificate

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 buildings ☐

(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 structure:- (a) max. height: metres
(b) max. length: metres
(c) max. width: metres

D. Please state type and colour of materials for facing external walls:

E. Please state type and colour of roofing materials.

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. DINING ROOM

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. What provision will be made for garages or parking within the site? EXISTING PARKING FOR 3 CARS

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

B. For estate developments, please state how highway surface water will be disposed of

C. Please state whether a land drain will be affected

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, shopping or similar commercial purposes.	YES	➡ If so, **please complete Part 7**
In cases where a statutory consultation will be required, please state whether you have sent a copy of the application to the consultee yourself. If yes, please give date sent.	NO	➡ Date: Consultee(s)
Is this 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.

Lenfield House
103 Small Drove
Weston
Spalding
Lincs
PE12 6HU

23 January 2001

Your Ref : 1870 x 16

Mr David Roberts,
Senior Planning Officer
Council Offices,
Priory Rd,
Spalding.
Lincs PE11 2XE

Dear Mr Roberts,

Re : 13 Love Lane , Spalding .

ADDITIONAL INFORMATION TO ACCOMPANY PLANNING APPLICATION .

I enclose further details concerning my application for change of use of my Father-in - laws present dining room at his home in Love Lane to a proposed Chiropody Surgery.

I have recently qualified as a Chiropodist with the British Chiropody Association, and it is my intention to open a small surgery in which to treat private patients on an appointment only basis . I intend to treat patients between the hours of 0900- 1400 each weekday . However with the need for domicillary care , I expect my surgery to operate just 3 days a week .

I plan to equip the surgery with the latest equipment available to the Podiatry profession , providing a sterile environment in which to treat patients in . Each appointment will be for about one hours duration, with only one patient being treated at a time .

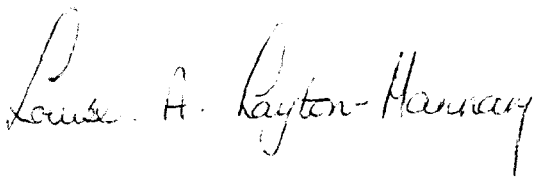
Swabs and used dressings ,including " sharps" are classed as clinical waste and will be treated and disposed of in accordance with the latest European legislation , as recommended by the Environmental Health Officer . Hazardous products kept on the premises are a range of medicaments all used routinely in chiropody treatment and will be kept in stable conditions away from naked flames , in accordance to the safety regulations accompanying each solution and cream .

An Autoclave will be kept on the premises for the purpose of sterilisation of instruments . Again this will also be subject to safety regulations and a qualified engineer will inspect on a regular basis .

It is not my intention to employ staff , nor is it my intention to expand the business any further than the details set out in this letter

Should you require any further details regarding my application , I will be only too happy to answer . I can be reached on 01406 373515 . In the meantime I enclose my completed application forms , four in total , along with the relevant fee .

Yours sincerely ,



Louise Layton Hannam

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 ☐

Total gross floor space sq. m. Previous total gross floor space sq. m.

Of the total gross floor space proposed

Office sq. m. Industrial sq. m. Warehousing sq. m.

If shop, please state use:

	Office Staff	Industrial staff	Other staff
How many of the office, industrial and other staff will be employed on the site as a result of the development proposed? If you are replacing existing premises on the site, how many of the employees will be relocated?	NONE	NONE	NONE
If you are proposing to transfer staff from other premises please give details of the numbers involved and of the premises affected	NONE		
In the case of industrial development, give a description of the process to be carried out and of the end products, and the type of plant or machinery to be installed.	N/A		
If the proposal forms a stage of a larger scheme for which planning permission is not at present sought, please say what other plans you have about the ultimate development	N/A		
Is the proposal related to an existing use on or near the site? If so, please explain the relationship	State Yes or No NO		
Is this a proposal to replace existing premises in this area or elsewhere which have become obsolete, inadequate or otherwise unsatisfactory? If so, please give details including gross floor area of such premises and state your intentions in respect of those premises	State Yes or No NO		
What provisions have been made for the parking, loading and turning of vehicles within the curtilage of the site? (Please show the location of such provisions on the plans and distinguish between provisions for operational needs and other requirements)	NO EXTRA PARKING REQUIRED		
What is the estimated vehicular traffic flow to the site during a typical working day? (Please include all vehicles except those owned by individual employees driving to work)	MAXIMUM 3-4 CARS A DAY, OVER A 5 HOUR PERIOD		
What are the nature, volume and proposed means of disposal of trade effluents or trade refuse?	CLINICAL WASTE TO BE DISPOSED OF BY ENVIRONMENTAL WASTE REGULATIONS		
Will the proposal involve the use of storage of any hazardous materials?	State Yes or No YES	If yes, you may need to apply for Hazardous Substances Consent	
What provision is being made for access to premises for the disabled?	NO STEPS - EXISTING ACCESS IS SUITABLE		