SOUTH HOLLAND DISTRICT COUNCIL

H16/0121/09

18 FEB 2009

FILE COPY

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Please complete using block capitals and black ink.
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address		2. Agent Name and Address	
Title:	MR	Title:	
First name:	MUJID	First name:	
Last name:	AKBAR	Last name:	
Company (optional):	THE CHILLI HUT	Company (optional):	
Unit:	3	Unit:	
House number:	20A	House number:	
House suffix:		House suffix:	
House name:	THE CHILLI HUT	House name:	
Address 1:	20A WESTLOAD STREET	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	SPALDING	Town:	
County:	SOUTH HOLLAND	County:	
Country:	U.K	Country:	
Postcode:	PE11 2AF	Postcode:	

3. Site Address Details

Please provide the full postal address of the application site.

Unit: 3 House number: 20A House suffix:

House name: THE CHILLI HUT

Address 1: 20A WESTGATE STREET

Address 2:

Address 3:

Town: SPALDING

County: SOUTH HOLLAND

Postcode (optional): PE11 2AF

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:

Reference:

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

Details of pre-application advice received?

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

REPEAL TO PHOTOGRAPH

Reference number: H16/0568/08 Date of decision: 16/7/08 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started? ☐ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)

Has the development been completed? ☐ Yes ☐ No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

Extract Ventilation Equipment

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☐ Yes ☑ No

If Yes, please indicate which part of the condition your application relates to:

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 has been submitted.

3 copies of a completed and dated application form: ☑

3 copies of other plans and drawings or information necessary to describe the subject of the application: ☐

9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant: M. Akbar

Or signed - Agent:

Date (DD/MM/YYYY):

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional): 07877082827

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):

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: MR. M. AKBAR

Telephone number: 01775- 72-56-49

Email address: