

08 MAR 2011

**Application for Planning Permission.**  
**Town and Country Planning Act 1990**

**FILE COPY**

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://www.planningportal.gov.uk/apply)

**Publication of applications on planning authority websites**

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority'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**

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. Description of the Proposal**

Please describe the proposed development, including any change of use:

**TO BUILD ONE NEW GLASSHOUSE STRUCTURE + TO REPLACE EXISTING GROWING STRUCTURE. AND TO ERECT 2 WATER STORAGE TANKS TO CAPTURE WATER FROM NEW STRUCTURES.**

**THESE BUILDINGS ARE ON AN EXISTING COMMERCIAL HORTICULTURAL NURSERY**

**SEE APPENDIX**

Has the building, work or change of use already started?

☐ Yes

☒ No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

(date must be pre-application submission)

Has the building, work or change of use been completed?

☐ Yes

☒ No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: 

8A

 House number:  House suffix:

House name: 

MALLARD NURSERY

Address 1: 

MALLARD RD

Address 2:

Address 3:

Town: 

SPALDING

County: 

LINCS

Postcode (optional): 

PE12 6ND

Description of location or a grid reference.  
(must be completed if postcode is not known):

Easting:  Northing:

Description:  

EXISTING GARDEN PLANT PRODUCING NURSERY

5. 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?

6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? 

☐ Yes ☒ No

Is a new or altered pedestrian access proposed to or from the public highway? 

☐ Yes ☒ No

Are there any new public roads to be provided within the site? 

☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site? 

☐ Yes ☒ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? 

☐ Yes ☒ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? 

☐ Yes ☒ No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? 

☐ Yes ☒ No

If Yes, please provide details:

8. Authority Employee / Member

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

Do any of these statements apply to you? 

☐ Yes ☒ No

If Yes, please provide details of the name, relationship and role

## 9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

|                                             | Existing<br>(where applicable)               | Proposed                                                      | Not<br>applicable                   | Don't<br>Know            |
|---------------------------------------------|----------------------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------|
| Walls                                       | GLASS, STEEL GALV. STRUCTURE<br>POLYURETHANE | STEEL GALV STRUCTURE/<br>ALUMINUM GLAZING BARS<br>• 4MM GLASS | <input type="checkbox"/>            | <input type="checkbox"/> |
| Roof                                        | — " —                                        | — " —                                                         | <input type="checkbox"/>            | <input type="checkbox"/> |
| Windows                                     |                                              |                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Doors                                       |                                              |                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) |                                              |                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         |                                              |                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                    |                                              |                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Others<br>(please specify)                  |                                              |                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☐ Yes

☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

APPENDIX TO QUESTION 3

PLAN A

PLAN B

MAP C

FLOOD RISK ASSESSMENT  
DESIGN & ACCESS STATEMENT  
AERIAL PHOTO

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

| Type of Vehicle                                  | Total<br>Existing | Total proposed (including<br>spaces retained) | Difference<br>in spaces |
|--------------------------------------------------|-------------------|-----------------------------------------------|-------------------------|
| Cars                                             |                   |                                               |                         |
| Light goods vehicles/<br>public carrier vehicles |                   |                                               |                         |
| Motorcycles                                      |                   |                                               |                         |
| Disability spaces                                |                   |                                               |                         |
| Cycle spaces                                     |                   |                                               |                         |
| Other (e.g. Bus)                                 |                   |                                               |                         |
| Other (e.g. Bus)                                 |                   |                                               |                         |

As EXISTING  
NO CHANGES

## 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- ☐ Mains sewer ☐ Cess pit  
☐ Septic tank ☐ Other  
☐ Package treatment plant

Are you proposing to connect to the existing drainage system? ☐ Yes ☒ No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

**NO Foul SEWAGE**

## 12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☒ Yes ☐ No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? ☐ Yes ☒ No

Will the proposal increase the flood risk elsewhere? ☐ Yes ☒ No

**BGG RISK ASSESSMENT**  
How will surface water be disposed of?

- ☐ Sustainable drainage system ☐ Existing watercourse  
☐ Soakaway ☐ Pond/lake  
☐ Main sewer **WATER STORAGE TANKS**

## 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

b) Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

c) Features of geological conservation importance:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

## 14. Existing Use

Please describe the current use of the site:

**HORTICULTURE**

Is the site currently vacant? ☐ Yes ☒ No

If Yes, please describe the last use of the site:

When did this use end (if known)?  
DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

## 15. Trees and Hedges

Are there trees or hedges on the proposed development site? ☐ Yes ☐ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☐ Yes ☐ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to construction - Recommendations'.

## 16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☒ Yes ☐ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

**SOME GREEN WASTE IS PRODUCED WHICH IS DISPOSED OF VIA VEOLA AND IS RECYCLED**

**17. Residential Units (Including Conversion)**

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

☐ Yes☒ No**Proposed Housing**

| Market Housing          | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Social Rented           | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Intermediate            | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Key worker              | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

**Total proposed residential units (A+B+C+D)=****Existing Housing**

| Market Housing          | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Social Rented           | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Intermediate            | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

| Key worker              | Not known                | Number of Bedrooms |   |   |    |         | Total |
|-------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                         |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                  | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes   | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats           | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios          | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type            | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a+b+c+d+e+f+g)= |                          |                    |   |   |    |         |       |

**Total existing residential units (E+F+G+H)=****TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

## 18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☒ Yes ☐ No

If you have answered Yes to the question above please add details in the following table:

| Use class/type of use               | Not applicable                      | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross internal floorspace proposed (including change of use)(square metres) | Net additional gross internal floorspace following development (square metres) |
|-------------------------------------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| A1                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Shops                               | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Net tradable area:                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A2                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Financial and professional services | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A3                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Restaurants and cafes               | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A4                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Drinking establishments             | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A5                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Hot food takeaways                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (a)                              | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Office (other than A2)              | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (b)                              | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Research and development            | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (c)                              | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Light industrial                    | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B2                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| General industrial                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B8                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Storage or distribution             | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C1                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Hotels and halls of residence       | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C2                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Residential institutions            | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D1                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Non-residential institutions        | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D2                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Assembly and leisure                | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| OTHER                               | <input type="checkbox"/>            | 10343                                              | —                                                                                   | 12473                                                                             | 2130                                                                           |
| Please Specify                      | <input type="checkbox"/>            |                                                    |                                                                                     |                                                                                   |                                                                                |
| GLASSHOUSE / POLY TUNNELS           | <input type="checkbox"/>            |                                                    |                                                                                     |                                                                                   |                                                                                |
| Total                               |                                     |                                                    |                                                                                     |                                                                                   |                                                                                |

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

| Use class      | Type of use              | Not applicable           | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|----------------|--------------------------|--------------------------|----------------------------------------------------------|-------------------------------------------------|----------------------|
| C1             | Hotels                   | <input type="checkbox"/> |                                                          |                                                 |                      |
| C2             | Residential Institutions | <input type="checkbox"/> |                                                          |                                                 |                      |
| OTHER          |                          | <input type="checkbox"/> |                                                          |                                                 |                      |
| Please Specify |                          | <input type="checkbox"/> |                                                          |                                                 |                      |

## 19. Employment

Please complete the following information regarding employees:

|                    | Full-time | Part-time | Total full-time equivalent |
|--------------------|-----------|-----------|----------------------------|
| Existing employees | 32        | 6         | 38                         |
| Proposed employees | 33        | 6         | 39                         |

## 20. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

| Use          | Monday to Friday | Saturday      | Sunday and Bank Holidays | Not known |
|--------------|------------------|---------------|--------------------------|-----------|
| Horticulture | 7.00 to 16.00    | 7.00 to 13.00 |                          |           |
|              | As Existing      |               |                          |           |

## 21. Site Area

Please state the site area in hectares (ha)

3 ha

## 22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

GARDEN PLANT & HOUSE PLANT PRODUCTION  
A'S EXISTING

Is the proposal a waste management development? ☐ Yes ☒ No

If the answer is Yes, please complete the following table:

|                                                                    | Not applicable           | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
|--------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Inert landfill                                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Non-hazardous landfill                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Hazardous landfill                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Energy from waste incineration                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other incineration                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Landfill gas generation plant                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Pyrolysis/gasification                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Metal recycling site                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Transfer stations                                                  | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Material recovery/recycling facilities (MRFs)                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Household civic amenity sites                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Open windrow composting                                            | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| In-vessel composting                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Anaerobic digestion                                                | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Any combined mechanical, biological and/or thermal treatment (MBT) | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Sewage treatment works                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other treatment                                                    | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Recycling facilities construction, demolition and excavation waste | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Storage of waste                                                   | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other waste management                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other developments                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |

Please provide the maximum annual operational throughput of the following waste streams:

|                                         |  |
|-----------------------------------------|--|
| Municipal                               |  |
| Construction, demolition and excavation |  |
| Commercial and industrial               |  |
| Hazardous                               |  |

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☒ No ☒ Not applicable

If Yes, please provide the amount of each substance that is involved:

|                        |                      |                               |                      |                              |                      |
|------------------------|----------------------|-------------------------------|----------------------|------------------------------|----------------------|
| Acrylonitrile (tonnes) | <input type="text"/> | Ethylene oxide (tonnes)       | <input type="text"/> | Phosgene (tonnes)            | <input type="text"/> |
| Ammonia (tonnes)       | <input type="text"/> | Hydrogen cyanide (tonnes)     | <input type="text"/> | Sulphur dioxide (tonnes)     | <input type="text"/> |
| Bromine (tonnes)       | <input type="text"/> | Liquid oxygen (tonnes)        | <input type="text"/> | Flour (tonnes)               | <input type="text"/> |
| Chlorine (tonnes)      | <input type="text"/> | Liquid petroleum gas (tonnes) | <input type="text"/> | Refined white sugar (tonnes) | <input type="text"/> |

Other:

Other:

Amount (tonnes):

Amount (tonnes):

## 24. Ownership Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form

### CERTIFICATE OF OWNERSHIP - CERTIFICATE A

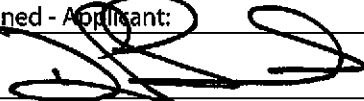
#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which the application relates.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):



20-2-2011

### CERTIFICATE OF OWNERSHIP - CERTIFICATE B

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/ The applicant certifies that I have/ the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which this application relates.

| Name of Owner | Address | Date Notice Served |
|---------------|---------|--------------------|
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

### CERTIFICATE OF OWNERSHIP - CERTIFICATE C

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

The steps taken were:

| Name of Owner | Address | Date Notice Served |
|---------------|---------|--------------------|
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 24. Ownership Certificates (continued)

### CERTIFICATE OF OWNERSHIP - CERTIFICATE D

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

|  |
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Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

|  |
|--|
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On the following date (which must not be earlier than 21 days before the date of the application):

|  |
|--|
|  |
|--|

Signed - Applicant:

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Or signed - Agent:

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Date (DD/MM/YYYY):

|  |
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## 25. Agricultural Land Declaration

### AGRICULTURAL LAND DECLARATION

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

|                                                                                   |
|-----------------------------------------------------------------------------------|
|  |
|-----------------------------------------------------------------------------------|

Or signed - Agent:

|  |
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|--|

Date (DD/MM/YYYY):

|           |
|-----------|
| 20-2-2011 |
|-----------|

(B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

| Name of Tenant | Address | Date Notice Served |
|----------------|---------|--------------------|
|                |         |                    |
|                |         |                    |
|                |         |                    |
|                |         |                    |
|                |         |                    |

Signed - Applicant:

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Or signed - Agent:

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Date (DD/MM/YYYY):

|  |
|--|
|  |
|--|

## 26. 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.

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



The correct fee: £1870



The original and 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:



The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):



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 the completed, dated Ownership Certificate (A, B, C, or D - as applicable):



The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):



## 27. Declaration

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

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

20-2-2011

(date cannot be pre-application)

## 28. Applicant Contact Details

Telephone numbers

Country code: 01775 National number: 722408 Extension number:

Country code: 07801 Mobile number (optional): 577433

Country code: 01775 Fax number (optional): 710724

Email address (optional):

## 29. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

## 30. 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:

DAVID JAMES

Telephone number:

01775 722408

Email address: