PLANNING APPLICATION

For office use only

Application No. H16/0269/99.

Date Registered 17 MAR 1999

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

J. & A. TYRRELL
LOWFIELDS NURSERIES
FULNEY DROVE
SPALDING
LINCS

Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)

COOPER ARCHITECTURAL DESIGN
HOCKLESGATE, FLEET
SPALDING, LINCS

Tel. No. 01406 423762
(Personal contact name)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS APPLICANT

OFFICE COPY

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

PROPOSED H.G.V. PARKING AREA (retrospective)

Please complete

I attach * Four copies of all plans
* [illegible]
* a fee of 190.00 If you consider no fee is payable include a written explanation instead.

Signed [signature] Date 10-3-99

Previous application No.

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

2 **TYPE OF APPLICATION**

This is a **full** application for change of use and/or new building works ✓ → Now complete Parts 3, 4 and 5 and an Ownership Certificates

or This is an **outline** application

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.

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.

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.

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.

OWNERSHIP CERTIFICATES

PLEASE COMPLETE ALL THREE SECTIONS.

1. **APPLICANT'S INTEREST**
Please state interest in site (e.g. owner, prosp. purchaser)
(Please remember to indicate on the location plan any other land under your control).

OWNER

2. **OWNERSHIP OF THE SITE**
This certificate is to make sure that the owners of land are aware of applications affecting their land.

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 is not 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 with fifteen years or more remains unexpired). If you are unable to trace the owner, please contact the Planning Office as a different certificate will be required.

Certificate A Nobody except the applicant 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 10-3-99

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 of owner 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 10-3-99

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 of tenant at which notice was served: State Date notice served:

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