

# PLANNING APPLICATION

## For office use only

Application No. H16/0360/91

Date Registered 12 JUL 1991

1. Please complete in block letters

### NAME AND ADDRESS OF APPLICANT

HELEN MUMBY - CROFT  
14 SALTERS WAY  
DONINGTON  
HE SPALING  
LINES

Tel. No. 01775 820064

### NAME AND ADDRESS OF AGENT

(If form completed by agent)

Tel. No.  
(Personal contact name)

Please complete in block letters

### FULL POSTAL ADDRESS OF THE APPLICATION SITE

SUITE 2  
12 MARKET CHAMBERS  
SPALING  
LINES

Please complete in block letters

### DESCRIPTION OF PROPOSED DEVELOPMENT

TO USE ABOVE PREMISES AS A  
PHYSIOTHERAPY CLINIC

OFFICE  
COPY

Please complete

I attach four copies of all plans

and an ownership certificate (see back panel)

A fee of £180

if you consider no fee is payable  
include a written explanation instead  
Previous application No.

Signed

H. Mumby - Croft

Date

2.4.97

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

## 2. TYPE OF APPLICATION

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

or This is an outline application

(✓)  
☒  
☐

Now complete Parts  
3, 4 and 5 and an  
Ownership Certificate

Please tick one box

This is a

Please tick any box where you are including details which you wish to be considered as part of the application

Shape

Group

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 renewal with planning permission

A. Please state reference Number of previous permission

B. Please state duration period referred to

Now complete an Ownership Certificate

or This is an application for modification of a planning permission

A. Please state Reference Number of original permission

B. Please state description of new development

C. Please state location of new development

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  sq. m.

Previous total gross floor space  sq. m.

This new total includes the following net floorspace:

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

Other  sq. m. ☐ If so, please state use

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?

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 out and of the end products, and the type of plant or machinery to be installed.

If the proposal forms a stage of a larger scheme for which planning permission is not at present sought, please give what information you can about the ultimate development.

Is the proposal related to an existing use on or near the site?

State Yes or No

No

If so, please explain the relationship

Is this a proposal to replace existing premises in this area or elsewhere which have become obsolete, inadequate or otherwise unsatisfactory?

State Yes or No

No

If so, please give details including gross floor area of such premises and state your intentions in respect of those premises.

What provisions have been made for the parking, loading and unloading of vehicles within the curtilage of the site? (Please show the location of such provision on the plans and distinguish between parking for operational needs and other purposes.)

N/A

What is the estimated vehicular traffic flow to the site during a normal working day? (Please include all vehicles except those used by individual employees driving to work)

N/A

What is the nature, volume and proposed means of disposal of any trade effluents or trade refuse?

Normal household rubbish

Will the proposed use involve the use of, storage of or hazardous materials?

State Yes or No

No

If yes, you may need to apply for Hazardous Substances Consent

What provision is being made for access to premises for the disabled?

Not at present

## TYPE OF DEVELOPMENT

3. A. Please state whether the proposal involves:-

Tick one or more boxes

- (i) New Dwellings  
(ii) Other new building(s)  
(iii) Alterations or extension  
(iv) Change of use

|                                     |
|-------------------------------------|
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> |

If so, how many:

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:  
(b) max. length:  
(c) max. width:

metres

metres

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

☐

5. **GENERAL INFORMATION** Please complete each section

### EXISTING USES

Please state existing or, if vacant, the last use(s) of site.

OFFICES  
(VACANT)

### 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

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

C. What provision will be made for garages or parking within the site?

### 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:

Main sewer

☐

Cesspool

☐

Septic tank

☐

N/A

### PLEASE COMPLETE IN ALL CASES

State Yes or No

The proposal is in connection with agriculture

☐

→ If so, please give details in Part 6

The proposal affects a listed building

☐

The proposal affects a public right of way

☐

The proposal is known to affect contaminated or filled land

☐

The proposal is for industrial, warehousing, offices, shopping or similar commercial purposes.

☒

→ 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.

☐

Date

Consultee(s)

Is this application related to a previous submission?

☐

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 remember to indicate on the location plan any other land under your control)

~~PROSPECTIVE~~  
TENANT

## 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 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 .....

**Certificate B** The applicant has given the required notice to everyone else who were 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:

MC REVELL

12 MARKET CHAMBERS

SPRING

LINES

13.9.77

Signed *H. J. Munnery - C.S.W.* ..... (Applicant / Agent) Date *2.4.77* .....

## 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's box.

**Certificate 1** None of the land to which the application relates is or is part of any agricultural holding.

Signed *H. J. Munnery - C.S.W.* ..... (Applicant / Agent) Date *2.4.77* .....

**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 .....