

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

FILE COPY

You can complete and submit this form electronically via the Planning Portal by visiting 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: **COUNTRY COURT CARE HOMES LTD.**

Company (optional):

Unit: House number: **122A** House suffix:

House name:

Address 1: **CHURCH STREET**

Address 2:

Address 3:

Town: **MARKET DEEPING**

County: **Lincolnshire**

Country: **UK**

Postcode: **PE6 8AL**

2. Agent Name and Address

Title: First name:

Last name:

Company (optional): **BARRY JOHNSON ARCHITECT**

Unit: House number: **99** House suffix:

House name:

Address 1: **LONDON ROAD**

Address 2:

Address 3:

Town: **BOSTON**

County: **Lincolnshire**

Country: **UK**

Postcode: **PE21 7EH**

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: **ASHWOOD NURSING HOME**

Address 1: **SPALDING COMMON**

Address 2:

Address 3:

Town: **SPALDING**

County: **Lincolnshire.**

Postcode (optional):

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

Easting: Northing:

Description: **ASHWOOD NURSING HOME.**

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:

Additional bedroom accommodation in one and two stores, together with lounge spaces, staff accommodation and spaces for associated uses.

Reference number: **#16/0405/08** Date of decision: **18 Sept 2008** (date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates: **18:09:2008.**

1.	condition No 3.	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):

FEB 2010. (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:

**1256 K/02A - site plan with position of foul water storage tank.
+ 19587 06320_000A Foul water storage tank
1256 A/01A - section thro foul water storage tank.**

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:

13th condition.

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.

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

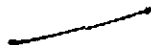
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☒

The correct fee: ☒

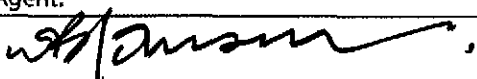
9. Declaration

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

Signed - Applicant:



Or signed - Agent:



Date (DD/MM/YYYY):

29:06:2010

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

MR. B. HICKS.

Country code:

0044

National number:

01778 348884

Extension number:

Country code:

0044

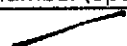
Mobile number (optional):

07889 001 285

Country code:

0044

Fax number (optional):



Email address (optional):

dhicks@countrycourtcare.com

11. Agent Contact Details

Telephone numbers

Country code:

0044

National number:

01205 353473

Extension number:

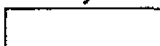
Country code:

0044

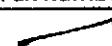
Mobile number (optional):

07973 102383

Country code:



Fax number (optional):



Email address (optional):

barry.johnson@member.riba.org

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. D. HICKS

Telephone number:

07889 001 285

Email address:

dhicks@countrycourtcare.com