H16-0796-11

SOUTH HOLLAND DISTRICT COUNCIL

18 OCT 2011

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+MRS | Title: | |
| First name: | P. | First name: | |
| Last name: | BOWMAN. | Last name: | |
| Company (optional): | | Company (optional): | G R MERCHANT LTD. |
| Unit: | | Unit: | 4 |
| House number: | | House number: | |
| House suffix: | | House suffix: | |
| House name: | THE GABLES. | House name: | WRIGHTS MEWS |
| Address 1: | CANAL GATE. | Address 1: | 12A PARK ROAD |
| Address 2: | | Address 2: | |
| Address 3: | | Address 3: | |
| Town: | SPALDING | Town: | HOLBEACH |
| County: | LINCS. | County: | LINCS |
| Country: | | Country: | |
| Postcode: | PE12 6ES. | Postcode: | PE12 7EE. |

## 3. Site Address Details

Please provide the full postal address of the application site.

| | |
|---|---|
| Unit: | |
| House number: | |
| House suffix: | |
| House name: | ELM TREE FARM |
| Address 1: | MILL DROVE NORTH |
| Address 2: | |
| Address 3: | |
| Town: | COLOBLT |
| County: | LINCS |
| Postcode (optional): | |

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: CHRIS CREW.

Reference: EMAILS + DISCUSSIONS

Date (DD/MM/YYYY): (must be pre-application submission) NOV 10 TO DATE

Details of pre-application advice received?

SITE VISITS TAKEN PLACE HOWEVER NEED TO BE FORMALLY APPROVED

## 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:

PROPOSED REPLACEMENT DWELLING (RE-APPLICATION FOLLOWING WITHDRAWAL OF H16-0168-11)

Reference number: H16-0744-10 Date of decision: 19|10|10 (Date must be pre-application submission) (DD/MM/YYYY)

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

| | | | |
|---|---|---|---|
| 7 | SAMPLES OF MATERIALS. | 19 | EXTERNAL METER BOXES (NONE) |
| 9 | PANEL OF BRICKWORK ONSITE | | |
| 14 | DETAILS OF EXTERNAL WINDOWS | | |
| 15 | DETAILS OF EXTERNAL WINDOWS | | |
| 16 | LARGE SCALE DETAILS (PART) | | |

Has the development already started? ☑ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY): NOV 10 (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:

MATERIAL SAMPLES ON SITE. See drawings + External
NO EXTERNAL METER BOXES ON HOUSE. material Schedule.

## 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:

16 - FRONT ENTRANCE PORTICO, VENETIAN WINDOW, CHIMNEY STACKS + POTS EAVES CORNICE, REDIMENTS + PILASTERS.

## 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: ☑

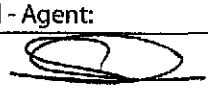
3 copies of other plans and drawings or information necessary to describe the subject of the application: ☑

## 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:

Or signed - Agent:



Date (DD/MM/YYYY): 17/10/11 (date cannot be pre-application)

## 10. Applicant Contact Details

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

## 11. Agent Contact Details

Telephone numbers

Country code: | National number: 01406 490800 | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional): 01406 425744

Email address (optional): gr.merchant@btconnect.com

## 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: | Telephone number:

Email address: