FOUR COPIES REQUIRED

PLANNING APPLICATION

For office use only

Application No. H16/1182/96

Date Registered 30 DEC 1996

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

PODDINGTONS
44 DOUBLE STREET
SPALDING
LINCS

Tel. No. 01775 761856

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

PODDINGTONS
44 DOUBLE STREET
SPALDING
LINCS

Tel. No. 01775 761856
(Personal contact please)
MR. J CRUNKHORN

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

LAND OFF BEDFORD PLACE, SPALDING, LINCS

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT DEMOLITION OF REDUNDANT OUTBUILDINGS (OLD BUTCHERY). PROPOSED RES. DEV. - 6 Nº SELF CONTAINED FLATS INCL'G ASSOCIATED VEH. PARKING AREAS & NEW VEH. ACCESS

Please complete

Please enclose * four copies of all plans
* an ownership certificate
* a fee of £960—

Signed [signature] Date 20.12.96

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 ✓

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 in 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 of 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.

APPLICANT'S INTEREST

Please state interest in site (e.g. owner, prosp. purchaser)

PROSP. PURCHASER

OWNERSHIP OF THE SITE

It is necessary to make sure that the owners of land are aware of applications made on it.

If you are the sole owner of the whole site, complete **Certificate A.**

In most other cases (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 are 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: R. GODDARD

Address of owner at which notice was served:

1. VINE STREET
SPALDING
LINCS

State Date notice served:

20 · 12 · 96

Signed ..... (Applicant / Agent) Date 23 · 12 · 96

AGRICULTURAL HOLDINGS CERTIFICATE

If this land is not in agricultural use complete Certificate 1.

If this land is agricultural, but farmed by the owner and there is no agricultural tenant, complete Certificate 2.

If this land is part of 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 name.

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

Signed ..... (Applicant / Agent) Date 23 · 12 · 96

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 .....

TYPE OF DEVELOPMENT

3. A. Please state whether the proposal involves:- (Tick one or more boxes)

(i) New Dwellings	✓	If so, how many: 6
(ii) Other new building(s)		
(iii) Alterations or extension		
(iv) Change of use		

4. A. Please state site area (in all cases)	.04297 hectares
B. If building works are proposed, please state extra floor space to be created:	377 sq. metres
C. Please state size of any new structure:- (a) max. height:	11.800 metres
(b) max. length:	9.500 metres
(c) max. width:	13.250 metres
D. Please state type and colour of materials for facing external walls:	TO BE AGREED
E. Please state type and colour of roofing materials.	
F. Has a survey of the site been undertaken? State Yes or No	YES

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

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

REDUNDANT OUTBUILDINGS & YARD AREA (OLD BUTCHERY)

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: BEDFORD PLACE
Will there be —
Individual access(es)? ✓
New estate road? ☐

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

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	S.W. SEWER
B. *For estate developments, please state how highway* surface water will be disposed of	S.W. SEWER
C. Please state whether a land drain will be affected	NO

D. Foul sewerage will be disposed of to:
Mains sewer ✓ Cesspool ☐ Septic tank ☐

PLEASE COMPLETE IN ALL CASES

	State Yes or No	
The proposal is in connection with agriculture	NO	➡ If so, please give details in Part 6
The proposal affects a listed building	NO	
The proposal affects a public right of way	NO	
The proposal is known to affect contaminated or filled land	NO	
The proposal is for industrial, warehousing, offices, shopping or similar commercial purposes.	NO	➡ 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.	NO	➡ Date: Consultee(s)
Is this application related to a previous submission?	NO	➡ Application No:

6. **ANY OTHER INFORMATION** Please add any details you wish in support of your application.
Continue on separate sheet if necessary. SEE STATEMENT

SOUTH HOLLAND DISTRICT COUNCIL - CHEQUE REQUISITION

PAYABLE TO: Robert Goddard — CREDITORS NO: (IF KNOWN)

ADDRESS : C/o Paddingtons
44 Double Street
Spalding
Lincs

N.B. IF CREDITOR NO. IS KNOWN ONLY THE FIRST LINE OF THE ADDRESS IS REQUIRED.

POST CODE : — DATE: 5-9

DUE DATE :	REQUISITION IN RESPECT OF:	AMOUNT
	REFUND OF PLANNING/~~BUILDING REGULATION/NOTICE/FEE~~	960 00
REFERENCE:	H16/1152/96	
APPLICANT:	Paddingtons	
FEE RECEIVED:	£960-00	
RECEIPT NO:	P8315 DATE: 31-12-96	
FEE REQUIRED:	NIL	
	REASON FOR REFUND: ~~OVERPAYMENT/EXEMPT FROM VAT~~	
	Application withdrawn/	
	Don Determined	
ENCS: YES / NO	SEPERATE CHEQUE ☐ TOTAL:	960 00

Please return cheque to : ..... Extn : .....

ALLOCATION/CERTIFICATION

PART A - To be completed in all cases.

PART B - Complete only if Computerised Order NOT used of if FMS allocations differ from Order.

ORDER No/MIN REF.

CHECKED: GOODS RECEIVED

TICK IF PREVIOUS YEAR: ☐

TICK IF NOT FINAL PAYMENT: ☐

CERTIFIED FOR PAYMENT

AUTHORISED OFFICER

ALLOCATION OBJ	SUBJ	COST	AMOUNT £	p	Vat Cod
GDEC	9317	0000	960	00	
		VAT			
		TOTAL	960	00	

PART C - EXCHEQUER USE ONLY

RECEIVED FINANCE DEPT.

VOUCHER NO.