PLANNING APPLICATION

OFFICE COPY

For office use only

Application No. H17/0384/02

Date Registered 28 MAR 2002

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

PARK LANE [illegible]
PARK FARM
PARK LANE
SCRIBLE T.

Tel. No.

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

G R MERCHANT
UNIT 4, WRIGHTS MEWS
12A PARK RD
HOLBEACH.

Tel. No. 01406 [illegible]
(Personal contact name)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS ABOVE

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

PROPOSED WORKERS FACILITIES, PLUS 5 NO MOBILE HOMES FOR SEASONAL WORKERS

Please complete | attach
* Four copies of all plans
* an ownership certificate (see back page)
* a fee of £760 ... If you consider no fee is payable include a written explanation instead
Previous application No.

Signed J. Merchant ..... Date 27.3.02

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.

✓

4.9.
9.215
26.000
TO BE DECIDED

YES

FARM.

✓

EXISTING.

✓

SOAKAWAYS

NO

PACKAGE TREATMENT PLANT.

YES. please give details in Part 5
NO
NO
NO
NO please complete Part 7

NO

NO

SEE REPORT.