FOUR COPIES REQUIRED

PLANNING APPLICATION

OFFICE COPY

For office use only

Application No. H18/0802/98

Date Registered 10 AUG 1998

1 Please complete in block letters

NAME AND ADDRESS OF APPLICANT

SOUTH LINCOLNSHIRE COMMUNITY & MENTAL HEALTH SERVICES NHS TRUST,
ORCHARD HOUSE,
RAUCEBY HOSPITAL, SLEAFORD, LINCS
NG34 8PP.

Tel. No 01529 416007

NAME AND ADDRESS OF AGENT

(if form completed by agent)

JOHN H. CANNER ASSOCIATES
FAR CLOSE STUDIO
ROLLESTON ROAD, FISKERTON, NOTTS
NG25 0UT

Tel. No 01636 830930

Personal contact name) JOHN H CANNER.

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE HEALTH CENTRE, ALLENBY'S CHASE, OFF BRIDGE ROAD, SUTTON BRIDGE, SPALDING, LINCS

Please complete in block letters

DESCRIPTION OF PROPOSED DEVELOPMENT

PROPOSED CONSTRUCTION OF PITCHED ROOF ON EXISTING BUILDING TO REPLACE FLAT ROOF.

Please complete

Signed ... Date 6TH AUGUST 1998

Attach * four copies of all plans
* an ownership certificate
* a fee of £90.00.

Please tick **one** box and answer the extra questions in 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 state Site Area (Hectares)

Please tick **any** box which 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 a condition number ☐ #

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 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.

1. APPLICANT'S INTEREST

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

To enable us to trace the owner(s) of the site

2. OWNERSHIP OF THE SITE

The purpose of 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 of the lease is 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 6TH AUGUST 1998

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:

Signed ..... (Applicant / Agent) Date .....

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 proposals 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 spaces below.

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

Signed ..... (Applicant / Agent) Date 6TH AUGUST 1998

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:
(ii) Other new building(s)		
(iii) Alterations or extension	✓	
(iv) Change of use		

4. A. Please state site area (in all cases)	APPROX 0.21 hectares
B. If building works are proposed, please state extra floor space to be created:	NOT APPLICABLE sq. metres
C. Please state size of any new structure:- (a) max. height:	7.00. metres
(b) max. length:	EXISTING metres
(c) max. width:	EXISTING metres
D. Please state type and colour of materials for facing external walls:	TO MATCH EXISTING
E. Please state type and colour of roofing materials.	REDLAND GROVEBURY TERRACOTTA TILES
F. Has a survey of the site been undertaken? State Yes or No	No.

5. **CURRENT USE INFORMATION** Please complete each section

State the current use(s) of the site	
If vacant, the last use(s) of site	HEALTH CLINIC

ACCESS ARRANGEMENTS (VEHICULAR AND PEDESTRIAN) Please tick **one** box

A. The proposal is for a new access to a public road and no alteration to the 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
C. What provision will be made for garages or parking within the site?	EXISTING	

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	TO SOAKAWAYS
B. For waste developments, please state how highway surface water will be disposed of	N/A
C. Please state whether a land drain will be affected	NO
D. Foul sewage will be disposed of to: Mains sewer [✓] Cesspool [ ] Septic tank [ ]	

PLEASE COMPLETE IN ALL CASES

	State Yes or No	
This application is connected with agriculture	No	➡ If so, **please give details in Part 6**
The site is the curtilage of a listed building	No	
The site includes a new right of way	No	
The site is known to be contaminated or filled land	No	
The proposal is for a general, warehousing, offices, [illegible] purposes	No	➡ If so, **please complete Part 7**
Consultation will be required, please send a copy of the application. If yes, please give date sent.	No	➡ Date: Consultee(s)
Is this a resubmission of previous submission?	No	➡ Application No.

5. **ADDITIONAL INFORMATION** Please add any details you wish in support of your application. Continue on separate sheet if necessary.