SOUTH HOLLAND DISTRICT COUNCIL

H23-0138-12

21 FEB 2012

OPS SUPPORT
21 FEB 2012
POSTROOM

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 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:	MR.	First name:	DAVID		
Last name:	GREEN				
Company (optional):					
Unit:		House number:		House suffix:	
House name:	THE QUAPPELODES				
Address 1:	KIRKGATE				
Address 2:	WHAPLODE				
Address 3:					
Town:	NR. SPALDING				
County:	LINCS				
Country:	ENGLAND				
Postcode:	PE12 6TE				

2. Agent Name and Address

Title:	MR.	First name:	GORDON		
Last name:	SMITH				
Company (optional):	MATRIX PLANNING LTD				
Unit:		House number:	36	House suffix:	
House name:					
Address 1:	STAMFORD ROAD				
Address 2:	MARKET DEEPING				
Address 3:					
Town:	PETERBOROUGH				
County:	CAMBS				
Country:	ENGLAND				
Postcode:	PE 6BAB				

3. Site Address Details

Please provide the full postal address of the application site.

Unit:	
House number:	
House suffix:	
House name:	
Address 1:	THE COBGATE BUILDING
Address 2:	COBGATE
Address 3:	WHAPLODE
Town:	SPALDING
County:	LINCS
Postcode (optional):	PE12 6TD

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: MR DAVID GEDNEY

Reference: A.M. TELECOM.

Date (DD/MM/YYYY): 20/02/2012
(must be pre-application submission)

Details of pre-application advice received?

REVIEW OF THE CONTENTS OF THIS FORM AND ASSOCIATED DOCUMENTS

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:

CONTINUED USE OF [redacted] BUILDING FOR B1(BUSINESS) AND B8 (STORAGE AND DISTRIBUTION) WITH UNRESTRICTED VEHICULAR ACCESS OFF COBGATE

Reference number: H23-0634-11 Date of decision: 30/01/2012 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	CONDITION NO 7	6.	
2.	CONDITION NO 8	7.	
3.	CONDITION NO 11	8.	
4.	CONDITION NO 12	9.	
5.		10.	

Has the development already started? ☐ Yes ☑ No

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

LETTER DWG/PC: 20/02/12	"COBGATE ENTRANCE SHRUBS"	HGV TURN LEFT SIGN
COLOUR PHOTOS 1-6	SOUND INSULATION DRWG	COBGATE ENTRANCE PLAN

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:

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: CHEQUE £85.00 ☑

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): 20/02/2012 (date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: 01406 National number: 373467 Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional): dw-green@btinternet.com

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

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: