

North Kesteven District Council, District Council Offices Kesteven Street, Sleaford, Lincolnshire NG34 7EF

Telephone: 01529 414155

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

'ublication of applications on planning authority websites

lease 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.

lease complete using block capitals and black ink.

is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applic	ant Name and Address	2. Agent Name and Addre	
Title:	MR First name: ANDREW	Title: MR First na	
Last name:	RUSSELL	Last name: PENNEY	
Company (optional):		Company (optional): EVERETT CON	
Unit:	House number: 29 House suffix:	Unit: House number:	
House name:		House name:	
Address 1:	GREAT LEIGHS	Address 1: ABBOTS C	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	BOURNE	Town: SPALDING	
County:	LINCOLNSHIRE	County: LINCOLNSE	
Country:		Country:	
Postcode:	PEIO OWF	Postcode: PEII ING	

2. Agent Name and Address					
Title:	MR First name: TIM				
Last name:	PENNEY				
Company (optional):	EVERETT CONSTRUCTION LTD				
Unit:	House number: IO House suffix:				
House name:					
Address 1:	ABBOTS CRESCENT				
Address 2:					
Address 3:	Process and and Parkers and				
Town:	SPALDING				
County:	LINCOLNSHIRE				
Country:					
Postcode:	PEII INB				

3. Site	Address Details	114. 1	re-application Advice
Please p	provide the full postal address of the application site.	Has a	ssistance or prior advice been sought from the local
Unit:	House House number: suffix:	auth:	ority about this application? Yes No
House name:	COOPERS BARN	If Yes	, please complete the following information about the advice vere given. (This will help the authority to deal with this
Address	SI: SCHOOL LANE	appli	cation more efficiently).
Address			e tick if the full contact details are not n, and then complete as much as possible:
Address	33:		er name:
Γown:	WALCOT		
County:	LINCOLINSHIRE	H Refe	rence:
ostcod optiona	le [NC3: 076]		Date (DD/MM/YYYY):
Descript	tion of location or a grid reference. e completed if postcode is not known):	11	be pre-application submission) ils of pre-application advice received?
Easting:	Northing:		
Descrip		-	•
17/	10390 / FUL		
	cription Of Your Proposal		
and date	Provide a description of the approved development as sho e of decision in the sections below;	wn on the	decision letter, including the application reference number
		o.	
Referenc	ce number: 19/0390/FUL Date of decision	: 154	SANUARY 2 (Date must be pre-application submission) (DD/MM/YYYY)
Please s	state the condition number(s) to which this application rela		
1.	ALL 18 CONDITIONS	6.	
2.	DISCHARGE	7.	
3.		8.	
4.		9.	
5.		10.	
Has the	development already started?		Yes No
If Yes, p	lease state when the development started (DD/MM/YYYY):	(date must be pre-application submission)
Has the	development been completed?		Yes No
If Yes, p	elease state when the development was completed (DD/M	M/YYYY):	(date must be pre-application submission)
	charge Of Condition provide a full description and/or list of the materials/details	s that are h	eing submitted for approval:
	SEE ATTACHED LIST OF CONDIT	***************************************	G
7. Part	t Discharge Of Condition(s)		
	seeking to discharge only part of a condition?		Yes VNo
	lease indicate which part of the condition your application	relates to	

5. Planning Application Require Please read the following checklist to man information required will result in your apone the Local Planning Authority has been su	ke sure you have sent all the	e information in support of your proposal. Failure to subr valid. It will not be considered valid until all information r	mit all required by
The original and 3 copies of a completed and dated application form:	The or in	original and 3 copies of other plans and drawings nformation necessary to describe the subject of the applic	ation:
The correct fee:			
J. Declaration /we hereby apply for planning permission formation. I/we confirm that, to the best penuine opinions of the person(s) giving Signed - Applicant:	n/consent as described in to t of my/our knowledge, any them.	his form and the accompanying plans/drawings and addity facts stated are true and accurate and any opinions given Or signed - Agent:	tional n are the
Date (DD/MM/YYYY): (date can	not be pre-application)		
10. Applicant Contact Details	1	11. Agent Contact Details	
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Extension number:	Telephone numbers Country code: National number: 722209 Country code: Mobile number (optional): 7753 896311 Country code: Fax number (optional): Email address (optional): Everett construction@outlook.com	Extension number:
12. Site Visit Can the site be seen from a public road, put of the planning authority needs to make arout a site visit, whom should they contact of Other has been selected, please provides Contact name:	n appointment to carry ? (Please select only one)	r other public land?	ent from the nt's details)
Email address:			