2. Agent Name and Address

ALLENBY

First name:



Telephone: 01529 414155

STEPHEN

## Application for listed building consent for alterations, extension or demolition of a listed building. 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

## 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.

First name:

DARRY

1. Applicant Name and Address

MR

Title:

Last name:

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

Title:

Last name:

PAUL

Company (optional):	(optional): ALLENBY'S OF ANHICK LTD
Unit: House number: 3 2 House suffix:	Unit: House number: 68 House suffix:
House name:	House name:
Address 1: HIGH STREET	Address 1: MAIN ROAD
Address 2: OSBOWRNBY	Address 2: AN WICK
Address 3:	Address 3:
Town: SLEAFORD	Town: SLEAFORD
County: LINCOLNSHIRE	County: LINCS
Country:	Country:
Postcode: NG34 ODP	Postcode: NG3 4 95W
3. Description of Proposed Work	
Please describe the proposals to alter, extend or demolish the listed	building(s):
TO REMOVE ALL EXISTING T	IMBER WINDOWS FROM THE
PROPERTY AND REPLACE W	ITH NEW ACCORD TIMBER
ONES.	
ALL FITTED WITH HERITAGE	E DONBLE GLAZED WNITS
FINISHED IN FARROW AND	BALL LIGHT GREY NOIT
EGGSHELL ON OWTSIDE	AND VHITE GLOCI ON
EGGSHELL ON STISTE	3 ===33
INSIDE.	
	\$Date:: 2014-02-10 #\$ \$Revision: 5975 \$

Description of Proposed Work (continued)	4. Site Address Details
	Please provide the full postal address of the application site.
Has the work already started without consent? Yes No	Unit: House number: 32 House suffix:
7	House name:
If Yes, please state when the work was started (DD/MM/YYYY):	Address 1: HIGH STREET
	Address 2: OSBOWRNBY
	Address 3:
(date must be pre-application submission)	Town: SLEAFOND
Handle words have	County: LINCOLNSHIRE
Has the work been completed without consent?	Postcode (optional): NG34 ODP
If Yes, please state the date when the	Description of location or a grid reference. (must be completed if postcode is not known):
work was completed (DD/MM/YYYY):	Easting: Northing:
	Description:
(date must be pre-application submission)	
5. Related Proposals	6. Pre-application Advice  Has assistance or prior advice been sought from the local
Are there any current applications, previous proposals or demolitions for the site?  Yes No	authority about this application?
If Yes please describe and include the planning application	hapithal barrand
reference number(s), if known:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Description Reference number	application more efficiently). Please tick if the full contact details are not
	known, and then complete as much as possible:
	Officer name:
	GARETH HUGHES
	Reference:
	21/0447/LBC
	Date (DD/MM/YYYY): (must be pre-application submission)
	Details of pre-application advice received?
	GLAZING DETAIL
7. Neighbour and Community Consultation	8. Authority Employee / Member  With respect to the Authority Lam: Do any of these
Have you consulted your neighbours or	With respect to the Authority, I am:  (a) a member of staff  Do any of these statements apply to you?
Have you consulted your neighbours or	With respect to the Authority, I am:  (a) a member of staff  (b) an elected member  Do any of these statements apply to you?  Yes
Have you consulted your neighbours or	With respect to the Authority, I am:  (a) a member of staff  Do any of these statements apply to you?
Have you consulted your neighbours or the local community about the proposal?  Yes  No	With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff  Do any of these statements apply to you?  Yes  No
Have you consulted your neighbours or the local community about the proposal?  Yes  No	With respect to the Authority, I am:  (a) a member of staff  (b) an elected member  (c) related to a member of staff  (d) related to an elected member
Have you consulted your neighbours or the local community about the proposal?  Yes No	With respect to the Authority, I am:  (a) a member of staff  (b) an elected member  (c) related to a member of staff  (d) related to an elected member

\$Date:: 2014-02-10 #\$ \$Revision: 5975 \$

External walls  Roof covering  Chimney  DETERIOR ATMONTHMBER VERTICAL + VERTICAL AND YORKSHIRE VINDOWS  External doors  Cellings  Internal walls  Floors  Internal doors  Rainwater goods  Boundary treatments (e.g. fences, walls)  Lighting  Chimney  Lighting  Chimney  DETERIOR ATMONTHMBER VERTICAL AND YORKSHIRE VERTICAL A		Existing (where applicable)	Proposed	Not applicable	Don't Know
Chimney  Windows  DETERIORATING TIMBER VERTICAL + TIMBER VERTICAL + TYORKSHIRE WINDOWS  External doors  Cellings  Internal walls  Floors  Rainwater goods  Boundary treatments (e.g. fences, walls)  Lighting  Chiers (add description)  Chiers (add description)	External walls			X	
Windows TIMBER VENTICAL + VERTICAL AND YORKSHIRE SASH WINDOWS  External doors  Ceilings  Internal walls  Floors  Rainwater goods  Boundary treatments (e.g. fences, walls)  Vehicle access and hard standing  Lighting  Others (add description)	Roof covering			X	
External doors  Ceilings  Cilings  Internal walls  Floors  Internal doors  Rainwater goods  Boundary treatments (e.g. fences, walls)  Vehicle access and hard standing  Lighting  Cithers (add description)	Chimney				
Ceilings  Internal walls  Floors  Internal doors  Rainwater goods  Boundary treatments (e.g. fences, walls)  Vehicle access and hard standing  Lighting  Others (add description)	Windows	DETERIORATING TIMBER VERTICAL + YORKSHIRE WINDOWS	NEW ACCOYA TIMBER VERTICAL AND YORKSHIR SASH WINDOWS	F 🗆	
Internal walls  Floors  Internal doors  Rainwater goods  Boundary treatments (e.g. fences, walls)  Vehicle access and hard standing  Lighting  Others (add description)	External doors			X	
Floors  Internal doors  Rainwater goods  Boundary treatments (e.g. fences, walls)  Vehicle access and hard standing  Lighting  Others (add description)	Ceilings			Y	
Internal doors  Rainwater goods  Boundary treatments (e.g. fences, walls)  Vehicle access and hard standing  Lighting  Others (add description)	Internal walls			M	
Rainwater goods  Boundary treatments (e.g. fences, walls)  Vehicle access and hard standing  Lighting  Others (add description)	Floors			×	
Boundary treatments (e.g. fences, walls)  Vehicle access and hard standing  Lighting  Others (add description)	Internal doors			×	
(e.g. fences, walls)  Vehicle access and hard standing  Lighting  Others (add description)	Rainwater goods			y	
hard standing  Lighting  Others (add description)				Ø	
Others (add description)				M	
(add description)	Lighting			Ŋ	
	the state states			7	
Are you supplying additional information on submitted drawings or plans? Yes No  If Yes, please state plan(s)/drawing(s) references:  SCALE DRAWINGS OF BOTH TYPES OF WINDOWS  BEING REPLACED.	If Vos. places state pla	n(s)/drawing(s) references:			

10. Demolition	11. Listed Building Alterations
Does the proposal include the partial or total demolition of a listed building?	Do the proposed works include alterations to a listed building?  Yes  No
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include:
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)
b) Demolition of a building within the curtilage of the listed building: Yes No	a) Works to the interior of the building?  Yes  No
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building?  Yes  No
If the answer to c) is Yes:	c) Works to any structure or object fixed to the property (or buildings within
i) What is the total volume of the listed building?(cubic metres)	its curtilage) internally or externally?  Yes  No
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?  Yes  No
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)  Please provide a brief description of the building or part of the building you are proposing to demolish:	If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	
12. Listed Building Grading	13. Immunity From Listing
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)	Has a Certificate of Immunity from Listing been sought in respect of this building?  Yes  No  Don't know
Grade I Ecclesiastical Grade I	If Yes, please provide the result of the application:
Grade II* Ecclesiastical Grade II*	
Grade II Ecclesiastical Grade II	
Don't know	

## 14. Ownership Certificates One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates. \* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Or signed - Agent: Date DD/MM/YYYY) Signed - Applicant: 01/02/2 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* of any part of the land or building to which this application relates. \* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Date Notice Served Name of Owner Address Or signed - Agent: Date DD/MM/YYYY): Signed - Applicant: CERTIFICATE OF OWNERSHIP - CERTIFICATE C Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. \* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. The steps taken were: Date Notice Served Name of Owner Address On the following date (which must not be earlier Notice of the application has been published in the following newspaper than 21 days before the date of the application): (circulating in the area where the land is situated): Date DD/MM/YYYY): Or signed - Agent: Signed - Applicant:

14. Ownership Certificates (continued)				
Regulation 6 of the Planning (Lis I certify/ The applicant certifies that:  Certificate A cannot be issued for this application	ited Building n		ation Areas) Regulations 199	
<ul> <li>All reasonable steps have been taken to find out date of this application, was the owner* of any p unable to do so.</li> <li>"owner" is a person with a freehold interest or leasehold in</li> </ul>	art of the lan	d to which this a	application relates, but I have/	the applicant has been
The steps taken were:				
Notice of the application has been published in the followal (circulating in the area where the land is situated):	wing newspa	aper	On the following date (which	h must not be earlier
(or collating in the dreat where the tank is streament).				
Signed - Applicant:	Or signed -	Agent:		Date DD/MM/YYYY):
15. Planning Application Requirements - Che Please read the following checklist to make sure you have information required will result in your application being 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 a plan which identifies the land to which the application relates and drawn to an identified scale and showing the direction of North:	e sent all the deemed involute i i	alid. It will not b The original and nformation nec The original and Dwnership Certi The original and	support of your proposal. Failude considered valid until all into 3 copies of other plans and disessary to describe the subject 3 copies of the completed da ficate (A, B, C, or D - as applicate 3 copies of a design and access and pudance notes for a copies of a guidance of the complete of a design and access for a design acces f	formation required by rawings or of the application: ted able):
16. Declaration  I/we hereby apply for planning permission/consent as de	escribed in th	is form and the	accompanying plans/drawing	and additional
information. I/we confirm that, to the best of my/our kno genuine opinions of the person(s) giving them.	owledge, any ned - Agent:	facts stated are	Date (DD/MM/	YYYY):
information. I/we confirm that, to the best of my/our kno genuine opinions of the person(s) giving them.	wledge, any	facts stated are	Date (DD/MM/	YYYY):  (date cannot be
information. I/we confirm that, to the best of my/our kno genuine opinions of the person(s) giving them.  Signed - Applicant:  Or sign  17. Applicant Contact Details  Telephone numbers	owledge, any ned - Agent:	facts stated are	Date (DD/MM/)  O1 /O2 /2  Contact Details	YYYY):  (date cannot be pre-application)
information. I/we confirm that, to the best of my/our kno genuine opinions of the person(s) giving them.  Signed - Applicant:  Or sign  17. Applicant Contact Details  Telephone numbers	wledge, any	18. Agent Country code	Date (DD/MM/)  OI /O2 /2  Contact Details  Imbers  National number:	YYYY):  (date cannot be
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information. I/we confirm that, to the best of my/our knot genuine opinions of the person(s) giving them.  Signed - Applicant:  Or sign  Or sign  17. Applicant Contact Details  Telephone numbers  Country code:  National number:  Country code:  Mobile number (optional):  Country code:  Fax number (optional):  Email address (optional):  19. Site Visit  Can the site be seen from a public road, public footpath, If the planning authority needs to make an appointment out a site visit, whom should they contact? (Please select)	Extension number:  bridleway or a to carry	18. Agent Country code Country code Country code Country code Country code Country code	Date (DD/MM/)  O1/O2/2  Contact Details  Imbers  National number:  8 3 2 3 / 9  Example: Mobile number (optional):  Example: Fax number (optional):  Example: Applicant Other	(date cannot be pre-application)  Extension number:
information. I/we confirm that, to the best of my/our knogenuine opinions of the person(s) giving them.  Signed - Applicant:  Or sign  Or sign  17. Applicant Contact Details  Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  19. Site Visit  Can the site be seen from a public road, public footpath, If the planning authority needs to make an appointment	Extension number:  bridleway or a to carry	18. Agent (Telephone nu Country code Country code Email address other public lar	Date (DD/MM/\ D1/O2/2  Contact Details Imbers  National number:  8 3 2 3 / 9  Mobile number (optional)  Fax number (optional):  (optional):  (optional):  Applicant  Others  Others  Others  Applicant  Others  Others	(date cannot be pre-application)  Extension number:  :  her (if different from the ent/applicant's details)
information. I/we confirm that, to the best of my/our knot genuine opinions of the person(s) giving them.  Signed - Applicant:  Or sign  Or sign  17. Applicant Contact Details  Telephone numbers  Country code:  National number:  Country code:  Mobile number (optional):  Country code:  Fax number (optional):  Email address (optional):  19. Site Visit  Can the site be seen from a public road, public footpath, If the planning authority needs to make an appointment out a site visit, whom should they contact? (Please select If Other has been selected, please provide:	Extension number:  bridleway or a to carry	18. Agent Country code Agent Agent	Date (DD/MM/\\ \times 1 / \times 2 / \times 2 \times 1 / \times 2 \times 2 / \tim	(date cannot be pre-application)  Extension number:  :  her (if different from the ent/applicant's details)