

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

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	2. Agent Name and Address
Title: MR First name: MICHAEL	Title: MR First name: CLUE
Last name: CASSWELL.	Last name: WICKS
Company (optional): CHURCH FARM PARTNERS	Company (optional): CLIVE WICKS ASSOCIA
Unit: House number: House suffix:	Unit: House number: 36 Hous suffix
House name: SYCAMORE FARM	House name:
Address 1: SOUTH KYME	Address 1: BOSTON ROAD
Address 2: LINCOLN	Address 2: SLEA FORD
Address 3:	Address 3:
Town:	Town:
County: LINCS	County: LINCS
Country: ENGLAND	Country: ENGLAND
Postcode: LN4 4AH	Postcode: NG347EZ

3. Site Address Details		4. Pr	re-application Advice
Please provide the full postal address of	the application site.		sistance or prior advice been sought from the local
Unit: House number:	House suffix:	autho	rity about this application? Yes No
House name: STONE BA	? <i>N</i>		please complete the following information about the advice ere given. (This will help the authority to deal with this
Address 1: HOLM FARM	YARD	applic	ation more efficiently). tick if the full contact details are not
Address 2: VILLAGE ST	REET		n, and then complete as much as possible:
Address 3: DEMBLEBY		Office	r name:
Town: SLEAFORD		Refere	ence:
County: LINCS			
Postcode (optional): N434 OEL		(must	Date (DD/MM/YYYY): be pre-application submission)
Description of location or a grid reference (must be completed if postcode is not k	:e. nown):	11	s of pre-application advice received?
Easting: North	ning:		R NORTH KESTEVEN B
Description:			C 25 IAM 2024 P
EMPTY STONE BAR	ω		[25 JAN 2024]
			D DISTRICT COUNCIL
5. Description Of Your Proposa			
Please provide a description of the appr and date of decision in the sections belo	oved development as show w:	n on the c	decision letter, including the application reference number
		G F	ROM AN AGRICULTURAL BARN
1	6 A RESIDENTI	AL I	DUELLING
Reference number: 22 / 12 = 1 / 6 Date of decision: 03 / 12 12 (Date must be pre-application			
Reference number: 22 / losi / full Date of decision: 03/04/23 (Date must be pre-application submission) (DD/MM/YYYY) Please state the condition number(s) to which this application relates:			
1.		6.	
2. House SPARROW	HOTEL NEST BOY	7.	
3.	00/	8.	
4.		9.	
5.		10.	
Has the development already started?			Yes No
If Yes, please state when the developme	nt started (DD/MM/YYYY):		(date must be pre-application submission)
Has the development been completed?			Yes No
If Yes, please state when the developme	nt was completed (DD/MM/	/YYYY):	(date must be pre-application submission)
6. Discharge Of Condition	6. Discharge Of Condition		
Please provide a full description and/or li			
PROOF OF ACTIONS		Box	AND ASSIDATED PLANS AS
11001 OF ACTIONS	TAKEN		
7. Part Discharge Of Condition(s)			
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:			
CONDITION IN RE	and the second	16	PROVISION OF A HOUSE
SPARROW HOTEL NES	^	~	

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:			
Date (DD/MM/YYYY):	in this form and the accompanying plans/drawings and additional Or signed - Agent:		
22.01.2024 (date cannot be pre-application)			
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers Country code: National number: Extension number: number:			
Country code: Mobile number (optional):	Country code: Mobile number (optional):		
Country code: Fax number (optional):	Country code: Fax number (optional):		
Fmail address (ontional):	Email address (optional): intoacluewicksessociates.com		
12. Site visit			
Can the site be seen from a public road, public footpath, bridleway or other public land?			
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:	Agent Applicant Other (if different from the agent/applicant's details)		
Contact name:	Telephone number:		

Email address:

