



Application for approval of reserved matters following outline approval. Town and Country Planning (Development Management Procedure) (England) Order 2015

Privacy Notice

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Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



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

Telephone: 01529 414155

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

Applicant Name and Address					
Title:	MR First name: CARL				
Last name:	BUCKLE				
Company (optional):					
Unit:	House number: 16 House suffix:				
House name:					
Address 1:	SHEPHERDS LANE				
Address 2:	HELPRINGHAM				
Address 3:					
Town:	SLEAFORD				
County:	LINCOUNSHIRE				
Country:	ENGLAND				
Postcode:	NG34 ORU				

2. Agent Name and Address					
Title:	MR	First name:	Kevii	V	
Last name:	COUPLAND				
Company (optional):	HERONSWOOD DESIGN LTD				
Unit:		House number:	/	House suffix:	
House name:	/	•	***		
Address 1:	2 sA	DUER COU	RT		
Address 2:		_			
Address 3:	/				
Town:	LIN	OW			
County:	LING	OUNSHIRE	<u> </u>		
Country:	ENGL	AND			
Postcode:	LN6	3RG			

Version 2018.1

	ddress Details	4. Pre-application Advice	
Please provide the full postal address of the application site.		Has assistance or prior advice been sought from the local authority about this application?	
Unit:	House number: 16 House suffix:	authority about this application? Yes No	
House name:		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	
Address 1:	SHEPHERDS LANE	application more efficiently). Please tick if the full contact details are not	
Address 2:		known, and then complete as much as possible:	
Address 3:		Officer name:	
Town:	HELPRINGHAM	ALAN OUVER	
County:	LINCOUNSHIRE	Reference:	
Postcode	NG34 DRU	20 / 1385 OUT - 16 SHEPHERDS LANE.	
Description of location or a grid reference.		Date (DD/MM/YYYY): (must be pre-application submission) O4 110 /2023	
(must be completed if postcode is not known):		Details of pre-application advice received?	
Easting: Northing: Description:		SINGLE REPLACEMENT DWELLING, IN	
Description.		ISOLATION FROM REMAINDER OF	
		THE SITE DEVELOPMENT AREA IS ACCEPTABLE.	
		/	
	opment Description		
Please indica	ate which reserved matter(s) you require to be determine		
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6. Authority Employee / Member It is an important principle of decision-making that the process is open and transparent. For the purposes of this question "relating to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.				
Do any of the following statements apply to you and/or agent?	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		
If Yes, please provide details of their name, role and how you are	e related to them.	(a) related to an elected member		
N/A				
		Acceptance		
7. Supporting Information Please provide the following information:				
List of all relevant drawings, including reference numbers, that of the original decision:	were approved as part	List of drawing numbers submitted with this application for approval:		
Drawing	Reference Number	Drawing Number		
SITE LOCATION PLAN	1714 B -20 -10A	1714B-22-23c		
SITE LAYOUT PLAN - ECUTING	1714 B-20-11b	17148 - 22 - 24 A 17148 - 22 - 25 A		
SITE LAYOUT PLAN - PROPOSED	17148-20-20	1714B- 22-32A 1714B- 22-33		
THE CAPTOR PORTS	11140-20-20	17148-22-34		
		17148-22-35		
		reserved matters +		
		CONDITION DISCHARGE CORRESPONDENCE.		
Reasons for any changes to the original drawings (if applicable):				
MINOR THEAKS + ADDITIONS RELIEWING INPUT FROM THE APPLICANT & APPLICANTS MVM.				
8				
	THE STATE OF THE S	LELE LEGISLATION CONTRACTOR CONTR		

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed inv the Local Planning Authority (LPA) has been submitted.	information in support of your proposal. Failure to submit all ralid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated application form:	The correct fee:
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	The original and 3 copies* of such plans and drawings as are necessary to deal with the matters reserved in the outline planning permission.
*National legislation specifies that the applicant must provide the ori total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for Information or contact their pla	or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).
9. Declaration	
I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant:	
Date (DD/MM/YYYY):	
01-03-2024 (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers	Telephone numbers
Extension	Extension
Country code: National number: number:	Country code: National number: number:
Country code: Mobile number (optional):	Country code: Markilly assessment as the market as the mar
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Tax Humber (optional).	Country code. Pax Humber (optional).
Email address (optional):	Email address (optional):
	Ethan address (optionar)
12. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or	other public land? Yes No
Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? <i>(Please select only one)</i>	Agent Applicant Other (If different from the agent/applicant's details)
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)
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Other (If different from the

Email address: