

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)'.

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 their obligations in regards to the processing of your application. Please refer to their 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:



Boston Borough Council Municipal Buildings West Street Boston, LincoInshire PE21 8QR Telephone: 01205 314200 email: planning@boston.gov.uk

Publication on Local 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 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.

1. Applic	ant Name and Address	2. Agent Name and Address
Title:	Miss First name: Donna	Title: Mr First name: Andy
Last name:	York	Last name: Scarborough
Company (optional):		Company (optional): ACIS Homeplus
Unit:	House 1 House suffix:	Unit: House House suffix:
House name:		House name:
Address 1:	Church Cottage	Address 1: 57 Bridge Street
Address 2:	Maryland Bank	Address 2:
Address 3:	Amberhill	Address 3:
Town:	Boston	Town: Gainsborough
County:	Lincolnshire	County: Lincolnshire
Country:		Country:
Postcode:	PE20 3RW	Postcode: DN21 1GG

3. Description of Proposed Works	
Please describe the proposed works:	
	- · · ·
Single Storey Side Extension to provide accessible	bedroom & bathroom
Has the work already started? Yes X No	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submissi
Has the work already been completed? Yes No	
if Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submissio
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of W
Please provide the full postal address of the application site.	Is a new or altered vehicle access proposed to or from the public highway? Yes X N
Unit: House 1 House suffix:	Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes X N Do the proposals require any diversions,
Address 1: Church Cottage	extinguishments and/or creation of public rights of way?
Address 2: Maryland Bank	If yes to any questions, please show details on your plans or
Address 3: Amberhill	drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town: Boston	
(optional): PE20 3RW	
6. Pre-application Advice	7. Trees and Hedges Are there any trees or hedges on your own
Has assistance or prior advice been sought from the local authority about this application? Yes X No	property or on adjoining properties which
If Yes, please complete the following information about the advice	are within falling distance of your proposed Yes
you were given. (This will help the authority to deal with this	If Ves, please mark their position on a scaled
application more efficiently).	plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not known, and then complete as much possible:	
Officer name:	
Deference:	
Reference:	Will any trees or hedges need to be removed or pruned in
	order to carry out your proposal?
Date (DD MM YYYY):	is a set of the set of
(must be pre-application submission) Details of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the pla
Details of the pre-application advice received.	drawing(s) and indicate the scale.

8. Parking					
Will the proposed we	orks affect existing car parking arrangements?	Yes X	٩٥		
If Yes, please describ	e:				
5.					
4. 	-				
9. Authority Em	ployee / Member nciple of decision-making that the process is ope		E. I.		
means related, by bir	th or otherwise, closely enough that a fair minde	d and informed of	server, having considered the fact	"related ts, would	to" .
conclude that there v	vas bias on the part of the decision-maker in the	local planning aut	nority.		
Do any of the followi	ng statements apply to you and/or agent? 🏼 Y	es 🗙 No	With respect to the authority, I a (a) a member of staff	am:	
			(b) an elected member		
			(c) related to a member of staff (d) related to an elected membe		
If Yes, please provide	e details of their name, role and how you are relat	ted to them	(d) related to an elected membe	2r	
	access of area name, fore and now you are read	*			
10. Materials			· · · · · · · · · · · · · · · · · · ·		
If applicable, please st	tate what materials are to be used externally. Inc	lude type, colour a	ind name for each material:		
	E-data -			ele	
	Existing (where applicable)	Proposed		Not applicable	Don't Know
				dde	
а _щ .			· · ·		
Walls	-		d Masonry		
wans.		Painted (Cream		
Roof		Mineral F	elt		
		Green			

Koof	Green		
Windows	White PvcU		
Doors	While PVCu		
Boundary treatments (e.g. fences, walls)		X	

10. Materials If applicable, please sta Vehicle access and hard-standing	te what materials are to be used externally. Include type, colour and name for each material:	X	
Lighting		X	
Others (please specify)		X	
If Yes, please state refe	itional information on submitted plan(s)/drawing(s)/design and access statement? X Yes rences for the plan(s)/drawing(s)/design and access statement: R/200905/001, 101a, 102b		No

11. Ownership Certificates and	Agricultural Land Declaration	
One Certif	icate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A	
L certify/The applicant certifies that on the	velopment Management Procedure) (England) Order 2015 Certificat e day 21 days before the date of this application nobody except myself/ t g to which the application relates, and that none of the land to which the	he applicant was the
NOTE: You should sign Certificate B, C application relates but the land is, or is	or D, as appropriate, if you are the sole owner of the land or building part of, an agricultural holding.) to which the
* "owner" is a person with a freehold interes ** "agricultural holding" has the meaning g	st or leasehold interest with at least 7 years left to run. jiven by reference to the definition of "agricultural tenant" in section 65(8) ol	the Act.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
21 days before the date of this application application relates. * "owner" is a person with a freehold intere ** "agricultural tenant" has the meaning g	ve/the applicant has given the requisite notice to everyone else (as liste on, was the owner* and/or agricultural tenant** of any part of the land st or leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act 1990	or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served
L.H.P.	Chantry House, 3 Lincoln Lane, Boston, PE21 8RU	20/02/2020
	······································	
Signed - Applicant:		Date (DD/MM/YYYY):

12. 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 in the Local Planning Authority (LPA) has been submitted.	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
The original and 3 copies* of a The original and 3 copies* of a Copies* of a Copies* of a Copies and access design and access and access acces	statement if
The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	9r completed dated Ownership
*National legislation specifies that the applicant must provide the o total of four copies), unless the application is submitted electronical LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pl	post (for example, on a CD, DVD or USB memory stick).
13. Declaration	
I/we hereby apply for planning permission/consent as described in t information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.	
Signed - Applicant: Or signed - Agent	: Date (DD/MM/YYY):
	16/11/2020 (date cannot be pre-application
14. Applicant Contact Details	15. Agent Contact Details
	1 15. Agent Contact Details
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Telephone numbers Country code: National number: Extension number:	Telephone numbers Country code: National number: Extension number:
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