

Application for Outline Planning Permission with all matters reserved.  
Town and Country Planning Act 1990

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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:



Boston Borough Council  
Municipal Buildings  
West Street  
Boston, Lincolnshire  
PE21 8QR  
Telephone: 01205 314200  
email: [planning@boston.gov.uk](mailto:planning@boston.gov.uk)

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.

1. Applicant Name and Address

Title:	Mr & Mrs	First name:	J
Last name:	Kruger		
Company (optional):			
Unit:		House number:	
		House suffix:	
House name:	Ashcombe House		
Address 1:	Low Road		
Address 2:	Wyberton		
Address 3:			
Town:	Boston		
County:	Lincs		
Country:			
Postcode:	PE21 7AP		

2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):	G R Merchant Ltd		
Unit:	4	House number:	
		House suffix:	
House name:			
Address 1:	Wrights Mews		
Address 2:	12A Park Road		
Address 3:	Holbeach		
Town:	Spalding		
County:	Lincs		
Country:			
Postcode:	PE12 7EE		

3. Description of the Proposal

Please describe the proposal:

Erection of single Dwelling (outline)

Has building or works already been carried out? ☐ Yes ☒ No

If Yes, please state the date when building or works were started (DD/MM/YYYY):

(date must be pre-application submission)

Have the works been completed? ☐ Yes ☒ No

If Yes, please state when the works were completed (DD/MM/YYYY):

(date must be pre-application submission)

Reference no. of permission in principle being relied on (technical details consent applications only):

4. Site Address Details

Please provide the full postal address of the application site.

Unit:

House number:

House suffix:

House name:

Ashcombe House

Address 1:

Low Road

Address 2:

Wyberton

Address 3:

Town:

Boston

County:

Lincs

Postcode (optional):

PE21 7AP

Description of location or a grid reference.  
(must be completed if postcode is not known):

Easting:

Northing:

Description:

5. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☒ Yes ☐ No

If yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? ☐ Yes ☒ No

Will the proposal increase the flood risk elsewhere? ☐ Yes ☒ No

How will surface water be disposed of?

- ☐ Sustainable drainage system
- ☐ Existing watercourse
- ☒ Soakaway
- ☐ Pond/lake
- ☐ Main sewer

6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☒ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Reference:

Date (DD/MM/YYYY):   
(must be pre-application submission)

Details of pre-application advice received?

7. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related 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 related to them.

8. Site Area

Please state the site area in hectares (ha)

9. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?

☒ Yes

☐ No

If Yes, please complete details of the changes in the tables below:

Proposed Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a + b + c + d + e + f)=							A

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a + b + c + d + e + f)=							B

Affordable Home Ownership	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a + b + c + d + e + f)=							C

Starter Homes	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a + b + c + d)=							D

Self Build and Custom Build	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>				1		a
Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a + b + c + d)=							E

Total proposed residential units

(A+ B+ C+ D+ E)=

1

Existing Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						a1
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a + b + c + d + e + f)=							F

Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a + b + c + d + e + f)=							G

Affordable Home Ownership	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Sheltered housing	<input type="checkbox"/>						c
Bedsit/studios	<input type="checkbox"/>						d
Cluster flats	<input type="checkbox"/>						e
Other	<input type="checkbox"/>						f
Totals (a + b + c + d + e + f)=							H

Starter Homes	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a + b + c + d)=							I

Self Build and Custom Build	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats/maisonettes	<input type="checkbox"/>						b
Bedsit/studios	<input type="checkbox"/>						c
Other	<input type="checkbox"/>						d
Totals (a + b + c + d)=							J

Total existing residential units

(F+ G+ H+ I+ J)=

1

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

1

Version 2018.1

10. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☒ No ☐ Unknown

If you have answered Yes to the question above please add details in the following table:								
Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Unknown	Total gross internal floorspace proposed (including change of use)(square metres)	Unknown	Net additional gross internal floorspace following development (square metres)
A1	Shops	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	Net tradable area:	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A2	Financial and professional services	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A3	Restaurants and cafes	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A4	Drinking establishments	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A5	Hot food takeaways	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (a)	Office (other than A2)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (b)	Research and development	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (c)	Light industrial	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B2	General industrial	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B8	Storage or distribution	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
C1	Hotels and halls of residence	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
C2	Residential institutions	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D1	Non-residential institutions	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D2	Assembly and leisure	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
OTHER		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Please Specify		<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	Total							

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Unknown	Total rooms proposed (including changes of use)	Unknown	Net additional rooms
C1	Hotels	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C2	Residential Institutions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OTHER		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Please Specify		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

11. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

12. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

13. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

N/A

Is the proposal a waste management development? ☐ Yes ☐ No ☐ Unknown

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Unknown	Maximum annual operational throughput in tonnes (or litres if liquid waste)	Unknown
Inert land fill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Non-hazardous land fill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hazardous land fill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Energy from waste incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Landfill gas generation plant	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pyrolysis/gasification	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal recycling site	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Transfer stations	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Household civic amenity sites	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Open windrow composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
In-vessel composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Anaerobic digestion	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Sewage treatment works	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other treatment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Storage of waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other waste management	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other developments	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please provide the maximum annual operational throughput of the following waste streams:	
Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

14. Existing Use

Please describe the current use of the site: Residential Dwelling

Is the site currently vacant? ☐ Yes ☒ No

If Yes, please describe the last use of the site:

When did this use end (if known)? DD/MM/YYYY (date where known may be approximate)

Does the proposal involve any of the following?  
If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

15. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14  
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, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

\*“owner” is a person with a freehold interest or leasehold interest with at least 7 years left to run.  
\*\*“agricultural holding” has the meaning given by reference to the definition of “agricultural tenant” in section 65(8) of the Act.

Signed - Applicant:

Or signed - Agent:

S L Darlow

Date (DD/MM/YYYY):

15/02/2024

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14  
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\* and/or agricultural tenant\*\* 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.  
\*\*“agricultural tenant” has the meaning given in section 65(8) of the Town and Country Planning Act 1990

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

15. Ownership Certificates and Agricultural Land Declaration (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

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\* and/or agricultural tenants\*\* 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.

\*\*“agricultural tenant” has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land to which this application relates, 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.

\*\*“agricultural tenant” has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

16. 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 (LPA) has been submitted.

- The original and 3 copies\* of a completed and dated application form:

☐
- The original and 3 copies\* of the 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:

☐

- The correct fee:

☐
- The original and 3 copies\* of a design and access statement, if required (see help text and guidance notes for details):

☐
- The original and 3 copies\* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):

☐

\*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

17. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

S L Darlow

Date (DD/MM/YYYY):

15/02/2024

(date cannot be pre-application)

18. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

19. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

01406

490800

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

office@grmerchantltd.com

20. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

☒ Yes

☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☒ Agent

☐ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: