PlanningPortal

Application for Outline Planning Permission With All Matters Reserved

Town and Country Planning Act 1990 (as amended)

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Local Planning Authority details:

Hinckley & Bosworth Borough Council

planning@hinckley-bosworth.gov.uk
01455 238141

Hinckley Hub
Rugby Road
Hinckley
Leics
LE10 0FR

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 Local Planning Authority directly.

1. Applicant Name and Address

Title:	MR	First name:	ADRIAN		
Last name:	CALVERT				
Company (optional):	—				
Unit:		House number:		House suffix:	
House name:	WOODLANDS FARM				
Address 1:	DESFORD LANE				
Address 2:					
Address 3:					
Town:	NEWTOWN UNTHANK				
County:	LEICESTERSHIRE				
Country:	UK				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Description of the Proposal

Please describe the proposal:

TWO BEDROOM BUNGALOW IN BRICK WITH SLATE ROOF AND KARGESER TYPE WASTE DISPOSAL UNIT DRAINING INTO A DITCH THAT ALL FORMS WITHIN OUR LANDS THE PROPOSED BUILDING WILL HAVE A FLOOR AREA OF AROUND 144 SQ METRES AND WILL BE SITUATED WITHIN A CLUSTER OF EXISTING BUILDINGS AND WILL INVOLVE THE DEMOLITION OF EXISTING STORE BUILDING.

Has the building or works already started? ☐ 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 building or works been completed? ☐ Yes ☒ No

If Yes, please state the date when the building or works were completed (DD/MM/YYYY): _____ (date must be pre-application submission)

Is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)? ☐ Yes ☒ No

4. Site Address Details

Please provide the full postal address of the application site.

Unit: _____ House number: _____ House suffix: _____

House name: WOODLANDS FARM

Address 1: DESFORD LANE

Address 2: NEWTOWN UNTHANK

Address 3:

Town:

County: LEICESTERSHIRE

Postcode (optional): LE6 0LF

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 DITCH.
- ☐ Soakaway
- ☐ Pond/lake
- ☐ Main sewer

6. Pre-application Advice

Has assistance or prior advice been sought from the localauthority 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).

lease tick if the full contact details are notknown, 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) 0.0144

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 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats/maisonettes	☐						b
Sheltered housing	☐						c
Bedsit/studios	☐						d
Cluster flats	☐						e
Other	☐						f
Totals *(a + b + c + d + e + f) =*							A

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

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

Starter Homes	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats/maisonettes	☐						b
Bedsit/studios	☐						c
Other	☐						d
Totals *(a + b + c + d) =*							D

Self Build and Custom Build	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats/maisonettes	☐						b
Bedsit/studios	☐						c
Other	☐						d
Totals *(a + b + c + d) =*							E

Total proposed residential units *(A + B + C + D + E) =*

Existing Housing

Market Housing	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats/maisonettes	☐						b
Sheltered housing	☐						c
Bedsit/studios	☐						d
Cluster flats	☐						e
Other	☐						f
Totals *(a + b + c + d + e + f) =*							F

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

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

Starter Homes	Not known	Number of Bedrooms 1	2	3	4+	Unknown	Total
Houses	☐						a
Flats/maisonettes	☐						b
Bedsit/studios	☐						c
Other	☐						d
Totals *(a + b + c + d) =*							I

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

Total existing residential units *(F + G + H + I + J) =*

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

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) *(a)*	Gross internal floorspace to be lost by change of use or demolition (square metres) *(b)*	Unknown	Total gross internal floorspace proposed (including change of use) (square metres) *(c)*	Unknown	Net additional gross internal floorspace following development (square metres) *(d = c - a)*
B2	General industrial	☐			☐		☐	
B8	Storage or distribution	☐			☐		☐	
C1	Hotels and halls of residence	☐			☐		☐	
C2	Residential institutions	☐			☐		☐	
C2A	Secure Residential institutions	☐			☐		☐	
C4	Homes in Multiple Occupation	☐			☐		☐	
E(a)	Display/Sale of goods other than hot food	☐			☐		☐	
E(b)	Sale of food and drink for consumption mostly on the premises	☐			☐		☐	
E(c)(i)	Financial services	☐			☐		☐	
E(c)(ii)	Professional services	☐			☐		☐	
E(c)(iii)	Other appropriate services in a commercial, business or service locality	☐			☐		☐	
E(d)	Indoor sport, recreation, or fitness - Excluding motorised vehicles, firearms, swimming, and skating	☐			☐		☐	
E(e)	Medical or health services - Except premises attached to the residence of the provider	☐			☐		☐	
E(f)	Creche, day nursery or day centre - Except where including a residential use	☐			☐		☐	
E(g)(i)	Offices - Except where not suitable in a residential area	☐			☐		☐	
E(g)(ii)	Research and development - Except where not suitable in a residential area	☐			☐		☐	
E(g)(iii)	Industrial processes - Except where not suitable in a residential area	☐			☐		☐	
F1	Learning and non-residential institutions	☐			☐		☐	
F2	Local community uses (essential shops, meeting places, sport, and recreation)	☐			☐		☐	
OTHER		☐			☐		☐	
Please Specify		☐			☐		☐	
	Total							

10. All Types of Development: Non-residential Floorspace (continued)

Does the proposal include use as a shop (e.g. For the display/sale of goods under Use Class E(a), the sale of essential goods under Use Class F2, or as part of any other use)

☐ 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 tradable floor area (square metres) *(e)*	Tradable floor area to be lost by change of use or demolition (square metres) *(f)*	Unknown	Total tradable floor area proposed (including change of use)(square metres) *(g)*	Unknown	Net additional tradable floor area following development (square metres) *(h = g - e)*
E(a)	Display/Sale of goods other than hot food	☐			☐		☐	
F2	Local community uses (essential shops, meeting places, sport, and recreation)	☐			☐		☐	
OTHER		☐			☐		☐	
Please Specify		☐			☐		☐	
	Total							

Does the proposal include loss or gain of rooms for hotels, residential institutions, or hostels?

☐ 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 rooms to be lost by change of use or demolition	Unknown	Total rooms proposed (including changes of use)	Unknown	Net additional rooms
C1	Hotels	☐		☐		☐	
C2	Residential Institutions	☐		☐		☐	
C2A	Secure Residential Institutions	☐		☐		☐	
OTHER		☐		☐		☐	
Please Specify		☐		☐		☐	
	Total						

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 through put in tonnes (or litres if liquid waste)	Unknown
Inert landfill	☐		☐		☐
Non-hazardous landfill	☐		☐		☐
Hazardous landfill	☐		☐		☐
Energy from waste incineration	☐		☐		☐
Other incineration	☐		☐		☐
Landfill gas generation plant	☐		☐		☐
Pyrolysis/gasification	☐		☐		☐
Metal recycling site	☐		☐		☐
Transfer stations	☐		☐		☐
Material recovery/recycling facilities (MRFs)	☐		☐		☐
Household civic amenity sites	☐		☐		☐
Open windrow composting	☐		☐		☐
In-vessel composting	☐		☐		☐
Anaerobic digestion	☐		☐		☐
Any combined mechanical, biological and/ or thermal treatment (MBT)	☐		☐		☐
Sewage treatment works	☐		☐		☐
Other treatment	☐		☐		☐
Recycling facilities construction, demolition and excavation waste	☐		☐		☐
Storage of waste	☐		☐		☐
Other waste management	☐		☐		☐
Other developments	☐		☐		☐

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:

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. Biodiversity Net Gain

Do you believe that, if the development is granted planning permission, the Biodiversity Gain Condition (as set out in Paragraph 13 of Schedule 7A of the Town and Country Planning Act 1990) would apply?

☐ Yes ☑ No

If No, please provide reasons, with reference to which exemptions or transitional arrangements you believe apply:

SITE IS LESS THAN 0.2 HECTARES

If Yes, please provide the information requested in all the questions below:

Please provide the date the pre-development biodiversity value of onsite habitat(s) have been calculated: (this should be one of the following dates: the date of this application; or an earlier proposed date)

Date (DD/MM/YYYY):

Please provide the pre-development biodiversity value of onsite habitats on this date:

If a date earlier than the date of the submission of the planning application has been specified above, please provide reasons why this date has been used:

Please state the publication date of the biodiversity metric tool(s) used to calculate the onsite biodiversity value(s) provided above.

Date (DD/MM/YYYY):

15. Biodiversity Net Gain (continued)

Has there been any loss (or degradation) of any onsite habitat(s), resulting from activities carried out before the date the pre-development biodiversity value of onsite habitat(s) was calculated and either:
- on or after 30 January 2020 which were not in accordance with a planning permission; or
- on or after 25 August 2023 which were in accordance with a planning permission?

☐ Yes ☐ No

If yes, please provide details including: the date immediately before this activity was carried out; the onsite biodiversity value on this date; and any supporting evidence (or reference to relevant document containing these details).

N/A.

If yes, please state the publication date of the biodiversity metric tool(s) used to calculate any onsite biodiversity value(s) provided above.

Date (DD/MM/YYYY):

Does the application site have irreplaceable habitat(s) (corresponding to the descriptions in The Biodiversity Gain Requirements (Irreplaceable Habitat) Regulations 2024) which exist on land to which this application relates on the date the pre-development biodiversity value of onsite habitat(s) was calculated?

☐ Yes ☑ No

If yes, please provide a description of these and any further details (for example reference to relevant document):

☐ I/We confirm this application is accompanied by the following:
i. The completed biodiversity metric tool(s) showing the calculation of the pre-development biodiversity values, and on the dates, detailed above including, if applicable, those related to any loss (or degradation) of any onsite habitat(s)
ii. Plan(s), showing onsite habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated; and
iii. If applicable, plan(s) showing onsite irreplaceable habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated.

Please provide details (for example reference to relevant document):

Note: Plans must be drawn to an identified scale, and show the direction of North.

16. 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:	Date (DD/MM/YYYY):
[redacted]		13/11/2024

HIP - CERTIFICATE B

edure) (England) Order 2015 Certificate under Article 14

I ce requisite notice to everyone else (as listed below) who, on the day 21 d icultural 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):

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):

17. 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.

Plans can be bought from one of the Planning Portal's accredited suppliers: https://www.planningportal.co.uk/buyaplanningmap

18. 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: [redacted] Or signed - Agent: Date (DD/MM/YYYY): 13/11/2026 (date cannot be pre-application)

19. Applicant Contact Details

Telephone numbers

Country code: [redacted] National number: Extension number:

Country code:

Country code:

Email address (optional): [redacted]

20. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

21. 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: