



Hincley & Bosworth
Borough Council
A Borough to be proud of

Hincley Hub
Rugby Road
Hincley
Leics
LE10 0FR
planning@hincley-bosworth.gov.uk
01455 238141

Application for approval of details reserved by condition.
Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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	Title:	
Last name:	APCOCK	Last name:	
Company (optional):	APCOCK COMMERCIAL	Company (optional):	
Unit:	House number: 41 House suffix:	Unit:	House number: House suffix:
House name:		House name:	
Address 1:	WESTWAY DRIVE	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	HINCKLEY	Town:	
County:	LEICS	County:	
Country:		Country:	
Postcode:	LE10 0TL	Postcode:	

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? ☐ Yes ☒ No

If Yes, please indicate which part of the condition your application relates to:

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

A DISCHARGE OF CONDITIONS 2, WASTE MANAGEMENT PLAN 3, ELECTRIC VEHICLE CHARGING 4, PARKING + TURNING PLAN IMPLEMENTED.

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

CHARGE OF USE OF UNIT 3a (CLASS B2) to STORAGE AND DISTRIBUTION (CLASS B8) (RETROSPECTIVE)

Reference number: 23/01049/FUL Date of decision: 2/1/2024

Please state the condition number(s) to which this application relates:

1.	WASTE MANAGEMENT	6.
2.	ELECTRIC VEHICLE CHARGING	7.
3.	PARKING + TURNING PLAN	8.
4.		9.
5.		10.

Has the development already started? ☐ Yes ☐ No

If Yes, please state when the development started (DD/MM/YYYY):

Has the development been completed? ☐ Yes ☐ No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

3. Site Address Details

Please provide the full postal address of the application site:

Unit: 3A House number: House suffix:

House name: HAVES BUSINESS

Address 1: BURAGE RD

Address 2:

Address 3:

Town: BURAGE

County: LEICS

Postcode (optional): LE10 2TR

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

Easting: Nothing:

Description:

4. 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:

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 correct fee:

☒ The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☒

9. 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: _____

Date (DD/MM/YYYY):

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: _____ National number: _____ Extension number: _____

Country code: _____ Mobile number (optional): _____

Country code: _____ Fax number (optional): _____

11. Agent Contact Details

Telephone numbers

Country code: _____ National number: _____ Extension number: _____

Country code: _____ Mobile number (optional): _____

Country code: _____ Fax number (optional): _____

Email address (optional): _____

12. 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: _____