

Application for Planning Permission

Town and Country Planning Act 1990 (as amended)

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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:

For assistance with completing this form contact:



The Planning Service
3 Knowsley Place, Duke Street, Bury BL9 0EJ

Phone: 0161 253 5432 Email: development.control@bury.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 Local Planning Authority directly.

1. Applicant Name and Address

Title:	MR/MRS	First name:	MARK+JEAN		
Last name:	LORD				
Company (optional):	ARTHUR LANE NURSERIES				
Unit:		House number:	1	House suffix:	
House name:					
Address 1:	ARTHUR LANE				
Address 2:	AINSWORTH				
Address 3:					
Town:	BOLTON				
County:	LANCS				
Country:	UK				
Postcode:	BL2 5PW				

2. Agent Name and Address

Title:	MR	First name:	SIMON		
Last name:	JACKSON				
Company (optional):					
Unit:		House number:	203	House suffix:	
House name:					
Address 1:	BURY NEW ROAD				
Address 2:					
Address 3:					
Town:	BOLTON				
County:	LANCS				
Country:	UK				
Postcode:	BL2 6QQ				

3. Description of the Proposal

Please describe the proposed development, including any change of use:

EXTENSION TO EXISTING CAR PARK AREA ON SITE
TO PROVIDE ADDITIONAL CUSTOMER/VISITOR PARKING
SPACES.

Has the building, work or change of use already started?

☐ Yes ☒ No

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

(date must be pre-application submission)

Has the building, work or change of use been completed?

☐ Yes ☒ No

If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):

(date must be pre-application submission)

Reference number of permission in principle being relied on (technical details consent applications only):

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:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting: Northing:

Description:

5. 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?

HIGHWAYS @ COUNCIL WILL HAVE AN INPUT SO MAKE SURE NO DETRIMENT TO SITE ACCESS - VISIBILITY SPLAYS etc WHICH ALREADY EXIST... OTHERWISE CAN'T SEE ANY POTENTIAL ISSUES!!

6. Pedestrian and Vehicle Access, Roads and Rights of Way

- Is a new or altered vehicle access proposed to or from the public highway? ☐ Yes ☒ No
- Is a new or altered pedestrian access proposed to or from the public highway? ☐ Yes ☒ No
- Are there any new public roads to be provided within the site? ☐ Yes ☒ No
- Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No
- Do the proposals require any diversions /extinguishments and/or creation of rights of way? ☐ Yes ☒ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

7. Waste Storage and Collection

- Do the plans incorporate areas to store and aid the collection of waste? ☐ Yes ☒ No
- If Yes, please provide details:
- Have arrangements been made for the separate storage and collection of recyclable waste? ☐ Yes ☒ No
- If Yes, please provide details:

8. 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.

9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls			☒	☐
Roof			☒	☐
Windows			☒	☐
Doors			☒	☐
Boundary treatments (e.g. fences, walls)			☒	☐
Vehicle access and hard-standing	Rolled stone- hard core self draining	Rolled stone hard core self draining	☐	☐
Lighting			☒	☐
Others (please specify)			☒	☐

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☒ Yes

☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

DRAWINGS 1, 2 & 3. 1:1250 site location plan edged in Red. PART EXISTING / PROPOSED SITE PLANS OF RELEVANT AREA AND 3 PAGE A4 DESIGN & ACCESS / PLANNING STATEMENT.

10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	28	40	12
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			

11. Foul Sewage

Please state how foul sewage is to be disposed of:

- ☐ Mains sewer ☐ Cess pit
☒ Septic tank ☐ Other
☐ Package treatment plant

Are you proposing to connect to the existing drainage system? ☐ Yes ☒ No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

12. 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

13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- ☐ Yes, on the development site
☐ Yes, on land adjacent to or near the proposed development
☒ No

b) Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site
☐ Yes, on land adjacent to or near the proposed development
☒ No

c) Features of geological conservation importance:

- ☐ Yes, on the development site
☐ Yes, on land adjacent to or near the proposed development
☒ No

14. Existing Use

Please describe the current use of the site:

GARDEN NURSERY
'ARTHUR LANE NURSERIES'

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

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. Trees and Hedges

Are there trees or hedges on the proposed development site? ☒ Yes ☐ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☐ Yes ☒ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

17. 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							Existing Housing								
Market Housing	Not known	Number of Bedrooms					Total	Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	☐							Houses	☐						
Flats/maisonettes	☐							Flats/maisonettes	☐						
Sheltered housing	☐							Sheltered housing	☐						
Bedsit/studios	☐							Bedsit/studios	☐						
Cluster flats	☐							Cluster flats	☐						
Other	☐							Other	☐						
Totals (a + b + c + d + e + f) =							Totals (a + b + c + d + e + f) =								
Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total	Social, Affordable or Intermediate Rent	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	☐							Houses	☐						
Flats/maisonettes	☐							Flats/maisonettes	☐						
Sheltered housing	☐							Sheltered housing	☐						
Bedsit/studios	☐							Bedsit/studios	☐						
Cluster flats	☐							Cluster flats	☐						
Other	☐							Other	☐						
Totals (a + b + c + d + e + f) =							Totals (a + b + c + d + e + f) =								
Affordable Home Ownership	Not known	Number of Bedrooms					Total	Affordable Home Ownership	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	☐							Houses	☐						
Flats/maisonettes	☐							Flats/maisonettes	☐						
Sheltered housing	☐							Sheltered housing	☐						
Bedsit/studios	☐							Bedsit/studios	☐						
Cluster flats	☐							Cluster flats	☐						
Other	☐							Other	☐						
Totals (a + b + c + d + e + f) =							Totals (a + b + c + d + e + f) =								
Starter Homes	Not known	Number of Bedrooms					Total	Starter Homes	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	☐							Houses	☐						
Flats/maisonettes	☐							Flats/maisonettes	☐						
Bedsit/studios	☐							Bedsit/studios	☐						
Other	☐							Other	☐						
Totals (a + b + c + d) =							Totals (a + b + c + d) =								
Self Build and Custom Build	Not known	Number of Bedrooms					Total	Self Build and Custom Build	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	☐							Houses	☐						
Flats/maisonettes	☐							Flats/maisonettes	☐						
Bedsit/studios	☐							Bedsit/studios	☐						
Other	☐							Other	☐						
Totals (a + b + c + d) =							Totals (a + b + c + d) =								
Total proposed residential units (A + B + C + D + E) =							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):

18. All Types of Development: Non-residential Floorspace

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

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)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1 Shops	☐				
Net tradable area:	☐				
A2 Financial and professional services	☐				
A3 Restaurants and cafes	☐				
A4 Drinking establishments	☐				
A5 Hot food takeaways	☐				
B1 (a) Office (other than A2)	☐				
B1 (b) Research and development	☐				
B1 (c) Light industrial	☐				
B2 General industrial	☐				
B8 Storage or distribution	☐				
C1 Hotels and halls of residence	☐				
C2 Residential institutions	☐				
D1 Non-residential institutions	☐				
D2 Assembly and leisure	☐				
OTHER	☐				
Please Specify	☐				
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	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	☐			
C2	Residential Institutions	☐			
OTHER		☐			
Please Specify		☐			

19. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees	FIVE	THREE	
Proposed employees	SPART-TIME SATURDAY SAT TO CAFE ON A 'ROTA'		

20. 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
GARDEN CENTRE	CLOSED MONDAY	10AM-4PM	10AM-4PM	
NURSERY, CAFE	9.30 AM-4PM	SAT	SUNDAYS	
TEA SHOP	TUES-FRI			
REFRESHMENTS				

21. Site Area

Please state the site area in hectares (ha)

22. 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:

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

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)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
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.

23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☒ No ☐ Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes)		Ethylene oxide (tonnes)		Phosgene (tonnes)	
Ammonia (tonnes)		Hydrogen cyanide (tonnes)		Sulphur dioxide (tonnes)	
Bromine (tonnes)		Liquid oxygen (tonnes)		Flour (tonnes)	
Chlorine (tonnes)		Liquid petroleum gas (tonnes)		Refined white sugar (tonnes)	
Other:		Other:			
Amount (tonnes):		Amount (tonnes):			