



APPLICATION FOR PLANNING PERMISSION

**THE LAND PLANNING AND DEVELOPMENT
(GUERNSEY) LAW, 2005 – AS AMENDED**

Sir Charles Frossard House
La Charroterie
St. Peter Port Guernsey
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Please complete in black ink using block capitals (2 copies of form and 4 copies of plans, etc to be submitted).
Professional agents to submit 2 copies of the application form (1 electronic) and 4 copies of plans, etc (1 electronic).

For all applications, complete pages 1 & 2 of the form.

For all non-householder applications, please also complete pages 3 & 4 of the form.

APPLICANT'S DETAILS		AGENT'S DETAILS	
A	Name: CIB (GUERNSEY) LTD	Name: STATES OF GUERNSEY	
	Address: POTTE DE TERRE LA MARAIVE VALE	Address: RECEIVED	
	Postcode: GY3 5BE	Postcode: 17 FEB 2020	
	Tel: 07781 191515	Tel: PLANNING SERVICE	
	Email: BRUNO@AEO.GG	Email: REF	
		Ref:	

APPLICATION SITE	
B	Address: BLOSSOM FIELDS CARE HOME, LES NICOLLES FOREST, GUERNSEY
	Postcode: GY80AD Cadastre ref (if known):
	Site Area in either verges/acres/hectares/square metres:

PROPOSED DEVELOPMENT	
C	Is this application for: Planning Permission <input type="checkbox"/> Outline Permission <input checked="" type="checkbox"/> Reserved Matters <input type="checkbox"/>
	Description of the proposal, including any change of use: ELDERLY PEOPLES ACCOMMODATION TO CLASS 6 MULTIPLE OCCUPANCY
	Has the proposal been the the subject of pre-application discussion with the Authority? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	If yes, reference : / / . Case officer's name:
	Does the proposal require an Environmental Impact Assessment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Has the development already commenced? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

FEES			
D	CATEGORY	NUMBER OF	FEE PER ITEM
Total Floor area of new building or extension (if roofspace, divide that floor area by 50%):		N/A	Sqm
Fee enclosed:			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

E**TREES AND HEDGES**

Does the proposal involve the removal of trees or hedges?

Yes No If Yes, please confirm that all trees/hedges to be removed AND all trees/hedges to remain have been indicated on the block plan:

Are any trees directly affected by or close to the proposed development subject to a Tree Protection Order (TPO)?

Yes No

Reference Number of TPO:

If Yes, please confirm that the submitted plans identify all protected trees affected by or close to the proposed development and all works to trees and roots.**F****PROTECTED BUILDINGS/MONUMENTS**

Does the proposal involve works to a Protected Building/Monument?

Yes No If yes, please confirm that the submitted plans show full details of all proposed internal and external alterations/works and a statement to demonstrate that the special interest of the building has been considered at the outset.**G****DEMOLITION**

Are any buildings/structures (including walls) to be demolished?

Yes No If yes, please confirm that the submitted plans clearly indicate all buildings/structures to be demolished.**H****PEDESTRIAN AND VEHICULAR ACCESS & PARKING**

Does the proposal involve alteration to or creation of a new vehicle access/ pedestrian access/car parking? (delete as appropriate):

Yes No If yes, please confirm that the submitted plans clearly indicate all alterations to or creation of new access/car parking.**I****MATERIALS**Please confirm that all external materials (existing & proposed) including boundary treatments and hard surfaced areas are shown on the submitted plans.

Please confirm that a statement has been included to address the Sustainable Development matters and the Waste Management issues set out in Policy GP9 of the IDP, as appropriate.


J**STATEMENT**

I am the owner of the site

I have the written consent of the owner(s) of any part of the land to make this application

I have made all reasonable enquiries to identify the owner and obtain consent (Please provide evidence)

I/we hereby apply for planning permission, as described in this form and the accompanying plans/drawings, in accordance with the relevant legislation. I/we declare that to the best of my/our knowledge, all the particulars in this application are correct. I/we agree that any information given in this application may be disclosed to relevant Committees of the States of Guernsey, made accessible to the public, published in the local media and on the States of Guernsey website.

SIGNATURE: 

NAME (Print): BRUNO KAY-MONAT

Date: 12/2/20

Company Name (if applicable) CIB (GUERNSEY) LTD