South Kesteven District Council Planning Policy and Partnerships Council Offices St Peter's Hill Grantham NG31 6PZ



Town and Country Planning Act 1990 The Neighbourhood Planning (General) Regulations 2012 Application to Designate a Neighbourhood Area

1. Main conta	act details (P	arish Clerk)		2. Additional contact details (if different)	
Title	MLS			MR	
First Name	MEH	D-(ANDREW	
Last Name	Moo	RE		RAMM	
Address	4 FEN ROAD			1 BRITTAINS LANE	
	POIN	TON		POINTON	
	SLET	AFORD		SLEAFORD	
Postcode	NG 3	54 OLZ		NG 34 ONW	
Tel no.	077	60 404	116	07759 623028 (nbluz) 01529 241184 (HOME)	
Email Address	pointor	rparish @ hot	mail . co. i	ok andyramm @ yahoo. co. uk	
3. Relevant b	ody (please o	confirm that you are t	he relevant ho	dy to undertake neighbourhood planning in your area in	
				he 2012 Regulations):	
Yes 🗹	No Name of Parish Council:		ouncil:	ONTON AND SOMPRING HAM	
THE RESERVE OF THE RE		ase indicate below the best below the best best best best best best best bes	e intended are	a to be covered. A map identifying the area to which the	
Whole parish area		Joint with neighbouring parish(es) (please complete section 7 if joint application)			
Part of the pa	ırish				
Man showing area to which applications relates attached					

Please describe below why you consider the ex	xtent of the neighbourhood area proposed is appropriate:					
Wo consider that the	whole of the Pointon and					
	<i>t</i> .					
Siempringham neighor	urhood is appropriate as this is					
the jull extent of or	whole of the Pointon and urhood is appropriate as this is is responsibility.					
5 Please indicate the name by which your ne	ighbourhood area will be formally known:					
5. Please indicate the name by which your neighbourhood area will be formally known:						
POINTON	+20					
6. Please indicate which of the following you	intend to undertake within your neighbourhood area:					
Neighbourhood Development Plan						
Neighbourhood Development Order						
Community Right to Build Order						
<u> </u>						
7. Additional joint parish details (if you are app each Parish Clerk):	olying with an adjoining parish(es) please give the contact details for					
Name:	Name:					
Address:	Address:					
Tel no:	Tel no:					
e-mail:	e-mail:					
	·					
8. Declaration						
	rea described on this form and identified on the accompanying map:					
(In the case of a joint parish application, names from each Parish will be required)						
Name H. Kamin	Date 19/12/16 //					
Name	Date					