PLANNING AMENDMENT

For office use only
Application No. H05/0713/97
Date Registered 2[illegible] 1997
Case Officer DG

1. Please complete in block letters
NAME AND ADDRESS OF APPLICANT

FENBANC BUILDERS
ROSE LODGE
STOCKWELL GATE
WRAPLODE.
Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
G.R. MERCHANT
UNIT 4, WRIGHTS MEWS
12A PARK ROAD, HOLBEACH.
Tel. No. 01406 424800 (Contact)

Please complete in block letters
FULL POSTAL ADDRESS OF THE APPLICATION SITE

BRANCHES LANE, FLEET.

OFFICE COPY

Please complete
APPLICATION No.
This amendment **cannot be considered** unless the relevant reference is stated

H05/0713/97.

Building Regulation reference relating to same development (if any)

-

2. Please tick one box only

A [ ] Amendment is proposed where permission already granted
If yes, submit two forms and two plans.

or

B [✓] Amendment is to a proposal currently being considered
If yes, submit four forms and four plans.

Please complete
I attach the necessary plans and request that the changes described below be accepted as an amendment. I understand that the Council may require a fresh application, together with fee if appropriate. If the amendment relates to a current application, I agree to an extension of the terminal date.

Signed J. Merchant Date 21.8.97

3. Please complete in block letters
FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

3 BEDROOM HOUSE + GARAGE.

State details of amendments proposed

(Give a full detailed list of the changes, and also mark these clearly on the accompanying plans. Only the changes listed here will be considered.)

AMEND SCREEN DETAIL.

State drawing no's of the current submission

FB-BL-01.

Has this amendment been requested by the Council? (If so, state Officer dealing with the application)

YES / NO D. GEDNEY.

Describe any part of the original development which is excluded by virtue of the amendment, and state any alteration to plot numbers

Has a similar amendment been submitted under Building Regulations? Yes / No

MRS SALLY WALTHAM BA (Hons) F.C.I.H. Director of Housing & Planning Services

Housing & Planning Services Department
Council Offices,
Priory Road, Spalding,
Lincolnshire. PE11 2XE

Telephone: (01775) 761161
Fax: (01775) 710772

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SOUTH HOLLAND DISTRICT COUNCIL
HOUSING & PLANNING SERVICES DEPARTMENT

Application no: H05/0713/97

Applicant: Fenbank Builders
Rose Lodge
Stockwell Gate
Whaplode
Spalding Lincs

Agent: G R Merchant
Unit 4, Wrights Mews
12A Park Road
Holbeach
Spalding Lincs

Description: Erect 3-bedroom house and garage

Location: Branches Lane
Fleet
Spalding
Lincs

Amendment: Amend screen detail (Drawing No. FB-BL.01A)

02-SEP-97

Dear Sir/Madam

ACKNOWLEDGEMENT OF AMENDMENT

I acknowledge receipt of the amended details in respect of the above proposal. These have been incorporated into the application which will now only be considered in its amended form.

The terminal date for dealing with the application has now been extended to 21-OCT-97, based on the date of receipt of the amendment, and your rights of appeal remain as explained on the original acknowledgement.

You are reminded that revision to any submission made under the Building Regulations may also be necessary.

Yours faithfully

Director of Housing and Planning Services

AMENDMENT RECORD SHEET – LIVE APPLICATION

Admin

Validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid ☑

Registered 26/2/8

Terminal date/committee updated 21/10

DC Procedural Assessment

Is the information given correct? Yes/~~No~~ (If No, state above what details are needed)

Has this amendment been requested? Yes/~~No~~ *

If Yes, is it what was asked for? Yes/~~No~~ *

Who do you need to reconsult as a result of this amendment? None ☑

PC
WM
Press
Residents
Other –

Is it an amendment in principle? Yes/~~No~~

Is it the same character/description for fee purposes? Yes/~~No~~ (Refer to Admin ?) *

If No, but Yes to (*) requested :-

Do development objectives outweigh financial objectives? Yes/No Confirmed.....

REJECTED as an amendment – new application needed

Confirmed: .....

Notes/Advice/Rejection Reason:

☐ Tick if you wish this note to be a paragraph in the Rejection Notice

AUTHORISED to treat as amendment

Confirmed: 28/8

Superseded details removed ☐

Give a revised description if the details accepted are different to the submission:

Acceptance issued: ✓

Public register updated: 26/2/9.

DC Professional Assessment

NOTES: