DESIGN **Status**
CONSULTANTS IN ARCHITECTURE & PLANNING

2 Edinburgh Walk,
Holbeach,
Spalding,
Lincs.
PE12 7AP
Tel: 01406 424343
Fax: 01406 490702

Date: 4th October 2000

Our Ref: SD00-015/BG/MG

Your Ref:

SHDC
05 OCT 2000
Housing & Planning
Received

ATTACHED PLAN
Ref.

South Holland District Council
Housing and Planning Services Department
Council Offices
Priory Road
Spalding
Lincs
PE11 2XE

For the attention of Mr D M Gedney

Dear Sir

RE: PROPOSED EXTENSIONS TO BUNGALOW AT 9 BRANCHES LANE HOLBEACH FOR MR & MRS W FARTHERS

Further to your letter dated 14 August 2000, the boundary has been amended on the above proposal and I duly enclose the following:

PLANNING AMENDMENT

1. 4 no. copies duly completed amendment form.
2. 4 no. copies drawing no. SD00-015/1.

Yours faithfully

B Gilham

Enc

PLANNING AMENDMENT

For office use only

Application No. H05/0836/00

Date Registered 05 OCT 2000

Case Officer DK

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr & Mrs W FARTHERS
9 BRANCHES LANE
HOLBEACH
SPALDING LINCS PE12 7BE

Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)

STATUS DESIGN
2. EDINBURGH WALK
HOLBEACH
SPALDING LINCS PE12 7AP

Tel. No. 01406424843 (Contact) B. GILHAM

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

9 BRANCHES LANE HOLBEACH

OFFICE COPY

Please complete

APPLICATION No.

This amendment **cannot be considered** unless the relevant reference is stated

H05/0836/00

Building Regulation reference relating to same development (if any)

B09/0418/00

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 ..... Date 4-10-00

3. Please complete in block letters

FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

EXTENSION TO DWELLING

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.)

BOUNDARY ALTERATIONS

State drawing no's of the current submission

8000-015/1

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

YES / ~~NO~~ D. GLEDHILL

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

AMENDMENT RECORD SHEET – LIVE APPLICATION

Admin

Validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid ☒ TP

Registered 1/06/10

Terminal date/committee updated .....

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?
PC None ☐
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: .....

Superseded details removed ☐

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

Acceptance issued:
Public register updated:

DC Professional Assessment

NOTES: