# PLANNING AMENDMENT

**For office use only**

Application No. H06/685/98

Date registered 16 JUL 1998

Case Officer SG

1. Please complete in block letters

**NAME AND ADDRESS OF APPLICANT**

GTL DEVELOPMENTS
HIGHGROVE
BEDFORD ROW
FOULMANCHOR, WISBECH, CAMBS

Tel. No.

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

STATUS DESIGN
2 EDINBURGH WALK
HOLBEACH
SPALDING LINCS PE12 7AP

Tel. No. 01406 424343 (Contact) B GILHAM

Please complete in block letters

**FULL POSTAL ADDRESS OF THE APPLICATION SITE**

PLOT 1, CHURCHGATE, CLEDNEY

Please complete

**EARLIER APPLICATION No.**

This application cannot be considered unless the relevant reference is stated

H06/0685/98

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.

Signed ..... Date 16/07/98

2. Please complete in block letters

**FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION**

BUNGALOW & GARAGE

As NOW PROPOSED, if different

State details of amendments proposed

(Give a full detailed list of the changes, and also mark these clearly on the accompanying plans)

EXISTING BUILDING TO BE PARTIALLY DEMOLISHED SHOWN

State drawing no's of the current submission

771987/3

State Officer dealing with the application, if known.

J BLACKLOCK

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

3. 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.

State whether amendment has been requested by the Council YES

## AMENDMENT RECORD SHEET – LIVE APPLICATION

### Admin

Validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid ☐

Registered 9/9/17

Terminal date/committee updated 9/9/17

## 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: 21/7

Superseded details removed ☑

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

Acceptance issued: 9/9/17
Public register updated:

## DC Professional Assessment

NOTES: