



PLANNING AMENDMENT

For Office Use only

Application No:

Date Registered:

Case Officer:

(Please complete using block capitals and black ink)

APPLICANT NAME AND ADDRESS <i>MRS D GILBERT CLAYS FARMHOUSE ROMAN BANK HOLBEACH BANK LINCS PE12 8BX</i> Telephone:	AGENT NAME AND ADDRESS <i>JULIAN MARRICK 8 BEACH GROVE DONNINGTON LINCS PE11 4XQ</i> Telephone: <i>07849 652067</i>
SITE ADDRESS DETAILS <i>As Applicant.</i>	
CURRENT APPLICATION NO: This amendment cannot be considered unless the relevant reference is stated.	<i>109-0394-25</i>
Building Regulation reference relating to same development (if applicable)	<i>—</i>

I attach four copies of this form and necessary plans and request that the changes described below can be accepted as an amendment. As the amendment relates to a current application, I agree to an extension of the terminal date (if applicable).

Signed :

JAN

Date: *5/6/2025.*

**FULL DESCRIPTION OF
DEVELOPMENT OF CURRENT
APPLICATION THAT THIS
AMENDMENT RELATES TO**

*Extension &
Alterations.*

<p>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)</p>	<p><i>AS AGREED WITH SHIBB PIPED DRAWN PLOTTED ON J203-DL1A AND DISTANCES GIVEN FROM EXISTING & PROPOSED</i></p>
<p>State drawing numbers of the current submission</p>	<p><i>J203-DL1 DL2 DL3 DL4</i></p>
<p>Has this amendment been requested by the Council? (If so, state Officer dealing with the application)</p>	<p><input checked="" type="checkbox"/> YES NO</p>
<p>Describe any part of the original development which is excluded by virtue of the amendment, and state any alteration to plot numbers</p>	
<p>Has a similar amendment been submitted under Building Regulations? (If so, state Building Control Surveyor dealing with application)</p>	<p><input checked="" type="checkbox"/> YES NO</p>