



# PLANNING AMENDMENT

For Office Use only

Application No:

Date Registered:

Case Officer:

(Please complete using block capitals and black ink)

<b>APPLICANT NAME AND ADDRESS</b> <i>MRS D GILBERT CLAYS FARMHOUSE ROMAN BANK HOLBEACH BANK LINCS PE12 8BX</i> Telephone:	<b>AGENT NAME AND ADDRESS</b> <i>JULIAN MARRICK 8 BEACH GROVE DONNINGTON LINCS PE11 4XQ</i> Telephone: <i>07849 652067</i>
<b>SITE ADDRESS DETAILS</b> <i>As Applicant.</i>	
<b>CURRENT APPLICATION NO:</b> 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 :

*JAG*

Date: *25/6/2025.*

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

*Extension &  
Alterations.*

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)	<i>AS AGREED WITH SHIBB PIPED DRAWN PLOTTED ON J203-DL13 AND DISTANCES GIVEN FROM EXISTING &amp; PROPOSED</i>	
State drawing numbers of the current submission	<i>J203-DL13/2 DL3 DL4</i>	
Has this amendment been requested by the Council? (If so, state Officer dealing with the application)	<input checked="" type="checkbox"/> YES NO	
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? (If so, state Building Control Surveyor dealing with application)	<input checked="" type="checkbox"/> YES NO	