PLANNING AMENDMENT

For office use only
Application No. H09/0662/98
Date registered 12 JAN 1999
Case Officer JB

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR. B. ASHFORD,
BURWELL HOUSE,
108 KIDGATE,
LOUTH,
LINCOLNSHIRE, LN11 9BX.
Tel No.

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

HIX AND SON,
NO. 28 CHURCH STREET,
HOLBEACH,
NR. SPALDING, LINCOLNSHIRE,
PE12 7LL
Tel No. 01406-422777 (Contact) MR. G.A. MILLS

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

DOLLBURN HOUSE, HURN BANK, HOLBEACH HURN, NR. SPALDING, LINCOLNSHIRE

Please complete

ELBRUSH APPLICATION No.

The application cannot be considered unless the above reference is stated. Do not use any other reference to this or some previous one.

H09/0662/98

N/A

OFFICE COPY

2. Please tick one box only

A. Amendment is to a proposal currently being considered

or

B. Amendment is to a proposal already granted

If yes, submit four forms and four plans.

X

State whether amendment is the first requested by the Council

YES

If amendment is to a proposal which has been submitted under Building Regulations? Yes No

Please complete

I wish the following slight alteration(s) be made to the above application and request that the changes described below be accepted as an amendment. I understand that this may require a fresh application, together with fee if appropriate.

Signed

Date 11TH JANUARY, 1999

3. Please complete in block letters

FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

AS NOW PROPOSED (if different)

ONE RESIDENTIAL DWELLING

State fully the nature of the amendment

(Give full details and state if the changes will also affect any other application by you)

PACKAGE TREATMENT PLANT FOR SEWERAGE IN PLACE OF SEPTIC TANK AS ORIGINALLY PROPOSED.

State drawing number of the plan submitted

4

State name of the person who prepared the plans if known

MR. BLACKLOCK

Date of any part of the development which has been carried out and state the extent of the work completed

N/A

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

SOUTH HOLLAND DISTRICT COUNCIL
HOUSING & PLANNING SERVICES DEPARTMENT

Application no: H09/0662/98

Applicant: Mr B Ashford
Burwell House
108 Kidgate
Louth
Lincs LN11 9BX

Agent: Messrs Hix & Son
28 Church Street
Holbeach
Spalding
Lincs PE12 7LL

Description: One residential dwelling

Location: Dollburn House
Hurn Bank
Holbeach Hurn
Nr. Spalding

Amendment: Package treatment plant in place of septic tank

18-JAN-99

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 09-MAR-99, 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 .....

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 → (1) SOUTH HOLLAND I.D.B.
(2) MR S DICKINSON
FARMER C/O 77 MAIN
HORN BANK, HOLBEACH HURN
PE 12 8JG

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: 14/1/99

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: