

Application for removal or variation of a condition following grant of  
 planning permission. Town and Country Planning Act 1990.  
 Planning (Listed Buildings and Conservation Areas) Act 1990

**Publication of applications on planning authority websites.**

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website.  
 If you require any further clarification, please contact the Authority's planning department.

**1. Applicant Name, Address and Contact Details**

|                                                                                                                   |                                                               |             |                      |          |                                                               |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------|----------------------|----------|---------------------------------------------------------------|
| Title:                                                                                                            | <input type="text"/>                                          | First Name: | <input type="text"/> | Surname: | <input type="text" value="D Brown Building Contractors Ltd"/> |
| Company name:                                                                                                     | <input type="text" value="D Brown Building Contractors Ltd"/> |             |                      |          |                                                               |
| Street address:                                                                                                   | <input type="text" value="Seas End Road"/>                    |             |                      |          |                                                               |
|                                                                                                                   | <input type="text" value="Moulton Seas End"/>                 |             |                      |          |                                                               |
|                                                                                                                   | <input type="text"/>                                          |             |                      |          |                                                               |
| Telephone number:                                                                                                 | <input type="text"/>                                          |             |                      |          |                                                               |
| Mobile number:                                                                                                    | <input type="text"/>                                          |             |                      |          |                                                               |
| Town/City:                                                                                                        | <input type="text" value="Spalding"/>                         |             |                      |          |                                                               |
| Fax number:                                                                                                       | <input type="text"/>                                          |             |                      |          |                                                               |
| Country:                                                                                                          | <input type="text"/>                                          |             |                      |          |                                                               |
| Email address:                                                                                                    | <input type="text"/>                                          |             |                      |          |                                                               |
| Postcode:                                                                                                         | <input type="text" value="PE12 6LD"/>                         |             |                      |          |                                                               |
| Are you an agent acting on behalf of the applicant? <input checked="" type="radio"/> Yes <input type="radio"/> No |                                                               |             |                      |          |                                                               |

**2. Agent Name, Address and Contact Details**

|                   |                                                        |             |                      |          |                                       |
|-------------------|--------------------------------------------------------|-------------|----------------------|----------|---------------------------------------|
| Title:            | <input type="text"/>                                   | First Name: | <input type="text"/> | Surname: | <input type="text" value="Merchant"/> |
| Company name:     | <input type="text" value="G R Merchant Ltd"/>          |             |                      |          |                                       |
| Street address:   | <input type="text" value="4 Wrights Mews"/>            |             |                      |          |                                       |
|                   | <input type="text" value="12A Park Road"/>             |             |                      |          |                                       |
|                   | <input type="text"/>                                   |             |                      |          |                                       |
| Telephone number: | <input type="text" value="01406490800"/>               |             |                      |          |                                       |
| Mobile number:    | <input type="text"/>                                   |             |                      |          |                                       |
| Town/City:        | <input type="text" value="Holbeach"/>                  |             |                      |          |                                       |
| Fax number:       | <input type="text"/>                                   |             |                      |          |                                       |
| Country:          | <input type="text" value="UK"/>                        |             |                      |          |                                       |
| Email address:    | <input type="text" value="gr.merchant@btconnect.com"/> |             |                      |          |                                       |
| Postcode:         | <input type="text" value="PE12 7EE"/>                  |             |                      |          |                                       |

### 3. Site Address Details

Full postal address of the site (including full postcode where available)

House:  Suffix:

House name:

Street address:

Town/City:

Postcode:

Description of location or a grid reference  
(must be completed if postcode is not known):

Easting:

Northing:

Description:

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☐ Yes ☒ No

### 5. Description of the Proposal

Please provide a description of the approved development as shown on the decision letter:

Application reference number:

Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Has the development already started? ☐ Yes ☒ No

### 6. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

### 7. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

☒ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☐ The agent ☒ The applicant ☐ Other person

### 8. Certificates (Certificate A)

Certificate of Ownership - Certificate A

## 8. Certificates (Certificate A)

### Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/the applicant was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding (*"agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act*).

Title:  First name:  Surname:

Person role:  Declaration date:  ☒ Declaration made

## 9. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.



Date