

**SALLY WALTHAM**

BA (Hons) F.C.I.H.

Director of Housing & Planning Services

Housing and Planning  
Services Department,  
Council Offices,  
Priory Road,  
Spalding,  
Lincolnshire. PE11 2XE

Telephone: (01775) 761161

Fax: (01775) 710772

**S O U T H**



**H O L L A N D**  
**DISTRICT COUNCIL**

**HOUSING & PLANNING  
SERVICES DEPARTMENT**

**FILE COPY**

Application no: H11/0525/99

**Original Applicant:**

Mr R J Glover  
413 Oundle Road  
Orton Longueville  
Peterborough, Cambs  
PE2 7DA

**Original Agent:**

Richard C F Waite  
34 Bridge Street  
King's Lynn  
Norfolk  
PE30 5AB

Description: Reinstatement of dormer window

Location: 27 Market Street  
Long Sutton  
Spalding  
Lincs

Amendment: Minor adjustments to brickwork on gable end

12-APR-00

Dear Sir/Madam

TOWN AND COUNTRY PLANNING ACT 1990

**NOTICE OF ACCEPTANCE OF AMENDMENT**

The amended details submitted in respect of the above proposal have now been considered and there are no objections to the amendment being implemented to the extent described above.

Note: This Notice does not convey any approval under the Building Regulations and you may need to make a new submission.

Yours faithfully

Director of Housing and Planning Services

# AMENDMENT RECORD SHEET - POST DECISION

## Admin

Validation:

Inadequate/Inappropriate

☐

Clarification/Details required:

Appears valid

☒

Registered

*1/8 7/4*

## DC Procedural Assessment

Is the information given correct?

Yes/~~No~~ (If No, state above what details are needed)

Is it an amendment in principle?

Immaterial/~~Needs new app~~

Confirmed:

*UNS. 10-4-00.*

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

Acceptance issued:

*1/2/4*

*H11/0525/99*

*FILE NOT IN*

*SYSTEM.*

*[Signature]*

# PLANNING AMENDMENT

## For office use only

Application No.

Date Registered

Case Officer

H11/0525/99/1  
07 APR 2000  
LS

1. Please complete in block letters

### NAME AND ADDRESS OF APPLICANT

MR R J GLOVER

Tel. No.

### NAME AND ADDRESS OF AGENT

(if form completed by agent)

RICHARD C F WAITE.

Tel. No.

Contact

OFFICE  
COPY

Please complete in block letters

### FULL POSTAL ADDRESS OF THE APPLICATION SITE

27 MARKET STREET, LONG BUTTON,

Please complete

### APPLICATION No.

This amendment cannot be considered  
unless the relevant reference is stated

H11/0525/99.

Building Regulation reference relating to  
same development (if any)

2. Please tick **one** box only

Amendment is proposed where  
permission already granted

If yes, submit two forms and two plans.

A



or

Amendment is to a proposal  
currently being considered

If yes, submit four forms and four plans.

B



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. If the  
amendment relates to a current application, I agree to an extension of the terminal date.

Signed ..... Date .....

3. Please complete in block letters

### FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

RE-INSTATEMENT OF  
DORMER WINDOW.

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.)

MINOR ADJUSTMENTS  
TO BRICKWORK ON  
GABLE END.

State drawing no's of the current submission

Has this amendment been requested by the Council?  
(If so, state Officer dealing with the application)

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?

Yes / No