MRS SALLY WALTHAM BA (Hons) F.C.I.H. Director of Housing & Planning Services

Housing & Planning Services Department
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FILE COPY

SOUTH HOLLAND DISTRICT COUNCIL
HOUSING & PLANNING SERVICES DEPARTMENT

Application no: H14/1112/97

Applicant: Mr & Mrs A Drakard
3 Crossgate Crescent
Pinchbeck
Spalding
Lincs

Agent: Poddingtons
44 Double Street
Spalding
Lincs

Description: Proposed extension.

Location: 3 Crossgate Crescent
Pinchbeck
Spalding
Lincs

Amendment Submitted: Reduce length of extension, alter window/door layout, change use of extension (Drawing No. 2801-3 & 4)

07-MAY-98

Dear Sir/Madam

TOWN AND COUNTRY PLANNING ACT 1990
AMENDMENT TO PROPOSED DEVELOPMENT

I have received details of the above development which you wish to have accepted in lieu of those previously submitted. However, I consider that the changes are too significant to be treated merely as an amendment and that therefore a fresh application for planning permission should be submitted (forms enclosed).

This does not imply that permission will or will not be forthcoming in respect of such a revised application, and you are reminded that approval under the Building Regulations may also be required for the revised proposal.

Yours faithfully

Director of Housing and Planning Services

AMENDMENT RECORD SHEET – POST DECISION

Admin

Validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid ☑

Registered 6/5

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: 6-5

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

~~Acceptance~~ Refusal issued: 7/5

PLANNING AMENDMENT

For office use only

Application No. H14/1112/97/1

Date Registered 05 MAY 1998

Case Officer PU

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR & MRS A DOLLARD
3 CROSSGATE CRESCENT
PINCHBECK
NR SPALDING
LINCS
Tel. No.

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

PADDINGTONS
44 DOUBLE ST
SPALDING LINES
Tel. No. 761856 (Contact) R. BOOT

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

AS ABOVE

OFFICE COPY

Please complete

APPLICATION No.

This amendment **cannot be considered** unless the relevant reference is stated

H14 - 1112 - 97

Building Regulation reference relating to same development (if any)

2. Please tick **one** box only

A — Amendment is proposed where permission already granted [✓]
If yes, submit two forms and two plans.

or

B — Amendment is to a proposal currently being considered [ ]
If yes, submit four forms and four plans.

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 PADDINGTONS Date 5-5-98

3. Please complete in block letters

FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

PROPOSED EXTENSION

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.)

REDUCE LENGTH OF EXTENSION
ALTER WINDOW / DOOR LAYOUT
CHANGE USE OF EXTENSION

State drawing no's of the current submission

2801-3 REV A
-4

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

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Has a similar amendment been submitted under Building Regulations? YES / No