

**APPLICATION FOR THE MODIFICATION OR DISCHARGE OF PLANNING
OBLIGATIONS**

1 Applicant (in block capitals)

Name: CROSSROADS NURSERIES LTD.

Address: MAIN ROAD
QUADRING
SPALDING

Post Code PE11 4PJ

Tel. No:

2 Agent (if any)

Name: MOULTON LAND AND PLANNING LTD

Address: 1 CHAPEL COURT
WANSFORD
PETERBOROUGH

Post Code PE8 6JF

Tel. No: 01780 782306

3 Address or exact location of the land to which this application relates:

CROSSROADS NURSERIES, MAIN ROAD, QUADRING PE11 4PJ

Describe here and enclose a map identifying the land to which the obligation relates.

OUTLINE PLANNING REF H15-1207-18
(LOCATION PLAN ATTACHED.)

4 Nature of applicant's interest in the land (eg owner, lessee, occupier):

OWNERS

**5 Please give sufficient information to enable the authority to identify the planning obligation
which you wish to have modified or discharged:**

PLANNING OBLIGATION SHDC REF LDH15-1207-18
SIGNED 12/09/2019.

6 Please state your reasons for applying for the modification or discharge of the planning obligation identified in paragraph 5 above:

REQUEST ADJUSTMENT (DEFERRAL) OF AFFORDABLE HOUSING,
EDUCATION CONTRIBUTION, HEALTH CARE FACILITIES CONTRIBUTION
TO FACILITATE CONSTRUCTION OF PHASE 1 RESERVED MATTERS
INCLUDING ESTATE ROAD TO SERVE REMAINDER OF DEVELOPMENT.

7 Please give the following information, which the authority considers necessary to enable it to determine the application, namely:

PLEASE REFER TO ACCOMPANYING DOCUMENT WHICH IDENTIFIES
THE DETAILS OF REQUESTED MODIFICATIONS TO CURRENT OBLIGATION.

8 Please give any other information you consider relevant to the determination of this application
(continue on a separate sheet if necessary)

I/We hereby apply for the modification or discharge of a planning obligation under section 160A of the Town and Country Planning Act 1990 in respect of an existing planning obligation described in this application and the documents and map which accompany it. I/We have completed the Certificate A, B or C, attached to this application, as appropriate.

Signed: A J F

[on behalf of] CROSSROADS NURSERIES LTD.

(insert name of applicant if signed by agent)

Date 29/04/21

Certificate A

I certify that on the day 21 days before the date of the accompanying application the planning obligation to which the application relates was enforceable against nobody other than the applicant.

Signed AJF
[on behalf of] CROSSROADS NURSERIES LTD
Date 29/4/21

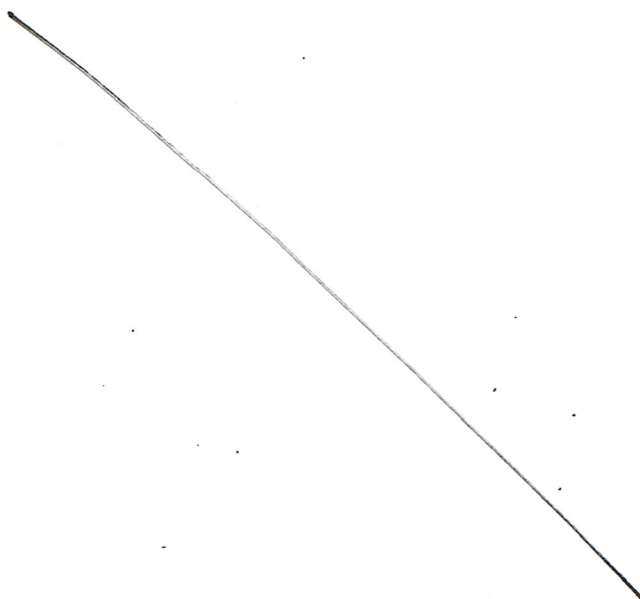
Certificate B

I certify that [I have] [the applicant has] given notice to everyone else against whom, on the day 21 days before the date of the accompanying application, the planning obligation to which the application relates was enforceable, as listed below.

Person on whom
notice was served

Address at which
notice was served

Date on which
notice was served



Signed
[on behalf of]
Date

Cross out any words in square brackets which do not apply

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