

PLANNING AMENDMENT

For Office Use only

Application No:

Date Registered:

Case Officer:



(Please complete using block capitals and black ink)

APPLICANT NAME AND ADDRESS CROSSROADS NURSERIES LTD MAIN ROAD QUADRING SPALDING, Lincs PE11 4PJ Telephone:		AGENT NAME AND ADDRESS MOULTON LAND AND PLANNING LTD. 1 CHAPEL COURT WANSFORD PETERBOROUGH CAMBS PE8 6JF Telephone:	
SITE ADDRESS DETAILS CROSSROADS NURSERIES MAIN ROAD QUADRING, SPALDING, Lincs PE11 4PJ			
CURRENT APPLICATION NO: This amendment cannot be considered unless the relevant reference is stated.		H15 - 0726 - 21	
Building Regulation reference relating to same development (if applicable)		—	

I attach four copies of this form and necessary plans and request that the changes described below can be accepted as an amendment. As the amendment relates to a current application,

Signed: **AJFINCH**

Date: **16/08/21.**

FULL DESCRIPTION OF DEVELOPMENT OF CURRENT APPLICATION THAT THIS AMENDMENT RELATES TO		CONDITION COMPLIANCE PHASE 1 RESIDENTIAL DEVELOPMENT.	
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)		REVISED BOUNDARY TREATMENT BETWEEN PLOT 4 & No. 125 MAIN ROAD. ADDITIONAL INFORMATION REF FOUL DRAINAGE CONNECTION IN MAIN ROAD.	
State drawing numbers of the current submission		CN/PI/PH1/SITE SECTIONS REV A CN/PI/PH1/SITE rev B S104 LAYOUT DRG 39211 - REV P3	
Has this amendment been requested by the Council? (If so, state Officer dealing with the application)		YES/NO	LVL4 BUTTERY
Describe any part of the original development which is excluded by virtue of the amendment, and state any alteration to plot numbers		N/A	
Has a similar amendment been submitted under Building Regulations? (If so, state Building Control Surveyor dealing with application)		YES/NO	