PLANNING AMENDMENT

For Office Use only
Application No:
Date Registered:
Case Officer:

SOUTH HOLLAND DISTRICT COUNCIL

(Please complete using block capitals and black ink)

APPLICANT NAME AND ADDRESS	AGENT NAME AND ADDRESS
CROSSROADS NURSERIES MAIN ROAD QUADRING SPALDING PE11 4PJ Telephone:	ALAN FINCH MOULTON LAND AND PLANNING LTD 21 MAIN ROAD COLLYWESTON STAMFORD PE9 3PF Telephone:

SITE ADDRESS DETAILS
LAND OFF MAIN ROAD, QUADRING, SPALDING PE11 4PJ

CURRENT APPLICATION NO: This amendment cannot be considered unless the relevant reference is stated.	H15-1095-23
Building Regulation reference relating to same development (if applicable)	N/A.

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 : [redacted] Date: 28/3/24.

FULL DESCRIPTION OF DEVELOPMENT OF CURRENT APPLICATION THAT THIS AMENDMENT RELATES TO	RESIDENTIAL DEVELOPMENT COMPRISING 14 DWELLINGS	
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)	CORRECT F.R.A SUPPLIED AMENDMENT TO LAYOUT - HIGHWAY ACCESS ADJUSTED REVISED DESIGN TO PLOT 1 GARAGE ADDED TO PLOT 2	
State drawing numbers of the current submission	CRN/P3/02 rev A, CRN/P3/12, CRN/P3/11 rev A. CRN/P3/04 rev A.	
Has this amendment been requested by the Council? (If so, state Officer dealing with the application)	YES/~~NO~~	MAXINE SIMMONS
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	N/A.