AMENDMENT RECORD SHEET - POST DECISION

Admin

Validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid ☑ KP

Registered ..... 24/6.

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~~ Needs new application.

Confirmed: ..... 24/6.

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

Rejection

~~Acceptance~~ issued: 24/6

PLANNING AMENDMENT

For office use only

Application No. H16/0145/99/1

Date Registered 22 JUN 1999

Case Officer DG

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Mr. and Mrs. Bullock,
3, Edinburgh Drive,
SPALDING PE11 2SA

Tel. No.

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

BUILDING DESIGN and PLANS
ALWYN ROFFE,
1, Green Lane,
SPALDING, Lincs. PE11 2YB
tel : 01775 - 723 680

Tel. No.

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

H16/0145/99

Building Regulation reference relating to same development (if any)

To be submitted

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 A. Roffe Date 18/6/99

3. Please complete in block letters

FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

Extension to House

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.)

First Floor Bedroom

State drawing no's of the current submission

990617

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

No Change.

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