# PLANNING AMENDMENT

**For office use only**
Application No. H16/0278/99
Date Registered 26 APR 1999
Case Officer DR

1. Please complete in block letters
**NAME AND ADDRESS OF APPLICANT**
Hills of Spalding

Tel. No.

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

OFFICE COPY

Tel. No. (Contact)

Please complete in block letters
**FULL POSTAL ADDRESS OF THE APPLICATION SITE**
2-8 Abbey Passage, Spalding

Please complete
**APPLICATION No.**
This amendment **cannot be considered** unless the relevant reference is stated
H16/0278/99

Building Regulation reference relating to same development (if any)

2. Please tick **one** box only

| | A | | B |
|---|---|---|---|
| Amendment is proposed where permission already granted<br>If yes, submit two forms and two plans. | ☐ | or | Amendment is to a proposal currently being considered<br>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 ..... Date .....

3. Please complete in block letters
**FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION**
Alterations to Elevations

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 Fire Escape Staircase

State drawing no's of the current submission

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

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

# AMENDMENT RECORD SHEET – LIVE APPLICATION

## Admin

Validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid ☑ [illegible]

Registered ..... [illegible] 27/4

Terminal date/committee updated .....

## DC Procedural Assessment

Is the information given correct? Yes/No (If No, state above what details are needed)

Has this amendment been requested? Yes/No *
If Yes, is it what was asked for? Yes/No *

Who do you need to reconsult as a result of this amendment?
PC
WM
Press
Residents
Other –
None ☑

Is it an amendment in principle? Yes/No

Is it the same character/description for fee purposes? Yes/No (Refer to Admin ?)

If No, but Yes to (*) requested :–

Do development objectives outweigh financial objectives? Yes/No Confirmed.....

REJECTED as an amendment – new application needed

Confirmed: .....

Notes/Advice/Rejection Reason:

☐ Tick if you wish this note to be a paragraph in the Rejection Notice

AUTHORISED to treat as amendment

Confirmed: [illegible] 27/4

Superseded details removed ☐ NO

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

Acceptance issued:
Public register updated:

## DC Professional Assessment

NOTES: