

PLANNING AMENDMENT

For Office Use only

Application No:

Date Registered:

Case Officer:



(Please complete using block capitals and black ink)

APPLICANT NAME AND ADDRESS	AGENT NAME AND ADDRESS
<p>MR DAVID NICKS COUNTRY COURT CARE LTD. OLYMPUS HOUSE STANILAND WAY NERRINGTON, PETERBOROUGH PE7 6NA</p> <p>Telephone: [REDACTED]</p>	<p>MATT HUBBARD THE PLANNING TEAM 79 GEORGINA ROAD WEST BRIDGEFORD NOTTINGHAM NG2 5DA</p> <p>Telephone: 07984 984011</p>
SITE ADDRESS DETAILS	
<p>ASHWOOD CARE HOME, SPALDING COMMON, SPALDING LINCOLNSHIRE, PE11 8AU</p>	
CURRENT APPLICATION NO:	116-0413-25
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: 9th JULY 2025

FULL DESCRIPTION OF DEVELOPMENT OF CURRENT APPLICATION THAT THIS AMENDMENT RELATES TO		
<p>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)</p>	<p>CORRECTION TO THE SOUTHERN SITE BOUNDARY, AS PER MY EMAIL OF THE 8th JULY 2025</p>	
State drawing numbers of the current submission	0443 (10)002	
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	N/A - SIMPLE ALIGNMENT OF BOUNDARY	
Has a similar amendment been submitted under Building Regulations? (If so, state Building Control Surveyor dealing with application)	YES/NO	N/A.