

PLANNING AMENDMENT

For Office Use only

Application No:

Date Registered:

Case Officer:



(Please complete using block capitals and black ink)

APPLICANT NAME AND ADDRESS MR DAVID HICKS COUNTRY COURT CARE LTD. OLYMPUS HOUSE STANILAND WAY WERRINGTON, PETERBOROUGH PE4 6NA Telephone: [REDACTED]	AGENT NAME AND ADDRESS MATT HUBBARD THE PLANNING HUB 79 GERTRUDE ROAD WEST BRIDGFORD NOTTINGHAM NG2 5DA Telephone: 07984 98491
SITE ADDRESS DETAILS ASHWOOD CARE HOME, SPALDING COMMON, SPALDING LINCOLNSHIRE, PE11 3AU	
CURRENT APPLICATION NO: This amendment cannot be considered unless the relevant reference is stated.	H16-0413-25
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		
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)	CORRECTION TO THE SOUTHERN SITE BOUNDARY, AS PER MY EMAIL OF THE 8 th JULY 2025	
State drawing numbers of the current submission	0643 (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.