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FILE COPY

**Application no:** H16-0505-10

**Applicant:** Mr R Ellis  
Mill House Farm  
Fleet  
Spalding  
Lincs PE12 8LW  
PE12 8LW

**Agent:** Remway Design Ltd  
2nd Floor  
5b Sheep Market  
Spalding  
Lincs PE11 1BH  
PE11 1BH

**Description:** Conversion of HMO into 4 self-contained flats

**Location:** 64 Bourne Road  
Spalding  
Lincs  
PE11 1JW

**Amendment:** Window added (dwg. nos. 1675-02B and 1675-04C)

**Letter Sent:** 28th July 2010

Dear Sir/Madam

### ACKNOWLEDGEMENT OF AMENDMENT

I acknowledge receipt of the amended details in respect of the above and confirm that the changes are able to be incorporated in the application which will now **only be considered in its amended form**.

Your rights of appeal remain as explained on the original acknowledgement.

You are reminded that revision to any submission made under the Building Regulations may also be necessary.

Yours faithfully



Head of Planning & Development

# AMENDMENT RECORD SHEET - LIVE APPLICATION

## Admin to Complete

Date Received **27 JUL 2010**

Registered ☒ **27/78**

## Case Officer to Complete

Has this amendment been requested? **Yes/No**

If Yes, is it what was asked for? **Yes/No**

Is it an amendment in principle? **Yes/No**

Is it the same character/description for fee purposes? **Yes/No** (Refer to Admin if in doubt)  
*If No, but amendment requested, the following must be completed if the amendment is to be accepted*

Certified That The Development Objectives Outweigh The Financial Objectives

Senior Officer's Signature: *[Signature]* Date: **28/7/10**

## Re-Consults as a result of this amendment

None ☒ All ☐

Partial ☐ Parish Council ☐ Ward Member ☐ Press ☐ Site Notice ☐

Residents/Other ☒ - Name/Address: .....

## Case Officer's Decision:

**REJECTED - New Application Required** ☐

Reason .....

Do you want this reason to be added to the Rejection Notice? **YES/NO**

**ACCEPTED - Superseded Details Removed** ☒

Note .....

Do you want this note to be added to the Acceptance Notice? **YES/NO**

Revised Description (if applicable) .....

Case Officers Signature *[Signature]* Date **28/07/10**

## Admin To Complete

Agreed Term Date Updated ☒ Re-Consultations Carried Out (if necessary) ☒

Public Register Updated ☒ Acceptance/Rejection Letter Issued ☒  
(Plus Library if Re-Consulting Residents) *SENT*

**28/78**

# PLANNING AMENDMENT

For Office Use only

Application No: H16-0505-10-A

Date Registered: 27 JUL 2010

Case Officer:

S O U T H



(Please complete using block capitals and black ink)

|                                                                                                                |  |                                                                        |  |
|----------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--|
| <b>APPLICANT NAME AND ADDRESS</b><br><br>MC ELLIS                                                              |  | <b>AGENT NAME AND ADDRESS</b><br><br>REMWAY DESIGN<br><b>FILE COPY</b> |  |
| Telephone:                                                                                                     |  | Telephone:                                                             |  |
| <b>SITE ADDRESS DETAILS</b><br><br>64 BUCKING ROAD, SPALDING                                                   |  |                                                                        |  |
| <b>CURRENT APPLICATION NO:</b><br>This amendment cannot be considered unless the relevant reference is stated. |  | H16-0505-10                                                            |  |
| Building Regulation reference relating to same development (if applicable)                                     |  |                                                                        |  |

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, I agree to an extension of the terminal date (if applicable).

Signed :

Date:

|                                                                                                                                                                                          |        |                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------|--|
| <b>FULL DESCRIPTION OF DEVELOPMENT OF CURRENT APPLICATION THAT THIS AMENDMENT RELATES TO</b>                                                                                             |        | CONVERSION OF HMO INTO 4 SELF-CONTAINED FLATS. |  |
| 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) |        | WINDOW DETAILS.                                |  |
| State drawing numbers 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? (If so, state Building Control Surveyor dealing with application)                                                     | YES/NO |                                                |  |