MRS SALLY WALTHAM BA (Hons) FC.I.H. Director of Housing & Planning Services

Housing & Planning Services Department
Council Offices,
Priory Road, Spalding,
Lincolnshire. PE11 2XE

Telephone: (01775) 761161
Fax: (01775) 710772

FILE COPY

SOUTH HOLLAND DISTRICT COUNCIL
HOUSING & PLANNING SERVICES DEPARTMENT

Application no: H16/0794/98

Applicant: Mr K Read
Drove House
Surfleet Cheal
Spalding
Lincs

Agent: Messrs Poddingtons
44 Double Street
Spalding
Lincs
PE11 2AB

Description: Demolition of kitchen & dining area and build new single storey kitchen/dining at rear

Location: Fratelli Restaurant
44 Double Street
Spalding
Lincs

Amendment: North elevations as proposed added. (Drawing No. 2811-4).

25-AUG-98

Dear Sir/Madam

ACKNOWLEDGEMENT OF AMENDMENT

I acknowledge receipt of the amended details in respect of the above proposal. These have been incorporated into the application which will now only be considered in its amended form.

The terminal date for dealing with the application has now been extended to 19-OCT-98, based on the date of receipt of the amendment, and 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

Director of Housing and Planning Services

AMENDMENT RECORD SHEET – LIVE APPLICATION

Admin

Validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid 24/5

Registered

Terminal date/committee updated 25/8 TD EXT 19/10/98

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: 25-8

Superseded details removed ☐

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

Acceptance issued: 25/8
Public register updated:

DC Professional Assessment

NOTES:

PLANNING AMENDMENT

For office use only

Application No. H16/0794/98

Date Registered 24 AUG 1998

Case Officer P. Udy.

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

MR K. READ
DROVE HOUSE
SURFLEET CHURCH
SPALDING LINCS

Tel. No.

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

PADDINGTONS
44 DOUGLE ST
SPALDING
LINCS

Tel. No. 761856 (Contact) J. CRUNKHORN

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

FRATELLI RESTAURANT 44 DOUGLE ST SPALDING LINCS

OFFICE COPY

Please complete

APPLICATION No.

This amendment **cannot be considered** unless the relevant reference is stated

H16-0794-98

Building Regulation reference relating to same development (if any)

—

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 PADDINGTONS Date 24-8-98

3. Please complete in block letters

FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

TO DEMOLISH EXISTING KITCHEN/DINING AREA SINGLE STOREY & REPLACE WITH NEW

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.)

NORTH ELEVATION TO PROPOSED MODEL

State drawing no's of the current submission

2811-4

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

SALLY WALTHAM BA (Hons) F.C.I.H. Director of Housing & Planning Services

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SOUTH HOLLAND DISTRICT COUNCIL
HOUSING & PLANNING SERVICES DEPARTMENT

Application no: H16/0794/98

Applicant: Mr K Read
Drove House
Surfleet Cheal
Spalding
Lincs

Agent: Messrs Poddingtons
44 Double Street
Spalding
Lincs
PE11 2AB

Description: Demolition of kitchen & dining area and build new single storey kitchen/dining at rear

Location: Fratelli Restaurant
44 Double Street
Spalding
Lincs

Amendment: Omit "lantern" roof lights over kitchen area (2 no)
Drawing No: 2811-1, 2811-2

22-SEP-98

Dear Sir/Madam

TOWN AND COUNTRY PLANNING ACT 1990
NOTICE OF ACCEPTANCE OF AMENDMENT

The amended details submitted in respect of the above proposal have now been considered, and I am able to inform you that the changes are able to be incorporated into application, which will now be considered only in its amended form. You are reminded that revision may also be needed to any submission made under the Building Regulations.

In view of the need to repeat certain procedures as a result of the amendment, the terminal date for the Authority to determine the application will now be extended to 12-NOV-98, based on the date of receipt of the amendment, and your rights of appeal remain as explained on the original acknowledgement. It will not necessarily take that length of time to reach a decision of course.

If you do not agree to this extension of time and wish instead to have your application dealt with more quickly but on the basis of the original submission, please let me know in writing within the next 5 days.

Yours faithfully

Director of Housing and Planning Services

AMENDMENT RECORD SHEET – LIVE APPLICATION

Admin

Validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid ☐

Registered 11/8/98

Terminal date/committee updated 12 Nov 99

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: PDM 18-9-98

Superseded details removed ☑

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

To go with Dec Not

Acceptance issued:

Public register updated: 4/2/99

DC Professional Assessment

NOTES:

PLANNING AMENDMENT

For office use only
Application No. H16/0794/98
Date Registered
Case Officer PU

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT
MR. K. READ
DROVE HOUSE
SURFLEET CHEAL
SPALDING LINCS
Tel. No.

NAME AND ADDRESS OF AGENT
(if form completed by agent)
PODDINGTONS
44 DOUBLE STREET
SPALDING LINCS
Tel. No. 01775 761856 (Contact) J CRUNKHORN

OFFICE COPY

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE
FRATELLI RESTAURANT 44 DOUBLE STREET
SPALDING LINCS.

Please complete
APPLICATION No.
This amendment **cannot be considered** unless the relevant reference is stated
H16/0794/98
H16/0793/98

Building Regulation reference relating to same development (if any)
NOT KNOWN.

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 ..... Date 17TH SEPT 98

3. Please complete in block letters

FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION
DEMOLITION OF KITCHEN/ DINING AND RE-BUILD

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.)
OMIT "LANTERN" ROOF LIGHTS OVER KITCHEN AREA (2 No)

State drawing no's of the current submission
2811-1, 2811-2

Has this amendment been requested by the Council? (If so, state Officer dealing with the application)
~~YES~~ / NO MR. P. UDY

Describe any part of the original development which is excluded by virtue of the amendment, and state any alteration to plot numbers
N/A

Has a similar amendment been submitted under Building Regulations? ~~YES / NO~~ WILL BE