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

Housing & Planning Services Department
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FILE COPY

SOUTH HOLLAND DISTRICT COUNCIL

HOUSING & PLANNING SERVICES DEPARTMENT

Application no: H16/0850/97

Applicant: Poundstretcher
P O Box YR21
Knowsthorpe Gate
Cross Green Industrial Estate
Leeds LS9 0PG

Agent: Signs by Morrell
Tarran Way South
Tarran Industrial Estate
Moreton, Wirral
Merseyside L46 4TD

Description: Erect fascia sign

Location: Unit 3, Holland Market
Spalding
Lincs

Amendment: Amended sign

06-OCT-97

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 20-NOV-97, 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 ☑ KP

Registered 16.3.09

Terminal date/committee updated 20/11

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: DC 1/10/09

Superseded details removed ☐

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

Acceptance issued: ✓
Public register updated: 6/10

DC Professional Assessment

NOTES:

PLANNING AMENDMENT

For office use only

Application No. H16/0850/97

Date Registered 25 SEP 1997

Case Officer OR

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

Poundstretcher
PO Box 4R21
Knowsthorpe Gate
Cross Green Ind Est
Leeds LS9 0PG

Tel. No.

NAME AND ADDRESS OF AGENT

(if form completed by agent)

Signs By Morrell
Tarran Way South
Tarran Ind Est. Moreton
Wirral

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

Unit 3 Hound Market, Spalding

Please complete

APPLICATION No.

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

OFFICE COPY

H16/850/97

Building Regulation reference relating to same development (if any)

2. Please tick **one** box only

Amendment is proposed where permission already granted — If yes, submit two forms and two plans. — A [ ]

or

Amendment is to a proposal currently being considered — If yes, submit four forms and four plans. — B [✓]

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

Erect Fascia Sign

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.)

Amended Sign

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