PLANNING AMENDMENT

For office use only

Application No. H16/1012/96/1

Date Registered 24 MAR 1997

Case Officer RM

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

DR. HATHI
210 PENNYGATE
SPALDING.

Tel. No.

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

E.M.D.A.
KILLOW LODGE, HORNCASTLE ROAD
SPALDING, LINCS,

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

210 PENNYGATE, SPALDING, LINCS

OFFICE COPY

Please complete

APPLICATION No.

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

H16/1012/96

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 24-03-97

3. Please complete in block letters

FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

PROPOSED SURGERY

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.)

STORE TO PHARMACY INCREASED IN LENGTH.

State drawing no's of the current submission

96/16/04/A

Has this amendment been requested by the Council? (If so, state Officer dealing with the application)

~~YES~~ / NO — P. WAY

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

AMENDMENT RECORD SHEET – POST DECISION

Admin

Validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid ✓ KP

Registered 7-3-13

DC Procedural Assessment

Is the information given correct? Yes/~~No (If No, state above what details are needed)~~

Is it an amendment in principle? ~~Immaterial~~/Needs new app

Confirmed: PDM 1-4

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

Acceptance issued: ✓ 3/4

MRS SALLY WALTHAM BA (Hons) F.C.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: H16/1012/96

Applicant: Dr Nathu
210 Pennygate
Spalding
Lincs

Agent: East Midlands Design Assoc.
Willow Lodge
Horseshoe Road
Spalding
Lincs PE11 3JA

Description: Proposed surgery

Location: 210 Pennygate
Spalding
Lincs

Amendment Submitted: Store to pharmacy increased in length
(Drawing No. 96/16/04A)

03-APR-97

Dear Sir/Madam

TOWN AND COUNTRY PLANNING ACT 1990
AMENDMENT TO PROPOSED DEVELOPMENT

I have received details of the above development which you wish to have accepted in lieu of those previously submitted. However, I consider that the changes are too significant to be treated merely as an amendment and that therefore a fresh application for planning permission should be submitted (forms enclosed).

This does not imply that permission will or will not be forthcoming in respect of such a revised application, and you are reminded that approval under the Building Regulations may also be required for the revised proposal.

Yours faithfully

Director of Housing and Planning Services

PLANNING AMENDMENT

For office use only

Application No. H16/0012/96/2

Date Registered 09 APR 1996

Case Officer PM.

1. Please complete in block letters

NAME AND ADDRESS OF APPLICANT

DR. NATHU
210 PEINSGATE
SPALDING.

Tel. No.

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

E. M. D. A.
KILLOW LODGE
HORSEHOE RD, SPALDING.

Tel. No. (Contact)

Please complete in block letters

FULL POSTAL ADDRESS OF THE APPLICATION SITE

210 PEINSGATE. SPALDING. LINCS

OFFICE COPY

Please complete

APPLICATION No.

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

H16/0012/96

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 ..... Date 9-04-96

3. Please complete in block letters

FULL DESCRIPTION OF DEVELOPMENT IN ORIGINAL APPLICATION

PROPOSED SURGERY.

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.)

BRICK TYPE - CHELWOOD RED MULTI. OVER STAFFORDSHIRE SMOOTH RED.

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 — P. WDY.

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

NO.

Has a similar amendment been submitted under Building Regulations? Yes / No

AMENDMENT RECORD SHEET - POST DECISION

Admin

validation:

Inadequate/Inappropriate ☐

Clarification/Details required:

Appears valid ☑

Registered

DC Procedural Assessment

Is the information given correct? Yes/~~No (If No, state above what details are needed)~~

Is it an amendment in principle? Immaterial/~~Needs new app~~

Confirmed: 11-4

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

Acceptance issued:

Phone call from Farah Bilders
Thanks ch.
Pharmacy cost ch part P.P

MRS SALLY WALTHAM BA (Hons) F.C.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

SOUTH HOLLAND DISTRICT COUNCIL
HOUSING & PLANNING SERVICES DEPARTMENT

Application no: H16/1012/96

Applicant: Dr Nathu
210 Pennygate
Spalding
Lincs

Agent: East Midlands Design Assoc.
Willow Lodge
Horseshoe Road
Spalding
Lincs PE11 3JA

Description: Proposed surgery

Location: 210 Pennygate
Spalding
Lincs

Amendment: Brick type - Chelwood Red Multi over Staffordshire Smooth Red

15-APR-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 there are no objections to the amendment being implemented to the extent described above.

Note: This Notice does not convey any approval under the Building Regulations and you may need to make a new submission.

Yours faithfully

Director of Housing and Planning Services