

# PLANNING AMENDMENT

For Office Use only

Application No:

Date Registered:

Case Officer:



(Please complete using block capitals and black ink)

<b>APPLICANT NAME AND ADDRESS</b> MR. DAVID HICKS COUNTRY COURT CARE LTD. OLYMPUS HOUSE STANILAND WAY PETERBOROUGH, PE4 6NA. Telephone: [REDACTED]	<b>AGENT NAME AND ADDRESS</b> MATT HUBBARD THE PLANNING HUB 79 GERTRUDE ROAD WEST BRIDGFORD NOTTINGHAM NG2 5DA Telephone: 07984 784011
<b>SITE ADDRESS DETAILS</b> ASHWOOD CARE HOME, SPALDING COMMON, SPALDING, Lincs. PE11 3AU	
<b>CURRENT APPLICATION NO:</b> This amendment cannot be considered unless the relevant reference is stated.	H16-1018-25 Doc APPLICATION RE: C12 & C13
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:

22/11/2025

<b>FULL DESCRIPTION OF DEVELOPMENT OF CURRENT APPLICATION THAT THIS AMENDMENT RELATES TO</b>		
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)	REVISED TRAVEL PLAN TO ADDRESS THE COMMENTS OF THE HIGHWAY AUTHORITY	
State drawing numbers of the current submission	F23073 REV. B NOV 25	
Has this amendment been requested by the Council? (If so, state Officer dealing with the application)	YES/NO	OSCAR PATMAN
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? (If so, state Building Control Surveyor dealing with application)	YES/NO	N/A