



Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink. It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applica	2. Agent Name and Address				
Title:	First name:	Title:	ma	First name:	CHRISTOPIER
Last name:		Last name:	JAC	KSON	
Company (optional):	THE CO-PRERATIVE GROUP	Company (optional):	WELL	sfield a	1550CIATES
Unit:	House House suffix:	Unit:		House number:	House suffix:
House name:	SEE AGENT FOR CONTRCT	House name:			
Address 1:	DETRILS	Address 1:	HIG	H STRE	<u>-</u> ET
Address 2:		Address 2:			
Address 3:		Address 3:			
Town:		Town:	HADO	EIGH	
County:		County:			
Country:		Country:	E 55E	: >	
Postcode:		Postcode:	557	298	

3. Site A	ddress Details		4. Pre-application Advice					
Please provide the full postal address of the application site.			Has assistance or prior advice been sought from the local					
Unit:	House number:	House suffix:	authority about this application?	Yes No				
House name:	THE co-op	50PERMARKET	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1:	LOWER ME	RTON RISE	application more efficiently). Please tick if the full contact details are n	,				
Address 2:			known, and then complete as much as p					
Address 3:			Officer name:					
Town:	LONDON		Reference:					
County:			(accommod)					
Postcode (optional):	NW3 3RA		Date of advice (DD/MM/YYYY):	19/11/2013				
Description (must be co	of location or a grid referer ompleted if postcode is not l	ice. known):	Details of pre-application advice receive					
Easting:	Nort	hing:	ADVISED THAT A NON MATERIAL					
Description	n:		MEQUIRED TO REPOSITION	AMENDMENT APPLICATION WOULD BE REQUIRED TO REPOSITION PREVIOUSLY				
			MPPROVED ATM POSITIO	·N .				
5. Eligib	•							
Do you, or t have an inte	he person on whose behalf erest in the part of the land t	you are making this applicati o which this amendment rela	on, ates? Yes No					
lf you hav	ve answered No to this	question, you cannot	apply to make a non-material ame	ndment.				
		ation under article 9 of the D		government.				
				Not Applicable				
			apply to make a non-material ame	ndment.				
f you have a		n, please give details of perso	ons notified:					
Person Notified		Address	Date of Notification					
Jema LLP 22 Totter		22 Totterid	ige Common	20/11/2013				
		FLAT3 TOHE						
		London NZ	3					
		NE NE	0 81014					
	***************************************			Parameters				
				TO THE				
S Author	ita Employee / Month							
	fity Employee / Membe t to the Authority, I am:		ny of these statements apply to you?	THE PROPERTY AND ADDRESS AND A				
(a) a memb (b) an elect	er of staff							
(c) related t	o a member of staff to an elected member		Yes No					
If yes please	If yes please provide details of the name, relationship and role							
Annua proposate								
				SACRES CARREST CONTRACTOR CONTRAC				

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type: INSTRUCTION OF MECHANICAL PLANT RT THE REAR OF THE STORE AND AN EXTERNAL CASH MACHINE TO THE SIDE ELECATION Reference number: Date of decision (DD/MM/YYYY): 12/08/2013 What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') For the purpose of calculating fees, which of the following best describes the original application type? Householder development: development to an existing dwelling-house or development within its curtilage							
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Other: anything not covered by the above category							
3. Non-Material Amendment(s) Sought							
Please describe the non-material amendment(s) you are seeking to make:							
REPOSITION PREVIOUSLY APPROVED ATM FROM RIGHT HAND SIDE OF THE WINDOW TO THE LEFT HAND SIDE, WHEN VIEWING FROM							
OUTSIDE-							
Are you intending to substitute amended plans or drawings?							
f Yes, please complete the following:							
f Yes, please complete the following: Old plan/drawing number(s):							
f Yes, please complete the following: Old plan/drawing number(s):							
f Yes, please complete the following: Old plan/drawing number(s): New plan/drawing number(s):							
f Yes, please complete the following: Old plan/drawing number(s): 1996.09 b.							
f Yes, please complete the following: Old plan/drawing number(s): 1966.09 0. New plan/drawing number(s): 1996.09 b. Please state why you wish to make this amendment:							
f Yes, please complete the following: Old plan/drawing number(s): 1996.09 b.							
f Yes, please complete the following: Old plan/drawing number(s): 1966.09 b. Please state why you wish to make this amendment:							

9. Application Requirements - Checklist								
Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all								
information required will result in your application not being accepted. It will not be accepted until all information required by the								
Local Planning Authority has been submitted.								
The original and 3 copies of a completed and dated application form:								
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:								
The correct fee:								
10. Declaration								
I/we hereby apply for planning permission/con	isent as described in th	his form and the ac	companying plans/drawings and additional					
information.								
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):						
			20/11/2013					
11. Applicant Contact Details 12. Agent Contact Details								
Telephone numbers		Telephone num						
receptione trainsers	Extension	relephone num						
Country code: National number:	number:	Country code:	National number: Extension number:					
			01702 551123					
Country code: Mobile number (optional):		Country code:	Mobile number (optional):					
Medic named (optional).		Country code.						
			07766221958					
Country code: Fax number (optional):		Country code:	Fax number (optional):					
Email address (optional):	Approximation to the control of the	Email address (optional):						
13. Site Visit								
Can the site be seen from a public road, public f	[.] ootpath, bridleway or	other public land?	Yes No					
If the planning authority needs to make an approut a site visit, whom should they contact? (Plea	ointment to carry ase select only one)	Agent	Applicant Other (if different from the agent/applicant's details)					
If Other has been selected, please provide:								
Contact name:		Telephone numb	per:					
CHRISTOPHER JACKSON	>	07766221958						
Email address: chris @ wellsfield associates. co. uk								