

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. Applicant Name and Address	2. Agent Name and Address
Title: <input type="text"/> First name: <input type="text"/>	Title: <input type="text" value="MR?"/> First name: <input type="text" value="SIMON"/>
Last name: <input type="text"/>	Last name: <input type="text" value="CRIFFITHS-BAKER"/>
Company (optional): <input type="text" value="URBN UK LTD."/>	Company (optional): <input type="text" value="APT DESIGN LTD."/>
Unit: <input type="text" value="2A"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text" value="WEST STREET"/>	House name: <input type="text" value="FIRST FLOOR ANSON HOUSE"/>
Address 1: <input type="text"/>	Address 1: <input type="text" value="COMPASS POINT BUSINESS PARK"/>
Address 2: <input type="text"/>	Address 2: <input type="text" value="NORTHAMPTON ROAD"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="LONDON"/>	Town: <input type="text" value="MARKET HARBOUROUGH"/>
County: <input type="text"/>	County: <input type="text" value="LEICESTERSHIRE"/>
Country: <input type="text"/>	Country: <input type="text"/>
Postcode: <input type="text" value="WC2H 9NA"/>	Postcode: <input type="text" value="LE10 9HW"/>

### 3. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference. (must be completed if postcode is not known):

Easting:  Northing:

Description:

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?  Yes  No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

### 5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?  Yes  No

**If you have answered No to this question, you cannot apply to make a non-material amendment.**

If you are not the sole owner, has notification under article 9 of the DMPO been given?  Yes  No  Not Applicable

**If you have answered No to this question, you cannot apply to make a non-material amendment.**

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification
LONDON REGIONAL PROPERTIES LTD.	55 BAKER STREET LONDON W1U 0EW	22/05/2013

### 6. Authority Employee / Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

Yes  No

If yes please provide details of the name, relationship and role

## 7. Description Of Your Proposal

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:

INSTALLATION OF 4 X A/C UNITS WITH ACOUSTIC ENCLOSURES TO THE LOWER FLAT ROOF TO NORTH WEST ELEVATION @ 1 X A/C UNIT WITH ACOUSTIC ENCLOSURE TO THE SOUTH EAST ELEVATION AT FIRST FLOOR LEVEL OF RETAIL UNIT (CLASS A1).

Reference number:

Date of decision (DD/MM/YYYY):

2013/1253/P

17/05/2013

What was the original application type?:  
(e.g. 'Full', 'Householder and Listed Building', 'Outline')

FULL

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

**Other:** anything not covered by the above category

## 8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

THE RELOCATION OF THE SINGLE A/C UNIT ON THE SOUTH EAST ELEVATION INTERNALLY @ THE INSTALLATION ON THE SAME ELEVATION, 2 No. POLYESTER POWDER COATED LOUVER PANELS.

Are you intending to substitute amended plans or drawings?

Yes

No

If Yes, please complete the following:

Old plan/drawing number(s):

PL 107

New plan/drawing number(s):

PL 107A

Please state why you wish to make this amendment:

IMPROVED VISUAL APPEARANCE.

### 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/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

22/05/2013

### 11. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional):		
<input type="text"/>		

### 12. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	01858 465420	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional):		
Simon Dap-design.co.uk		

### 13. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?  Yes  No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

- Agent  Applicant  Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:	Telephone number:
<input type="text"/>	<input type="text"/>
Email address: <input type="text"/>	