



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

Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>		
Company (optional):	<input type="text" value="GIRLS DAY SCHOOL TRUST"/>		
Unit:	<input type="text"/>	House number:	<input type="text"/>
		House suffix:	<input type="text"/>
House name:	<input type="text"/>		
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text"/>		
County:	<input type="text"/>		
Country:	<input type="text"/>		
Postcode:	<input type="text"/>		

#### 2. Agent Name and Address

Title:	<input type="text" value="MISS"/>	First name:	<input type="text" value="SARAH"/>
Last name:	<input type="text" value="BEUDEN"/>		
Company (optional):	<input type="text" value="SAVILLS"/>		
Unit:	<input type="text" value="2"/>	House number:	<input type="text"/>
		House suffix:	<input type="text"/>
House name:	<input type="text"/>		
Address 1:	<input type="text" value="CHARLOTTE PLACE"/>		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	<input type="text" value="SOUTHAMPTON"/>		
County:	<input type="text" value="HAMPSHIRE"/>		
Country:	<input type="text" value="UNITED KINGDOM"/>		
Postcode:	<input type="text" value="SO14 0TB"/>		

### 3. Site Address Details

Please provide the full postal address of the application site.

Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	SOUTH HAMPSTEAD HIGH SCHOOL				
Address 2:	1 - 3 MARESFIELD GARDENS				
Address 3:	<input type="text"/>				
Town:	LONDON				
County:	<input type="text"/>				
Postcode (optional):	NW3 5SS				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:	<input type="text"/>	Northings:	<input type="text"/>		
Description: <input type="text"/>					

### 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

### 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:

CONSTRUCTION OF THREE AND FOUR STOREY SCHOOL BUILDINGS PLUS TWO STOREY BASEMENT AND ALTERATIONS TO WATERLOW BUILDING AND COVERED WALKWAY FOLLOWING THE DEMOLITION OF THE EXISTING BUILDINGS AT 3 MARESFIELD GARDENS, 31 COLLEGE CRESCENT (MOON & SIXPENCE) AND STAIR TOWERS OF THE WATERLOW BUILDING (USE CLASS D1)

Reference number:

2010/5482/P

Date of decision (DD/MM/YYYY):

04/02/2011

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

FULL AND CONSERVATION AREA CONSENT

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:

EXTENSION OF BASEMENT FOOTPRINT TO ACCOMMODATE REQUISITE PLANT AND SPACE FOR SERVICING AND MAINTENANCE.

EXTENSION OF SUBSTATION TO ACCOMMODATE REQUISITE PLANT AND SPACE FOR SERVICING AND MAINTENANCE AT LOWER GROUND FLOOR LEVEL

RELOCATION OF STAIRCASE AT SOUTH WEST CORNER OF SPORTS HALL TO NORTH WEST CORNER AT BASEMENT LEVEL

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

A/SHHS/3019/D, 1/SHHS/3020/F AND A/SHHS.3021/F

New plan/drawing number(s):

A2-01, A2-02, A2-03

Please state why you wish to make this amendment:

TO ACCOMMODATE REQUISITE LEVEL AND TYPE OF PLANT TO SERVICE THE SCHOOL AND ENSURE THAT THE PROPOSED PLANT CAN BE SERVICED AND MAINTAINED IN ACCORDANCE WITH ENERGY PROVIDERS REQUIREMENTS. RELOCATION OF THE STAIRCASE IS REQUIRED TO ENSURE THAT SUBTERRANEAN CONSTRUCTION IS LIMITED TO THAT WHICH IS NECESSARY AND TAKES PLACE AS FAR FROM THE SITE BOUNDARIES AS IS POSSIBLE.

### 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: ☒

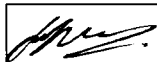
The correct fee: ☒

### 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:



on behalf of Savills

Date (DD/MM/YYYY):

22/11/2012

### 11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

### 12. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

023

8071 3961

Country code: Mobile number (optional):

07812

965308

Country code: Fax number (optional):

Email address (optional):

sbeuden@savills.com

### 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:

SARAH BEUDEN

Telephone number:

023 8071 3961

Email address: sbeuden@savills.com