

## 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. Applic           | ant Name      | and Addr          | ess    |               |  |  |
|---------------------|---------------|-------------------|--------|---------------|--|--|
| Title:              | HERHIS        | First name:       | Alan S | 2 Seema       |  |  |
| Last name:          | Harley        |                   |        |               |  |  |
| Company (optional): |               | )                 |        |               |  |  |
| Unit:               |               | louse<br>umber: 2 | 4      | House suffix: |  |  |
| House name:         |               |                   |        |               |  |  |
| Address 1:          | Ellerolale Rd |                   |        |               |  |  |
| Address 2:          |               |                   |        |               |  |  |
| Address 3:          |               |                   |        |               |  |  |
| Town:               | FOND          | PN                |        |               |  |  |
| County:             |               |                   |        |               |  |  |
| Country:            | ENGLAND       |                   |        |               |  |  |
| Postcode:           | NW3           | 6BB               |        |               |  |  |

| 2. Agent Name and Address |                                |  |  |  |  |
|---------------------------|--------------------------------|--|--|--|--|
| Title:                    | ME First name: ABIEL           |  |  |  |  |
| Last name:                | Greets                         |  |  |  |  |
| Company (optional):       | SCHNEIDER DESIGNERS            |  |  |  |  |
| Unit:                     | House number: 15 House suffix: |  |  |  |  |
| House name:               |                                |  |  |  |  |
| Address 1:                | ELDON GIROVE                   |  |  |  |  |
| Address 2:                |                                |  |  |  |  |
| Address 3:                |                                |  |  |  |  |
| Town:                     |                                |  |  |  |  |
| County:                   |                                |  |  |  |  |
| Country:                  |                                |  |  |  |  |
| Postcode:                 | NW3 BPT                        |  |  |  |  |

| 3. Site Ad                                 | dress Details  |                       | 4. Pre-application Advice   |                      |  |  |
|--|--|-----------------------|---|----------------------|--|--|
| Please provid                              | de the full postal address of the app  | lication site.        | Has assistance or prior advice been soug  | ht from the local    |  |  |
| Unit:                                      | House number: 24   | House<br>suffix:      | authority about this application?   | Yes No               |  |  |
| House name:                                | Trainisch.   | Julia.                | If Yes, please complete the following info  |                      |  |  |
| Address 1:                                 | Ellerdale Rd   |                       | application more efficiently).  |                      |  |  |
| Address 2:                                 |  |                       | Please tick if the full contact details are n known, and then complete as much as p |                      |  |  |
|  |  |                       | Officer name:   |                      |  |  |
| Address 3:                                 |  |                       | Alu   |                      |  |  |
| Town:                                      | FONDON   |                       | Reference:  |                      |  |  |
| County:                                    |  |                       | DUTY PLANNING OFFICER   |                      |  |  |
| Postcode                                   | NW3 GBB  |                       |   |                      |  |  |
| (optional):<br>Description<br>(must be con | of location or a grid reference. mpleted if postcode is not known):          |                       | Date of advice (DD/MM/YYYY):  Details of pre-application advice receive             | 05 00 2011           |  |  |
| Easting:                                   | Northing:  |                       | PLANNING OFFICER CONFI  |                      |  |  |
| Description                                |  |                       | REVISION TO THE INTERNAL LATOUT YOULD   |                      |  |  |
|  |  |                       | CONSTITUTE A NOW HATER  | and provident        |  |  |
|  |  |                       |   |                      |  |  |
|  |  |                       |   |                      |  |  |
| 5. Eligibi                                 | lity   |                       |   |                      |  |  |
| Do you, or th                              | ne person on whose behalf you are i<br>rest in the part of the land to which | making this applica   | ition,  |                      |  |  |
|  |  |                       | intes:  |                      |  |  |
| If you hav                                 | e answered No to this quest  | ion, you canno        | t apply to make a non-material am   | endment.             |  |  |
| If you are no                              | t the sole owner, has notification ur  | oder article 9 of the | DMPO been given? Yes No   | Not Applicable       |  |  |
| ii you are no                              | the sole owner, has notification un  | idel diticle 5 of the | Divir o been given:   | Not Applicable       |  |  |
| If you hav                                 | e answered No to this quest  | ion, you canno        | t apply to make a non-material am   | endment.             |  |  |
| If you have a                              | nswered Yes to this question, pleas  | e give details of pe  | rsons notified:   |                      |  |  |
|  | Person Notified  |                       | Address   | Date of Notification |  |  |
|  |  |                       |   |                      |  |  |
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|  |  |                       |   |                      |  |  |
| 6. Author                                  | ity Employee / Member  |                       |   |                      |  |  |
|  | t to the Authority, I am:  | Do                    | any of these statements apply to you?   |                      |  |  |
| (a) a memb                                 |  |                       |   |                      |  |  |
| (b) an election (c) related to             | ed member<br>o a member of staff   |                       | Yes No  |                      |  |  |
| The State of the House of the State of the | to an elected member   |                       |   |                      |  |  |
|  |  | onship and sala       |   |                      |  |  |
| ii yes piease                              | e provide details of the name, relation                                      | onship and role       |   |                      |  |  |
|  |  |                       |   |                      |  |  |
|  |  |                       |   |                      |  |  |
|  |  |                       |   |                      |  |  |

| eference number:   | Date of decision (DD/MM/YYYY):                                    |
|--|---|
| 1010/0353/P (APP/X5210/A/10/2127956) 2011/0863/P   | -FULL APP 25 AM 2010 - APPEAL 06 OCT 2010 - SOUDITIONS 22/02/2011 |
| what was the original application type?:<br>e.g. 'Full', 'Householder and Listed Building', 'Outline') | CHARGE OF CONDITIONS  |
| or the purpose of calculating fees, which of the following best describes the                          | e original application type?                                      |
| ouseholder development: development to an existing dwelling-house o                                    | or development within its curtilage                               |
| ther: anything not covered by the above category   | $\bowtie$   |
|  |   |
| re you intending to substitute amended plans or drawings?  Yes, please complete the following:         | Yes No  |
| Old plan/drawing number(s):  DO5, O6, O7 & OSA (APL-005,006,007&00                                     | of in this application)   |
| lew plan/drawing number(s):  | S 1.1 1ml abhasing  |
|  |   |
| APL-105, 106, 107 R 108  |   |
| ease 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 required will result in your application not being accepte 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 the information.  Signed - Applicant:  Or signed - Agent:   | Date (DD/MM/YYYY):  22   12   20   |  |  |
| 11. Applicant Contact Details  Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  | Telephone numbers  Country code: National number:  + 44  Country code: Mobile number (optional):  Country code: Fax number (optional): |  |  |
| 13. Site Visit Can the site be seen from a public road, public footpath, bridleway or lf the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: | Email address (optional):    Ariel _ 9@ schneider designers.co.uk  |  |  |
| Contact name:  | Telephone number:  |  |  |
| Email address:   |  |  |  |