

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:	MR First name: PETER	Title: MR First name: MARTIN
Last name:	TRILL	Last name: WALTON
Company (optional):		Company (optional): WILKINSON KING ARCHITECTS
Unit:	House number: S House suffic:	Unit: 6 House 106 House suffix:
House name:	CHESTERFIELD HOUSE	House BURGHLEY YARD
Address 1:	SOUTHGROUP	Address 1: BURGHLEY ROAD
Address 2:		Address 2:
Address 3:		Address 3:
Town:	LONDON	Town: LONDON
County:		County:
Country:		Country:
Postcode:	N6 6BE	Postcode: NWSIAL

3. Site Address 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 authority about this application?						
Unit: House 20 House suffix:	authority about this application?						
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this						
Adidress 1: LAURIER ROAD	application more efficiently). Please tick if the full contact details are not						
Address 2:	known, and then complete as much as possible:						
Address 3:	Officer name:						
Town: LONDON	Reference:						
County:							
Coptional): NWS 156	Date of advice (DD/MM/YYYY):						
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received:						
Easting: Northing:							
Description:							
<u>``</u>							
5. Eligibility							
Do you, or the person on whose behalf you are making this applicat	ion, 🔀 Yes 🗌 No						
have an interest in the part of the land to which this amendment re							
If you have answered No to this question, you cannot	t apply to make a non-material amendment.						
If you are not the sole owner, has notification under article 9 of the	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 No to this question, you cannot	t apply to make a non-material amendment.						
If you have answered No to this question, you cannot if you have answered Yes to this question, please give details of per	sons notified:						
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if you have answered Yes to this question, please give details of per Person Notified	sons notified:						
if you have answered Yes to this question, please give details of per Person Notified Person Notified 6. Authority Employee / Member With respect to the Authority, I am: Do	sons notified:						
if you have answered Yes to this question, please give details of per Person Notified Person Notified 6. Authority Employee / Member With respect to the Authority, I am: Do (a) a member of staff	sons notified: Address Date of Notification						
if you have answered Yes to this question, please give details of per Person Notified Person Notified 6. Authority Employee / Member With respect to the Authority, I am: Do (a) a member of staff	sons notified: Address Date of Notification						
If you have answered Yes to this question, please give details of per Person Notified Person Notified 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	sons notified: Address Date of Notification						
If you have answered Yes to this question, please give details of per Person Notified Person Notified G. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to an elected member	sons notified: Address Date of Notification						
If you have answered Yes to this question, please give details of per Person Notified Person Notified 6. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to an elected member	sons notified: Address Date of Notification						

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:				
ERECTION OF SINGLE STOREY REAR EXTENSION, ALTERATIONS TOP THE REAR FENERTRATION AT LOWER GROUND FLOOK AND GROUND FLOOR LEVEL, INCLUDING THE INSTALLATION OF TWO SETS OF FRENCH DOORS AND THE ERECTION OF A REAR BALLONY AT GROUND FLOOK LEVEL, AND THE ERECTION OF A SINGLE STOREY SHED IN THE REAR OFFICIENT TO EXISTING RESIDENTIAL DWELLING (LLASS (3).				
Reference number: Date of decision (DD/MM/YYY):				
2010/4983/P 08/11/10				
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') HOVSEHOLDER				
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:				
AMENDMENTS TO GARDEN SHED INCLUDING RECONDIGURATION OF TIMBER DOORS WITH SMALL CANOPY ABOVE AND ALTERATION OF SIDE PROPILE. POSITION OF SHED MOVED 600mm TOWARDS GARDEN WALL WITH ZZ LAURIER RDAD.				
Are you intending to substitute amended plans or drawings? Yes No				
Old plan/drawing number(s):				
LAU-13 LAU-14				
New plan/drawing number(s):				
WK/2000/46 WK/2000/480 WK/2000/481				
Please state why you wish to make this amendment:				
\$Dete: 2011-01-01-05 Shavlator: 3136 \$				

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:	X			
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	X			
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/YYY):					
	1.4.4	10-10-11					
11. Applicant Contact Details		12. Agent Contact Details					
Telephone numbers		Telephone numbers					
Country code: National number: Country code: Mobile number (optional) Country code: Fax number (optional): Email address (optional):	Extension number:	Country code: National number: Extension number: 0044 02072841975					
	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 a out a site visit, whom should they contact? (appointment to carry (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:					
L	}						
Email address:							