

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 Address	2. Agent Name and Address		
Title:	MR First name: Zanin	Title: First name:		
Last name:	CHANI	Last name:		
Company (optional):		Company (optional):		
Unit:	House number: House suffix:	Unit: House number: House suffix:		
House name:	13	House name:		
Address 1:	DANSON RUBO	Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	LOPPON	Town:		
County:		County:		
Country:		Country:		
Postcode:	NW2 608	Postcode:		

3. Site Ad	ldress Details	1 					
Please prov	de the full postal address of the applicat		-				
Unit:		louse authority about this applications	Yes No				
House name:		If Yes, please complete the following you were given. (This will help the aut					
Address 1:	295 CUSION RUBI	application more efficiently). Please tick if the full contact details ar	a not				
Address 2:	74 Wornen ST						
Address 3:		Officer name:					
Town:	Lamon	Reference:					
County:							
Postcode (optional):	NW1 380	Date of advice (DD/MM/YYYY	1:				
Description	of location or a grid reference.	Details of pre-application advice rece					
Easting:	ompleted if postcode is not known): Northing:	Details of pre-application advice rece	eived:				
Description							
5. Eligib	ility						
Do you, or t	he person on whose behalf you are mak	ding this application,	No				
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 hav	e answered No to this question	n, you cannot apply to make a non-material a	mendment.				
	•		•				
If you are no	ot the sole owner, has notification under	r article 4F(3) of the GDPO been given? Yes	No Not Applicable				
If you are no	ot the sole owner, has notification under		No Not Applicable				
If you are no	ot the sole owner, has notification under ve answered No to this question answered Yes to this question, please gi	r article 4F(3) of the GDPO been given? Yes , you cannot apply to make a non-material a	No Not Applicable mendment.				
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If you have If you have If you have 6. Autho With respe (a) a memi	rity Employee / Member ct to the Authority, I am: per of staff	rarticle 4F(3) of the GDPO been given? Yes	No Not Applicable mendment.				
If you have If you have If you have 6. Autho With respe (a) a memi (b) an elect	rity Employee / Member ct to the Authority, I am:	r article 4F(3) of the GDPO been given? Yes , you cannot apply to make a non-material a ive details of persons notified: Address	No Not Applicable mendment.				
If you have If you have If you have 6. Autho With respe (a) a memi (b) an elect (c) related	rity Employee / Member ct to the Authority, I am: per of staff ted member	rarticle 4F(3) of the GDPO been given? Yes	No Not Applicable mendment.				
f you are not lif you have lift you have	rity Employee / Member ct to the Authority, I am: per of staff ted member to a member of staff	n, you cannot apply to make a non-material a ive details of persons notified: Address Do any of these statements apply to you?	No Not Applicable mendment.				
f you are not lif you have lift you have	rity Employee / Member ct to the Authority, I am: per of staff ted member to an elected member	n, you cannot apply to make a non-material a ive details of persons notified: Address Do any of these statements apply to you?	No Not Applicable mendment.				
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7. Description Of Your Proposal		• •			
Please provide a description of the approved development as show date of decision in the sections below. Please also provide the original control of the provide the original control of the sections below.			lication refere	ence number and	
_ 1					
Change or use cr pan	r besem	ext from	retail	use	
(Change or use cr per	a mini-	Cub Control	office	(Cus 181)	
	·				
Reference number:	Di	ate of decision (DD/N	MM/YYYY):		
2011/0237/P		21/03/	2011		
What was the original application type?:					
(e.g. 'Full', 'Householder and Listed Building', 'Outline')	<u></u>				
For the purpose of calculating fees, which of the following best des	scribes the original	application type?			
Householder development: development to an existing dwelling	j-house or develop	ment within its curti	lage 🗌		
Other: anything not covered by the above category			V	•	
O Non- Material Amendmentic) Cought					
8. Non-Material Amendment(s) Sought Please describe the non-material amendment(s) you are seeking to	make.				
riedse describe the northaction amendments, you are seeming to	mare.				
741 - 0 to	A a tr	u 1	.		
Relocating minicus office	L MIPHIN	The how	ement.		
·					
Are you intending to substitute amended plans or drawings?					
If Yes, please complete the following:					
Old plan/drawing number(s):					
1001					
New plan/drawing number(s):					
1001-A		***			
Please state why you wish to make this amendment:			- Aller		
To Sit requirements.					
SOLF LEGIONEMENTS.					

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):						
7							
	6/5/2011						
11. Applicant Contact Details	12. Agent Contact Details						
Telephone numbers	Telephone numbers						
Extension	Extension						
Country code: National number: number:	Country code: National number: number:						
Country code: Mobile number (optional):	Country code: Mobile number (optional):						
	County code. Mobile number (aptional):						
07547 353 558							
Country code: Fax number (optional):	Country code: Fax number (optional):						
Email address (ontional):	Email address (optional):						
ZAMID (MONIE HUTMOIL CO.UK.							
Can Cir. M. II							
13. Site visit	13. Site Visit						
Can the site be seen from a public road, public footpath, bridleway or other public land?							
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) Applicant Other (if different from the planning of the planning authority needs to make an appointment to carry Applicant Applicant agent/applicant's details							
If Other has been selected, please provide:							
Contact name:	Telephone number:						
[L	J [

Email address: