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:	First name:			
Last name:				
Company (optional):	DSG INTERNATIONAL			
Unit:	House number: House suffix:			
House name:				
Address 1:	MAYUANOS AVENUE			
Address 2:				
Address 3:				
Town:	HENCL HENPSTOPO			
County:	HERTREDSHIRE			
Country:				
Postcode:	HP2 7TG			

2. Agent Name and Address				
Title:	MR	First name:	DAREN	
Last name:	CHESSUN			
Company (optional):	Rex f	PLOCTER	+ PARTNERS LTD	
Unit:		House number:	House suffix:	
House name:	(Q)A(ery h	sever+ occ	
Address 1:	MAR	iou R	в Асн	
Address 2:	STAT	IDN A	PROACH	
Address 3:				
Town:	MARION			
County:	BUCK INGHAM SHIRE			
Country:				
Postcode:	SLA	INT		

3. Site Address Details	4. Pre-application Advice
Please provide the full postal address of the application site. House House House	Has assistance or prior advice been sought from the local authority about this application?
number: 143 suffix:	II IND
House name: PC NORLO	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: Tottal Ham Coult 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	ROB WILLIS Reference:
County:	2010/2521 P
Postcode (optional): WIT FNE	Date of advice (DD/MM/YYYY): 16 09 2010
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received:
Easting: Northing:	FULL PLANNING PERMISSION GRANTED
Description:	TO REPLACE EXISTING SHOPPENT
	10 REPUTCE EXISTING SHOPPENT
5. Eligibility	_
Do you, or the person on whose behalf you are making this applicate have an interest in the part of the land to which this amendment relatives.	on, ates? 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 4E(3) of the	20 CDPO been given?
If you are not the sole owner, has notification under article 4F(3) of the	
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 If you have answered Yes to this question, please give details of personal transfer of the second secon	apply to make a non-material amendment.
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 If you have answered Yes to this question, please give details of personal transfer of the second secon	apply to make a non-material amendment.
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If you have answered No to this question, you cannot if you have answered Yes to this question, please give details of person Notified	apply to make a non-material amendment.
If you have answered No to this question, you cannot all you have answered Yes to this question, please give details of person Notified Person Notified 6. Authority Employee / Member With respect to the Authority, I am:	apply to make a non-material amendment.
If you have answered No to this question, you cannot all you have answered Yes to this question, please give details of person Notified Person Notified 6. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff	apply to make a non-material amendment. Ons notified: Address Date of Notification any of these statements apply to you?
If you have answered No to this question, you cannot If you have answered Yes to this question, please give details of pers 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	apply to make a non-material amendment. ons notified: Address Date of Notification
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If you have answered No to this question, you cannot If you have answered Yes to this question, please give details of pers 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 (d) related to an elected member	apply to make a non-material amendment. Ons notified: Address Date of Notification any of these statements apply to you?

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:				
REPLACEMENT OF EXISTING STOPPRONT, INCLUDING EXTENSION AND ALTERATION				
To HOVE SECTION OF SHOPPENT FORWARD ON CORNER OF GRAFTON WAY				
PNO TOTATIONHAN COPPET ROAD WITHIN THE CURTILAGE OF GRISTING				
RETAIL UNIT (CLASS AT) AND REDCATION OF CONTRAINCE DOOKS				
Reference number: Date of decision (DD/MM/YYYY):				
2010/2521/P 16/09/2010				
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') FULL PLANNING PERMISSION				
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				
MOVING THE EMPRICE DOORS TO CENTRAL LOCATION AND ALTERATION TO STYLE OF DOOR				
Are you intending to substitute amended plans or drawings? If Yes, please complete the following: Old plan/drawing number(s):				
PCN/CUR SF				
New plan/drawing number(s):				
PCW/CUR/SF REV 3				
Please state why you wish to make this amendment:				
TO ASSIST WITH INTERNAL PLANNING AND TO PROVIDE FACILITY TO HAVE WINTER AND SUMMER OPENING WIDTHS TO DOORS				

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): 23/08/2010						
11. Applicant Contact Details	12. Agent Contact Details					
Telephone numbers	Telephone numbers					
Country code: National number: Extension number:	Country code: National number: O1628 U87080 Extension number:					
Country code: Mobile number (optional): Country code: Fax number (optional):	Country code: Mobile number (optional): Country code: Fax number (optional):					
Email address (optional):	C1628 487090 Email address (optional):					
	gordon 2 rexproder. 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:					

Email address: