

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):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

4. Pre-application Advice

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).

Date of advice (DD/MM/YYYY):

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 4F(3) of the GDPO 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:

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:

CONVERSION OF A SINGLE STOREY DWELLING HOME AT NO.117 AND TWO SELF-CONTAINED MANSIONETTES AT NO.119 INTO A SINGLE UNIT THAT COMPRISES THE WHOLE OF NO.117 AND ALSO INCORPORATES THE LOWER GROUND AND GROUND FLOOR LEVELS OF NO. 119, AND A 3-BEDROOM MANSIONETTE ON THE UPPER FLOORS OF NO. 119, TOGETHER WITH THE ERECTION OF A MANSARD ROOF EXTENSION AT NO. 119 WITH TWO ROOFLIGHTS TO THE FRONT AND CREATION OF TERRACE WITH BALUSTRADE TO THE REAR AND CHANGES TO THE WINDOW FENESTRATION TO THE REAR INCLUDING THE INTRODUCTION OF FOLDING DOORS AT GROUND FLOOR LEVEL OF BOTH PROPERTIES AND THE INTRODUCTION OF A LONG WINDOW TO THE REAR OF NO.119 FOLLOWING DEMOLITION OF THE EXISTING REAR EXTENSION AT NO.119.

Reference number:

2009/5692/P

Date of decision (DD/MM/YYYY):

02/02/2010

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

FULL

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:

THE PROPOSAL AIMS TO REPLACE THE ORIGINALLY PROPOSED TALL WINDOW TO THE CENTER OF THE REAR ELEVATION RUNNING FROM THE GROUND FLOOR OF NO.117 TO THE FIRST FLOOR OF NO. 118 WITH TWO INDIVIDUAL WINDOWS.

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

09058 010 PB, 09058 001 P2, 09058 008 P4, 09058 009 P4

New plan/drawing number(s):

09058 012 P1

Please state why you wish to make this amendment:

WE FEEL TO ACHIEVE THE SOUND AND FIRE REQUIREMENTS TO BUILDING CONTROL STANDARD THE DETAIL BETWEEN THE TWO DWELLINGS WHICH CURRENTLY INTERCEPTS THE PROPOSED WINDOW COULD NOT BE ACHIEVED WITHOUT HAVING A DETRIMENTAL IMPACT ON THE SURROUNDING AREA. BY SPLITTING THE WINDOWS INTO TWO WITH MASONRY IN BETWEEN, THE NEW PROPOSAL CAN MORE EASILY AND PRACTICALLY MEET BUILDING REGULATION REQUIREMENTS IN A MORE AESTHETICALLY PLEASING WAY IN KEEPING WITH THE SURROUNDING AREA.

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 new business)

Date (DD/MM/YYYY):

22/04/2010

11. Applicant Contact Details

Telephone numbers

Extension number:

Country code:

National number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Extension number:

Country code:

National number:

+44

0208 318 9700

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

hwb@openarc.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: