## 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: NEIL	Title: MR First name: MATTHEW	
Last name:	DEVANEY	Last name: DRISWY	
Company (optional):		Company (optional): Three Ford Armiteus	
Unit:	House number: 3 House suffix:	Unit: House number: 65 House suffix:	
House name:		House name: GELAT METERN STYPIOS	
Address 1:	EGLON MEWS	Address 1: ALFRED RP	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:		Town:	
County:	LONDON	County: LONDON	
Country:	VK	Country: VK	
Postcode:	NWI BYS	Postcode: WL SEM	

2 Cite A	ddagaa Datalla		\( \)	
	ddress Details		4. Pre-application Advice	
Unit:	ride the full postal address of t House 2	House	Has assistance or prior advice been sought authority about this application?	from the local  Yes No
House	number: 5	suffix:	II	
name:	F1 0.04		If Yes, please complete the following inform you were given. (This will help the authority application more officiently)	nation about the advice y to deal with this
Address 1:	EGLON MENS		application more efficiently).  Please tick if the full contact details are not	
Address 2:			known, and then complete as much as pos	sible:
Address 3: Town:			Officer name:	
	Lowpon		Reference:	
County: Postcode			2014 14167	
(optional):	of location or a grid reference	е.	Date of advice (DD/MM/YYYY):	07/08/14
	ompleted if postcode is not kn		Details of pre-application advice received:	
Easting:	North	ing:	MATTHEN DEMPSEY CONFUENTS MINT	
Description			THE LATTE MAGUER HAD REVIEWED	
MENS	DHEWING HOUSE		THE OFMILS	APPY WAM
	•••		,	$\equiv$
5. Eligib	•			
have an inte	the person on whose behalf you erest in the part of the land to	ou are making this applicati which this amendment rela	ion, ates? Yes No	
If you hav	ve answered No to this	question, you cannot	apply to make a non-material amen	dment.
If you are no	ot the sole owner, has notifica	tion under article 9 of the D	DMPO been given? Yes No	✓ Not Applicable
If you hav	ve answered No to this	question, you cannot	apply to make a non-material amen	dment.
	answered Yes to this question			
	Person Notified	,	Address	Date of Notification
			76	
6. Autho	ority Employee / Membe	er		
With respe	ect to the Authority, I am:		any of these statements apply to you?	
	ber of staff		V Z No	
(b) an elected member (c) related to a member of staff		Yes 🗸 No		
1-1				
4-7	to an elected member			
(d) related	to an elected member se provide details of the name	e, relationship and role		
(d) related		e, relationship and role		

7. Description Of Your Proposal				
Please provide the description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below:				
REMOVAL + REPLACEMENT OF EXISTING DOORS AND WINDOWS AND				
THE INSTITUTION OF NEW DOTTE + WINDOWS TO THE FRONT AND STOPE				
ELEVATIONS OF SINGLE BATCHING FLOWSE				
Reference number: Date of decision (DD/MM/YYYY):				
2013/4428 P 29 AVGVST 2013				
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')  HからE HのもER				
For the purpose of calculating fees, which of the following best describes the original application type?				
<b>Householder development</b> : 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:				
ADJUSTMENT TO THE SIZE AND WHATHON OF THE PROPOSED				
POOR AND WINDOWS TO THE PROPOSED FRONT + SIDE				
ELEVATIONS				
Are you intending to substitute amended plans or drawings?  Yes  No				
If Yes, please complete the following:				
Old plan/drawing number(s):				
13/05 - 300 REV P				
New plan/drawing number(s):				
13105 - 300 RENN 8 13105 - 301 REV M				
Please state why you wish to make this amendment:				
SIDE EVENATURY - WINDOW POSITION HOSVIED H SIT INCENDE LAYOVIT				
FRONT EVENTION - AS ASOVE + TO WHATE A MORE BANANCED ATPEAKANCE				

9. Application Requirements - Checklist					
Please read the following checklist to make two was because the following checklist to make two was the following checklist to make the following checklist th					
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.	d. It will not be accepted until all information required by the				
The original and 3 copies of a completed and dated application form:					
and dated application form;	DIGITION				
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 th	is form and the accompanying plans/drawings and additional				
I IIIIOIIIIddoll, I/We confirm that, to the best of my/our knowledge, any	facts stated are true and accurate and any opinions given are the				
genuine opinions of the person(s) giving then	, γ				
Signed - Applicant:	Date (DD/MM/YYYY):				
	19/01/2015				
	1/01/41)				
11 Applicant Court of David					
11. Applicant Contact Details	Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension	Extension				
Country code: National number: number:	Country code: National number: number:				
	0208 969 23 23				
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
Country code: Fax number (optional):	Country code: Fax number (optional):				
, as named (optional).	Pax humber (optional):				
Email address (optional):	Email address (optional):				
	m. dr 15 w 11 & Threetold architects. com				
42 50 10 1					
13. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes V					
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:					