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.

| Applicant Name and Address | | | | |
|----------------------------|---------------------|--|--|--|
| Title: | Mr First name: Ajay | | | |
| Last name: | Jain | | | |
| Company (optional): | | | | |
| Unit: | House House suffix: | | | |
| House name: | 272 Finchley Road | | | |
| Address 1: | | | | |
| Address 2: | | | | |
| Address 3: | | | | |
| Town: | | | | |
| County: | | | | |
| Country: | | | | |
| Postcode: | NW3 | | | |

| 2. Agent Name and Address | | |
|---------------------------|-----------------------------|--|
| Title: | First name: B | |
| Last name: | Halevi | |
| Company (optional): | SIAW | |
| Unit: | House number: House suffix: | |
| House name: | Winston House - Suite 332 | |
| Address 1: | | |
| Address 2: | | |
| Address 3: | | |
| Town: | | |
| County: | | |
| Country: | | |
| Postcode: | N3 1HF | |

| 3. Site Address Details | 4. Pre-application Advice | ` |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------|
| Please provide the full postal address of the application site | te. Has assistance or prior advice been so | ught from the local |
| Unit: House number: 272 House suffix: | authority about this application? | X Yes No |
| House name: | If Yes, please complete the following i you were given. (This will help the aut | |
| Address 1: Finchley Road | application more efficiently). Please tick if the full contact details are | |
| Address 2: | known, and then complete as much as | s possible: |
| Address 3: | Officer name: David Peres Da Costa | |
| Town: | Reference: | |
| County: | | |
| Postcode (optional): NW3 | Date of advice (DD/MM/YYYY | (): March 15 |
| Description of location or a grid reference. (must be completed if postcode is not known): | Details of pre-application advice rece | ived: |
| Easting: Northing: | An alternative process would | |
| Description: | material amendment applica | tion form (to add a |
| | condition listing the plans). | |
| | | \equiv |
| 5. Eligibility | | |
| Do you, or the person on whose behalf you are making this have an interest in the part of the land to which this amend | | No |
| If you have answered No to this question, you | cannot apply to make a non-material ar | mendment. |
| If you are not the sole owner, has notification under article | 9 of the DMPO been given? Yes N | No Not Applicable |
| If you have answered No to this question, you | cannot apply to make a non-material ar | mendment. |
| If you have answered Yes to this question, please give detail | uils of persons notified: | |
| Person Notified | Address | Date of Notification |
| | | |
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| 6. Authority Employee / Member | | |
| With respect to the Authority, I am: | Do any of these statements apply to you? | |
| | , , , , , , , , , , , , , , , , , , , , | |
| With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff | Do any of these statements apply to you? | |
| 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 | Yes X No | |
| With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff | Yes X No | |

| 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: | | | | |
| Erection of a detached house comprising of lower ground, ground | und and first floor with access from Finchley | | | |
| Road and one car parking space. | | | | |
| | | | | |
| | | | | |
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| | | | | |
| Reference number: | Date of decision (DD/MM/YYYY): | | | |
| 2009/1354/P | 25/11/2009 | | | |
| What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') Full Planning App | olication | | | |
| For the purpose of calculating fees, which of the following best describes the original control of the following best describes the origin | inal application type? | | | |
| Householder development: development to an existing dwelling-house or deve | | | | |
| | elopment within its curulage | | | |
| 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: | | | | |
| To add a condition listing the plans: | | | | |
| A-FR272-PL00 C; PL01 B; PL02 B; PL04; EX00; EL01 B; EL0 | 02B; EL03C; EL04C; EL05 D;ENV (Aug 09); | | | |
| Sustainable Construction Information; Covering Letter dated 1 | 19/12/08 From Geoffrey Bunyan; Design & | | | |
| Access Statement; Groundwater site investigation by Soil Env | | | | |
| Acoustic report by Sharps Redmore Partnerships. | | | | |
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| Are you intending to substitute amended plans or drawings? | Yes No | | | |
| If Yes, please complete the following: | | | | |
| Old plan/drawing number(s): | | | | |
| | | | | |
| New plan/drawing number(s): | | | | |
| | | | | |
| Please state why you wish to make this amendment: | | | | |
| In order to be able to amend plans | | | | |
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| 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 thi information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent: Ben H | is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Date (DD/MM/YYYY): 17.06.2015 | | | | |
| | | | | | |
| 11. Applicant Contact Details | 12. Agent Contact Details | | | | |
| Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): | Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): | | | | |
| Country code: Fax number (optional): | Country code: Fax number (optional): | | | | |
| Email address (optional): | Email address (optional): info@siaw.co.uk | | | | |
| 13. Site Visit | | | | | |
| Can the site be seen from a public road, public footpath, bridleway or | other public land? X 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 X Applicant Other (if different from the agent/applicant's details) | | | | |
| If Other has been selected, please provide: | | | | | |
| Contact name: | Telephone number: | | | | |
| Email address: | | | | | |