## 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.

2. Agent Name and Address

1. Applicant Name and Address			
Title:	MR First name: ANDREW		
Last name:	LOCH		
Company (optional):			
Unit:	House number: 9 House suffix:		
House name:			
Address 1:	JOTFREYS STREET		
Address 2:	CAMOEN		
Address 3:			
Town:	LONDON		
County:	CONDON BOROLLOGII OF CAMPEN		
Country:	ENGLAND		
Postcode:	NWI GPS		

			**************************************		
Γitle:	Mo	First name	SHUP	007	
.ast name:	NEW	eV			
Company optional):	•				
Jnit:		House number: [2	2/	House suffix:	
douse name:					
Address 1:	BROTO	anyon	1 ROG	7	
Address 2:	BUBN	1721			
Address 3:					
Town:	SEZB	V.		-1	
County:	6251	R/D//3	FOF V	00451	/IDE
Country:	ENGO	LAR			
Postcode:	Y08	666			

3. Site Address Details		4. Pre-application Advice				
Please provide the full postal address		Has assistance or prior advice been so authority about this application?				
Unit: House of number:	House suffix:	authority about this application?	Yes No			
House name:		If Yes, please complete the following i				
Address 1: JEFTRE 5	STROOT	application more efficiently).  Please tick if the full contact details are not				
Address 2: CAMBEN		known, and then complete as much as possible:				
Address 3:		Officer name:				
Town: LONDON		Reference:				
	WOM OF OBMICA	1				
Postcode (optional): VW / 9P5		Date of advice (DD/MM/YYYY):				
Description of location or a grid reference. (must be completed if postcode is not known):		Details of pre-application advice received:				
Easting: No	rthing:					
Description:						
5. Eligibility						
Do you, or the person on whose behal have an interest in the part of the land			No			
· ·			mandmant			
If you have answered No to th	is question, you canno	apply to make a non-material at	menament.			
If you are not the sole owner, has notif	ication under article 10 of the	Town and Country				
•	ication under article 10 of the	Town and Country	Not Applicable			
If you are not the sole owner, has notif Planning (Development Management	ication under article 10 of the Procedure) (England) Order 2	Town and Country	Not Applicable			
If you are not the sole owner, has notif Planning (Development Management  If you have answered No to the lifyou have answered Yes to this quest	ication under article 10 of the Procedure) (England) Order 2 is question, you cannot	e Town and Country 2015 been given? Yes Note apply to make a non-material ar	Not Applicable			
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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 SINGULE.	STUREY EXTEREION, EXTERNAL AND			
INTERNAL BLYERAYIONS	5 TO GORDE 11 LISTED BUILDING.			
Reference number:	Date of decision (DD/MM/YYYY):			
2014   6640/19 2014   6870   L	GN MARCH 2015			
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	HOUSERIOLDER AND LISTED RUILDING.			
For the purpose of calculating fees, which of the followi	ng best describes the original application type?			
Householder development: development to an existing	ng 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	e seeking to make:			
1- THE RECONFIGURATION AND REDUCTION IN THE CITE OF THE				
ROOF LIGHT TO THE REAR GRIENSION.				
2-ADJUSTMENT TO THE BEIGNORY NIES TO ETHNER SINE OF THE REAR DOORS/WINDOWS AND THE SUBSTITUTION OF THE				
THE REAR DOORS / NINE	DOWS AND THE SUBSTITUTION OF THE			
BRICHWICH WITH ZING TO THE REAR EXTENSION.				
3-ADJUIGTINENT TO THE REAR DEER AND WINDOW MULLION				
AND TRANSOM CENTRES OF THE REDA EXTENSION				
The state of the s				
Are you intending to substitute amended plans or draw	ings? Yes No			
If Yes, please complete the following:	Z Tes No			
Old plan/drawing number(s):				
14/02 - 05 REV), OG REVE & 07 REVC.				
New plan/drawing number(s):				
14/02 -40 REV D.				
Please state why you wish to make this amendment:				
TO INIPROVE THE THERMAL PERFORMANCE OF THE ROOF AND				
THE ACSTRETIC BOLDICE OF THE DEAR ELEVATION OF THE				
PROPOSED REDR SINGLE STURY EXTENSION.				
NO ACTERATIONS AND PROPOSED TO THE CONSERTED WISTED				
BUILDING APPROVOL.				

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	n: 🛮					
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. 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 them.  Signed - Applicant:  Or signed - Agent:  Date (DD/MM/YYYY):						
11. Applicant Contact Details 12. Agent Contact Details						
Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  O7612 672/0/  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  WENROCHLAD (O Amoll. com	Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  077330/8363  Country code: Fax number (optional):  Email address (optional):  SYCUPACT WEABLE ABTINIERS COMMENT. COMMENT.					
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)  Applicant Other (if different from the agent/applicant's details)						
If Other has been selected, please provide:						
Contact name:	Telephone number:					

Email address: