SOUTH HOLLAND DISTRICT COUNCIL

N20-0776-15

FILE COPY

17 AUG 2015

OPS SUPPORT
17 AUG 2015
POSTROOM

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:	MRS
First name:	MICHELLE
Last name:	STOCKDALE
Company (optional):	
Unit:	
House number:	1
House suffix:	
House name:	FERNSIDE
Address 1:	BELLS DROVE
Address 2:	SUTTON ST. JAMES
Address 3:	
Town:	SPALDING
County:	LINCS
Country:	UK
Postcode:	PE12 0JG

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:	

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	1	House suffix:	
House name:	FERNSIDE				
Address 1:	BELLS DROVE				
Address 2:	SUTTON ST. JAMES				
Address 3:					
Town:	SPALDING				
County:	LINCS				
Postcode (optional):	PE12 0JG				

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: 539755 Northing: 318354

Description:

DETACHED BUNGALOW

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☑ Yes ☐ No

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).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name: DAVID GRANT

Reference: EMAIL 13/08/2015

Date of advice (DD/MM/YYYY): 11/08/2015

Details of pre-application advice received:

SUBMISSION OF A NON-MATERIAL AMENDMENT FORM WOULD BE REQUIRED.

5. Eligibility

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 9 of the DMPO 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:

Person Notified	Address	Date of Notification

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
(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:

SINGLE STOREY EXTENSION.

Reference number: H20-0285-14

Date of decision (DD/MM/YYYY): 07/04/2014

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:

TO INSTALL DOUBLE OPENING (OUTWARD) FRENCH DOORS INSTEAD OF PATIO/SLIDING DOORS AT THE FRONT OF THE EXTENSION.

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:

TO PROVIDE A LARGER ENTRANCE AREA/OPENING

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 1 copies of a completed and dated application form: ☑

The original and 1 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):
N. Stockdale		13/08/2015

11. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
01945	440151	

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional): agstockdale@btinternet.com

12. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

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: