

## 14/654/NMA

Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990

RECEIVED

### 59 2014

Support Services

## 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		2. Agent Name and Address	
Title:	MA First name: BRIAN	Title: MR First name: DAVID	
Last name:	PETERS	Last name: GREW	
Company (optional):		Company (optional):	
Unit:	House number: 17 House suffix:	Unit: House House number: suffix:	
House name:		House name: PC BCX 2091	
Address 1:	BELGRAVE CLOSE	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	RAYLUIGH	Town: HOCKLOY	
County;	LISCX	County: [555 c ×	
Country:	ENGLAND	Country: (NG LAND	
Postcode:	SSE 9DR	Postcode: 50 5 4 W R	

Please provide the full postal address Unit: House		© Of Dijoi advice been sought from the local	
number:	17 House authority abo	e or prior advice been sought from the local out this application?	
House name:	If Yes, please	complete the following information about the advice	
Address 1: RELGRAVE	application m	en. (This will help the authority to deal with this nore efficiently).	
Address 2:	Triease tick if t	the full contact details are not then complete as much as possible:	
Address 3:	Officer name		
Town: RAYLO161		STRANHI	
County: とてSGX	Reference:		
Postcode (optional): SSC IDB			
Description of location or a grid refere (must be completed if postcode is not	ince.	Date of advice (DD/MM/YYYY): Lostuk. JAug	
Castina		application advice received:	
Description:	Lmp (*)	son that the change would	
SUMI-DUTACHO	House Probah	by he granted but nowled	
	Cornect	t ? Par with (re- this form)	
5. Eligibility			
f you are not the sole owner, has notific f you have answered No to this	s question, you cannot apply to make cation under article 9 of the DMPO been given?  s question, you cannot apply to make	Yes No Not Applicable	
Person Notified	on, please give details of persons notified:	i	
	Address	6	
		Date of Notification	
. Authority Employee / Membe		Date of Notification	
Vith respect to the Authority, I am:  a) a member of staff	<b>er</b> Do any of these statemen		
. Authority Employee / Member Vith 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			
Vith 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		
Vith 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		
Vith 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		

date of decision in the sections below. Please also provide the original applicat	
CONVERT EXISTING TATEGRAL	
CONSTRUCT TWO STOREY, PAK	7 SINGLE SICKES NEAR
EXTENSION	
Reference number:	Date of decision (DD/MM/YYYY):
14/00175/FUL	27 AUGUST : 27/08/201
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 or	
Householder development: development to an existing dwelling-house or de	velopment within its curtilage
Other: anything not covered by the above category	
3. Non-Material Amendment(s) Sought	
Please describe the non-material amendment(s) you are seeking to make:	
TO CHANGE EXTENSION ROOF (MOUSE AND)	SHEACE TO MATCH! TO A
HIP STYLE ROCF INSTEAD OF CABLOCAD	The state of the s
THE STAR NOOT TWOTERS OF GABLULAD	36178
	The second
	PEAR OF Y-OPERTY
ALSO TO CHANGE ALL WINDOWS TO L	CRUE SO THEY MATEH
THEOLOGICAT THE HOUSE HENEST IDEN WITH FANAIGHTS WHELE HEROPIATE STYLL WE	TICAL TO CURRENT BUT
IN THE BOAD WHERE WINDOWS HAVE ALSO	BLEN UPDATED.
e you intending to substitute amended plans or drawings?	Yes No
Yes, please complete the following:	UNLLS REGULSTED.
ld plan/drawing number(s):	
ew plan/drawing number(s):	
, , , , , , , , , , , , , , , , , , ,	
ase state why you wish to make this amendment:	
ase state why you wish to make this amendment:	D ALLEN MERE LIGHT , NTO
Tase state why you wish to make this amendment:  CUR NEIGHBUUF FEELS THU CHANCE WOULD  UPSTAIRS WINDOWS AND SUNLIGHT IC	12 / 5 A16 / 6 PATE A16 DITE
COR NEIGHBOUR FEELS THIS CHANGE WOULD UPSTAIRS WINDOWS AND SUNLIGHT TO WE WELL WE WE WIS AND SUNLIGHT TO WE WISH TO SUPPORT THEM AS A GOO	12 LONGER ONTO HIS PATIO.
ease state why you wish to make this amendment:  COUR NEIGHBOUR FEELS THIS CHANGE WOULD  UPSTAIRS WINDOWS AND SUNKIERT TO	A LONGER ONTE HIS PATIO.  D NEIGHBOUR

information required will result in your application not being Local Planning Authority has been submitted.	g accepted. It will not be accepted until all information required by the				
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 descrinformation. I/we confirm that, to the best of my/our knowledgenuine opinions of the person(s) giving them.	ribed in this form and the accompanying plans/drawings and additional edge, any facts stated are true and accurate and any opinions given are the				
Signed - Applicant: Or signed	- Agent: Date (DD/MM/YYYY):				
	08/09/2014				
11. Applicant Contact Details	12. Agent Contact Details				
	Telephone numbers  Country code: National 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, bric  If the planning authority needs to make an appointment to c out a site visit, whom should they contact? (Please select only)  If Other has been selected, please provide:  Contact name:  Email address:	Carry — Other (if different from the				