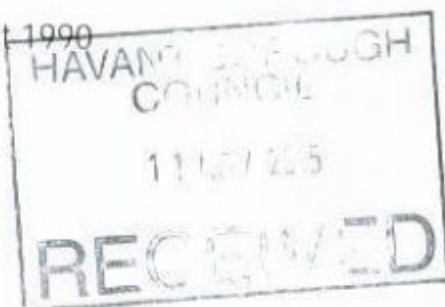


Application for a non-material amendment following a grant of planning permission.

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	MR	First name	JONATHAN		
Last name	WILSON				
Company (optional)	HIGHWOOD CONSTRUCTION				
Unit:		House number:		House suffix:	
House name:	THE HAY BARN				
Address 1:	UPPER ASHFELD FARM OFFICES				
Address 2:	HOE LANE				
Address 3:					
Town:	ROMSEY				
County:	HAMPSHIRE				
Country:					
Postcode:	SO51 9NJ				

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:		House suffix:	
House name:	EXTRA CARE FLATS				
Address 1:	FOXTAIL ROAD				
Address 2:	PART of W.O.U. MDA				
Address 3:					
Town:	WATERLOOVILLE				
County:	HAMPSHIRE				
Postcode (optional):	PO7 6XA				
Description of location or a grid reference (must be completed if postcode is not known)					
Easting:		Northing:			
Description: 					

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:

JILL LEE & JOSH MCKEE

Reference:

Date of advice (DD/MM/YYYY):

19.5.15

Details of pre-application advice received:

MEETING AT HAVANT COUNCIL OFFICES TO REVIEW PROJECT.

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 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 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
WATERLOOVILLE ASSITED LIVING LTD	GARDEN FLOOR 2 KENSINGTON SQ, LONDON, W8 5EP	26.8.15

6. Authority Employee / Member

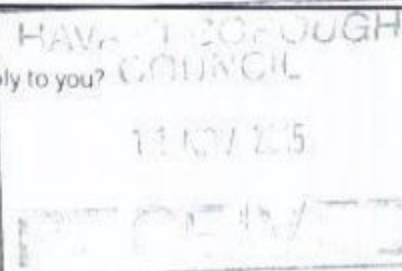
With respect to the Authority, I am

- (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 the description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below:

ELECTION OF EXTRA CARE ACCOMMODATION
WITH 48 UNITS AND ASSOCIATED COMMUNAL
FACILITIES, ACCESS, CAR PARKING AND LANDSCAPING.

Reference number:

APP/14/00854

Date of decision (DD/MM/YYYY):

19.1.2015

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:

- + SUBSTITUTION OF PLANNING ELEVATIONS TO PROVIDE CLARITY ON ELEVATIONAL TREATMENTS.
- + OMISSION OF METAL TRELLIS TO BALCONIES
- + ADD GREY TINTED GLASS TO BALCONIES TO ENHANCE VISUAL APPEARANCE, & PROVIDE SCREENING.
- + APPROVED MATERIALS SHOWN ON ELEVATIONS

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following

Old plan/drawing number(s)

POP PLANS. PD200/H, PD201/E & PD202/B.

New plan/drawing number(s)

POP PLANS. PD 200/H, PD 201/H



Please state why you wish to make this amendment

REMOVE CLIMBING AID (FERTUCE TRELLIS) FROM ALL
BALCONIES, BUILDING CONTROL & SBD CONSULTATION.
GREY TINTED GLASS ON ALL BALCONIES TO ENSURE
QUALITY & APPEARANCE.

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:

☒ £195

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)

[Redacted Signature]

[Redacted Signature]

03.07.15

12. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

[Redacted]

[Redacted]

[Redacted]

Country code:

Mobile number (optional):

[Redacted]

[Redacted]

Country code:

Fax number (optional):

[Redacted]

[Redacted]

Email address (optional):

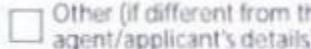
[Redacted]

13. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?



If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)



If Other has been selected, please provide:

Contact name:

Telephone number:

[Redacted]

[Redacted]

Email address:

[Redacted]

