

Original



Civic Offices
Havant
Hampshire PO9 2AX
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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/S	First name:	DAVID/PAULA
Last name:	ELSEY		
Company (optional):			
Unit:		House number:	32
		House suffix:	
House name:			
Address 1:	LYMBOURN ROAD		
Address 2:			
Address 3:			
Town:	HAVANT		
County:	HAMPSHIRE		
Country:	UK		
Postcode:	PO9 2SL		

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:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting: Northing:

Description:

4. Pre-application AdviceHas 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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

ADVISED TO COMPLETE NON-MATERIAL AMENDMENT FORM

MRS PICKUP THOUGHT THE REPLACING OF THE BALCONY WAS AN IMPROVEMENT ON THE ORIGINAL DESIGN

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

**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:

DEMOLITION OF EXISTING DWELLING
CONSTRUCTION OF 1 No. 4 bed detached house with rear balcony; re-roofing of existing garage.
(Revised scheme to APP/16/00368)

Reference number:

Date of decision (DD/MM/YYYY):

APP/17/00243

14/6/2017

What was the original application type?:
(e.g. 'Full', 'Householder and Listed Building', 'Outline')

FULL PLANNING

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 ENCLOSE THE BALCONY AREA ON THE SOUTH ELEVATION ABOVE THE PORCH. THE ABOVE GABLE WILL BE BROUGHT FORWARD. THE ENTRANCE STEPS WILL MOVE FROM THE SIDE (EAST) TO THE FRONT (SOUTH)



Are you intending to substitute amended plans or drawings?

☒ Yes☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

MAY 25, 2017 x ELEVATIONS

New plan/drawing number(s):

OCTOBER 25, 2017 x1 ELEVATIONS

Please state why you wish to make this amendment:

WE WERE NOT COMPLETELY SATISFIED WITH THE ORIGINAL DESIGN OF THE SOUTH ELEVATION. SINCE GAINING PERMISSION WE HAVE SEEN OTHER HOUSES WHERE THE PORCH AND GABLE ARE AN INTEGRAL PART OF THE BUILDING. WE THINK THE DESIGN WILL BE AN IMPROVEMENT

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 (LPA) 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: ☒

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

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):

25.10.17

11. Applicant Contact Details

Telephone numbers

Extension

12. Agent Contact Details

Telephone numbers

Extension number:

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, 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:

PAULA ELSEY

Email address:

