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:	GARETH
Last name:	WILLIAMS
Company (optional):	LEICESTERSHIRE COUNTY COUNCIL
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	CHILDREN & YOUNG PEOPLES SERVICE DEPT.
Address 2:	COUNTY HALL
Address 3:	
Town:	GLENFIELD
County:	LEICESTERSHIRE
Country:	UK
Postcode:	LE3 8RF

2. Agent Name and Address

Title:	Mr
First name:	JASON
Last name:	PROSSER
Company (optional):	LEICESTERSHIRE COUNTY COUNCIL
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	PROPERTY SERVICES
Address 2:	RESOURCES DEPT.
Address 3:	
Town:	GLENFIELD
County:	LEICESTERSHIRE
Country:	UK
Postcode:	LE3 8RE

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	RATBY C.P. SCHOOL				
Address 1:	MAIN STREET				
Address 2:					
Address 3:					
Town:	RATBY				
County:	LEICESTERSHIRE				
Postcode (optional):	LE6 0LN				

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: Mr DAN SYZMANSKI

Reference:

Date of advice (DD/MM/YYYY): 10/2/2011

Details of pre-application advice received: No major issues raised.

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

SNR ARCHITECTURAL TECHNICIAN
LCC PROPERTY SERVICES.

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:

NEW 2 CLASSROOM TO REPLACE REMOVAL OF 2 CLASSROOM MOBILES.

Reference number:

2011/0350/04 (2011/L451/04)

Date of decision (DD/MM/YYYY):

29/06/2011

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:

RELOCATE TIMBER CLADDING AWAY FROM ELEVATIONS FACING TREES. SEE REVISED DRAWING POS Rev A.

Are you intending to substitute amended plans or drawings? ☑ Yes ☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

POS

New plan/drawing number(s):

Pos Rev A

Please state why you wish to make this amendment:

CONCERN RAISED OVER THE CONDITION OF THE TIMBER CLADDING OVER TIME DETERIORATING WHERE IMMEDIATELEY ADJACENT TO THE TREE'S.

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: CODE ZD974991 9BGO ☑

10. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent: Jason Prosser

Date (DD/MM/YYYY): 14/09/2011

11. Applicant Contact Details

Telephone numbers

Country code: | National number: 0116 305 8064 | Extension number:

Country code: | Mobile number (optional): ~~0771 2006781~~

Country code: | Fax number (optional):

Email address (optional): ~~jason.prosser@leics.gov.uk~~

12. Agent Contact Details

Telephone numbers

Country code: | National number: 0116 3056811 | Extension number:

Country code: | Mobile number (optional): 0771 2006781

Country code: | Fax number (optional):

Email address (optional): jason.prosser@leics.gov.uk

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: Ms LISA AITKEN

Telephone number: 0116 239 3610

Email address: ratbyprimary@ratby.leics.sch.uk