DC/APP/P

PLANNING PORTAL

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

Town and Country Planning Act 1990

21 JUN 2011

ublication of applications on planning authority websites

ease note that the information provided on this application form and in supporting documents may be published on the uthority's website. If you require any further clarification, please contact the Authority's planning department.

ease complete using block capitals and black ink.
s important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Applicant Name and Address

itle:	Mr
First name:	P. J.
ast name:	WYNN.
ompany optional):	
nit:	
House number:	72
House suffix:	
louse me:	
ddress 1:	LEICESTER ROAD
ddress 2:	
ddress 3:	
own:	HINCKLEY
ounty:	LEICS.
ountry:	
ostcode:	LE10 1LT

2. Agent Name and Address

Title:	MR
First name:	G. F.
Last name:	ELLIS.
Company (optional):	
Unit:	
House number:	
House suffix:	
House name:	P.O. Box 9938.
Address 1:	
Address 2:	
Address 3:	
Town:	SYSTON
County:	LEICS.
Country:	1
Postcode:	LE7 2WA.

Site Address Details

ease provide the full postal address of the application site.

nit:		House number:	72	House suffix:	
ouse me:					
ddress 1:	LEICESTER ROAD				
ddress 2:					
ddress 3:					
own:	HINCKLEY.				
ounty:	LEICS.				
ostcode ptional):	LE10 1LT				

escription of location or a grid reference.
nust be completed if postcode is not known):

asting: 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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

5. Eligibility

o you, or the person on whose behalf you are making this application, ave an interest in the part of the land to which this amendment relates? ☑ Yes ☐ No

you have answered No to this question, you cannot apply to make a non-material amendment.

you are not the sole owner, has notification under article 4F(3) of the GDPO been given? ☐ Yes ☐ No ☐ Not Applicable

you have answered No to this question, you cannot apply to make a non-material amendment.

you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification

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

f yes please provide details of the name, relationship and role

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:

SETBACK 300 INSTEAD OF 600
NB. 300 ORIGINALLY ADVISED
(2 STOREY SIDE EXTENSION OF GARAGE WITH BEDROOMS OVER).

Reference number: 10/0084/FUL

Date of decision (DD/MM/YYYY):

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

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 ☐

Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

SETBACK 300 NOT 600
NB. ORIGINAL ADVICE FROM PLANNING OFFICER

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

If Yes, please complete the following:

Old plan/drawing number(s): AS SUBMITTED 10/0084/FUL BUCKLEY

New plan/drawing number(s): AS SUBMITTED

Please state why you wish to make this amendment: CLIENTS REQUIREMENT

Application Requirements - Checklist

ease read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all formation required will result in your application not being accepted. It will not be accepted until all information required by the ɔcal Planning Authority has been submitted.

ıe original and 3 copies of a completed and dated application form: ☑

ıe original and 3 copies of other plans and drawings or information ecessary to describe the subject of the application: ☑

ıe correct fee: ☑

0. Declaration

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

Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY):

. Applicant Contact Details

elephone numbers

ountry code:	National number:	Extension number:
01455	633090	

ountry code:	Mobile number (optional):

ountry code:	Fax number (optional):

mail address (optional):

12. Agent Contact Details

Telephone numbers

Country code:	National number:	Extensior number:

Country code:	Mobile number (optional):
0777	1748913.

Country code:	Fax number (optional):

Email address (optional):

3. Site Visit

an the site be seen from a public road, public footpath, bridleway or other public land? ☐ Yes ☑ No

the planning authority needs to make an appointment to carry ut a site visit, whom should they contact? *(Please select only one)* ☐ Agent ☑ Applicant ☐ Other (if different from th agent/applicant's details)

Other has been selected, please provide:

ontact name: | Telephone number:

mail address:

NB. O.S. SUBMITTED PREVIOUSLY WAS REFUSED & DOES NOT SHOW 2 ROAD NAMES

DEVELOPMENT SERVICES
21 JUN 2011
RECEIVED