If you would rather make this application online, you can do so on our website:
https://www.planningportal.co.uk/apply

PLANNING PORTAL

Application for a non-material amendment following a grant of planning permission.
Town and Country Planning Act 1990

rivacy Notice

his form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting formation to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning Development Management Procedure) (England) Order 2015 (as amended).

ease be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. An subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in greement with the declaration section.

pon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and ommercial requirements relating to information security and data protection of the information you have provided.

ocal Planning Authority details:

Planning Services, Adur & Worthing Councils

Portland House,
44 Richmond Road,
Worthing,
West Sussex,
BN11 1HS

Tel : 01903 221065
websites : www.adur.gov.uk or www.worthing.gov.uk
e-mail : planning@adur-worthing.gov.uk

Adur & Worthing councils

ublication of applications on planning authority websites

formation provided on this form and in supporting documents may be published on the authority's planning register and ebsite.

ease ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require y further clarification, please contact the Local Planning Authority directly.

rinted, please complete using block capitals and black ink.

s important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your plication.

. Applicant Name and Address

itle:	MRS
First name:	NATASHA
ast name:	BUNBY
ompany ptional):	
nit:	
House number:	2
House suffix:	
ouse ame:	
ddress 1:	SHADWELLS ROAD
ddress 2:	
ddress 3:	
own:	LACING
ounty:	
ountry:	
stcode:	BN15 9EW

2. Agent Name and Address

Title:	MRS
First name:	STEPHANIE
Last name:	MCCARTHY
Company (optional):	ADUR DISTRICT COUNCIL
Unit:	
House number:	
House suffix:	
House name:	PORTLAND HOUSE
Address 1:	44 RICHMOND ROAD
Address 2:	
Address 3:	
Town:	WORTHING
County:	
Country:	
Postcode:	BN11 1HS

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	2	House suffix:	
House name:					
Address 1:	SHADWELLS ROAD				
Address 2:					
Address 3:					
Town:	LACING				
County:					
Postcode (optional):	BN15 9EW				

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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

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
ADUR DISTRICT COUNCIL	PORTLAND HOUSE 44 RICHMOND ROAD, WORTHING BN11 1HS	22/5/20

6. Authority Employee / Member

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question "relating to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? ☒ Yes ☐ No

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

If yes please provide details of their name, role and how you are related to them.

STEPHANIE MCCARTHY, THE AGENT IS A MEMBER OF STAFF

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:

PROPOSED SINGLE STOREY REAR EXTENSION, CONCRETE ~~REAR~~ PLATFORM AND RAMP WITH HANDRAILS TO EAST ELEVATION.

Reference number: AWDM/1690/19

Date of decision (DD/MM/YYYY): 26/11/2019

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

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 ☑ DISABLED ADAPTION

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 CHANGE THE WINDOW ON THE SOUTH ELEVATION TO A UPVC DOUBLE GLAZED DOOR.

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

If Yes, please complete the following:

Old plan/drawing number(s): 002/SHA/105 / 002/SHA/106 R2

New plan/drawing number(s): 002/SHA/106 / 002/SHA/07

Please state why you wish to make this amendment:

DUE TO THE NATURE OF THE EXTENSION PROVIDING SLEEPING ACCOMODATION FOR A DISABLED PERSON. INSTALLING A DOOR RATHER THAN A WINDOW WOULD AVOID TO THE GARDEN BEING THROUGH THE RESIDENTS BEDROOM.

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: ☒ DISABLED ADAPTION

*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):
	[redacted]	05/01/21

11. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
	[redacted]	

Country code:	Mobile number (optional):

Country code:	Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
	01273 263112	

Country code:	Mobile number (optional):
	[redacted]

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:

Email address: