PLANNING PORTAL

PLANNING DIVISION

PLAN: AWDM/0653/11

DATE: 13 SEP 2011

13 SEP 2011

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:	GARY
Last name:	BAKER
Company (optional):	N/A
Unit:	
House number:	38
House suffix:	
House name:	
Address 1:	38, HAWKINS CRESCENT
Address 2:	
Address 3:	
Town:	SHOREHAM-by-SEA
County:	WEST SUSSEX
Country:	U.K.
Postcode:	BN43 6TP

2. Agent Name and Address

Title:	MR
First name:	REX
Last name:	WELLS
Company (optional):	N/A
Unit:	
House number:	20
House suffix:	
House name:	
Address 1:	20, RADINDEN MANOR ROAD
Address 2:	
Address 3:	
Town:	HOVE
County:	EAST SUSSEX
Country:	U.K.
Postcode:	BN3 6NH

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	38	House suffix:	
House name:					
Address 1:	38, HAWKINS CRESCENT				
Address 2:					
Address 3:					
Town:	SHOREHAM-by-SEA				
County:	WEST SUSSEX				
Postcode (optional):	BN43 6TP				

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: KEITH MORGAN

Reference: LOCAL AUTHORITY LETTER 09/08/2011

Date of advice (DD/MM/YYYY): 09/08/2011

Details of pre-application advice received:

REF: CONTENTS OF LOCAL AUTHORITY LETTER

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

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:

PROPOSED SINGLE STOREY REAR EXTENSION + ENLARGED ROOMS IN ROOF WITH PART HIPPED SIDE GABLE + EXTENDED FRONT & REAR DORMERS.

Reference number: SU/241/02/TP

Date of decision (DD/MM/YYYY): 30/01/03

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

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:

EXTENSION OF WIDTH TO FRONT & REAR DORMERS, RETAINING DIMENSIONS DUTCH BARN END AS APPROVED PLAN (REF: SU/241/02/TP

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

If Yes, please complete the following:

Old plan/drawing number(s): 38002/2(A)

New plan/drawing number(s): PLAN REF: B/14/07/2011. DWG Nos 1 & 2.

Please state why you wish to make this amendment:

TO ENLARGE EXISTING BEDROOMS & RESITE PROPOSED BATHROOM/W.C.

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: ☑

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: [redacted]

Date (DD/MM/YYYY): 02/09/2011

11. Applicant Contact Details

Telephone numbers

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

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

Country code: Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code: 01273 National number: 880893 Extension 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:

Email address: