

3/2021/0139 036175 9/2/21 CARD.

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.

| | olicant Name and Address | 2. Agent Name and Address | |
|--------------------|-----------------------------|---------------------------|--|
| Title: | First name: | Title: First name: | |
| Last nan | WINES STROUD INSULATIONS | Last name: | |
| Compan (optiona | | Company (optional): | |
| Unit: | House number: House suffix: | | House suffix: |
| House name: | | House name: | SUIIX; |
| Address 1 | QUEENS STREET | Address 1: | |
| Address 2 | LONGLIDET | Address 2: | |
| ddress 3 | | Address 3: | and the same of the same |
| own: | PLESTON | Town: | The state of the s |
| ounty: | LANCASHIRE | County: | deligned by the state of the st |
| ountry: | | Country: | |
| stcode: | PR33BS. | Postcode: | era relation-a |

| Please prov | | | 4. Pre-application Advice | | | | | |
|--|--|---|---|--------------------------|--|--|--|--|
| i lease prov | ide the full postal address | of the application site. | Has assistance or prior advice been sough | nt from the local | | | | |
| Unit: | House number: | House suffix: | authority about this application? | Yes X No | | | | |
| House name: | | | If Yes, please complete the following info | rmation about the advice | | | | |
| Address 1: | QUEENS STREET | ĺ | you were given. (This will help the author application more efficiently). Please tick if the full contact details are no | | | | | |
| Address 2: | 1 . | | known, and then complete as much as po | ossible: | | | | |
| Address 3: | | | Officer name: | | | | | |
| Town: | PRESTON | | Reference: | | | | | |
| County: | LANCASHIE | | | | | | | |
| (optional): | Postcode 00 2 20 2 | | Date of advice (DD/MM/YYYY); | | | | | |
| Description of location or a grid reference. (must be completed if postcode is not known): | | Details of pre-application advice received | | | | | | |
| Easting: | Nor | thing: | | | | | | |
| Description | | | []] | | | | | |
| 117005 | TRIAZ MANUTA | ictuling site. | | | | | | |
| | | | | | | | | |
| 5. Eligibility | | | | | | | | |
| Do you, or the | e person on whose behalf rest in the part of the land t | you are making this applica to which this amendment re | tion, | | | | | |
| | | | t apply to make a non-material amer | and the second | | | | |
| | | | | nament. | | | | |
| | | cation under article 9 of the | | Not Applicable | | | | |
| If you have | the second secon | | | | | | | |
| " you nur | answered No to this | question, you canno | t apply to make a non-material amer | ndment. | | | | |
| | | s question, you canno on, please give details of per | t apply to make a non-material amer | ndment. | | | | |
| If you have ar | | | | Date of Notification | | | | |
| If you have ar | nswered Yes to this question | | sons notified: | | | | | |
| If you have ar | nswered Yes to this question | | sons notified: | | | | | |
| If you have ar | nswered Yes to this question | | sons notified: | | | | | |
| If you have ar | nswered Yes to this question | | sons notified: | | | | | |
| If you have ar | nswered Yes to this question | | sons notified: | | | | | |
| If you have ar | nswered Yes to this question | | sons notified: | | | | | |
| If you have ar | nswered Yes to this question | | sons notified: | | | | | |
| If you have ar | nswered Yes to this question | | sons notified: | | | | | |
| If you have ar | nswered Yes to this question | on, please give details of per | sons notified: | | | | | |
| 6. Authorit | rswered Yes to this questic Person Notified Ey Employee / Members To the Authority, I am: | on, please give details of per | sons notified: | | | | | |
| 6. Authorit With respect: (a) a member (b) an elected | Person Notified Person Notified Ey Employee / Member of staff in member | on, please give details of per | Address Address any of these statements apply to you? | | | | | |
| 6. Authorit With respect: (a) a member (b) an elected (c) related to | rswered Yes to this question Person Notified Ey Employee / Members To the Authority, I am: | on, please give details of per | Address | | | | | |
| 6. Authorit With respect: (a) a member (b) an elected (c) related to (d) related to | Person Notified Person Notified Ey Employee / Member to the Authority, I am: of staff to member of staff a member of staff | er Do | Address Address any of these statements apply to you? | | | | | |
| 6. Authorit With respect: (a) a member (b) an elected (c) related to (d) related to | reswered Yes to this question Person Notified Ey Employee / Member to the Authority, I am: I of staff I member I member of staff I an elected member | er Do | Address Address any of these statements apply to you? | | | | | |

| 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: |
| INSTACLATION OF A REPLACEMENT AIR PURIFICATION SYSTEM |
| (VOXIDISER) ADJACENT TO ANOTHER EXISTING VOXIDISER. |
| |
| Reference number: Date of decision (DD/MM/YYYY): |
| 3/2020/0405 12/08/2020 |
| What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') |
| 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: |
| IT CAN BE SEEN IN THE ATTACHED DRAWING THAT THE |
| NON-MATTERIAL AMENDMENT WE ARE SEEKING TO MAKE |
| ARE THE FOLLOWING: |
| * POSITION OF THE CONTROL CABINET, |
| = POSITION OF THE RESONANCE CHAMBER. |
| + POSITION OF THE BOOSTER FAN. |
| A THE CENTRALISATION OF THE INTERCONNECTING DUCTING. |
| Are you intending to substitute amended plans or drawings? If Yes, please complete the following: |
| Old plan/drawing number(s): |
| DWG NO.7 & PWG NOI RLB |
| New plan/drawing number(s): |
| REF 8 & 8a Non-material amendment. |
| lease state why you wish to make this amendment: |
| THE ABOUE AMENDMENT IS REDUCESTED IN ORDER TO REDUCE THE |
| MACHINERY FOOTPEINT, IMPROVE THE SAFETY WHEN MINITAWING THE |
| UNIT & REDUCE THE AMOUT OF CONCRETE REQUIRED ON INSTALLATION. |

| 9. Application Requirements - Checklist | | |
|---|---|------------------------------|
| Please read the following checklist to make sure you have sont all the inf | ormation in support of your proposal | Failure to submit all |
| Information required will result in your application not being accepted. I Local Planning Authority has been submitted. | t will not be accepted until all inform | nation required by the |
| The original and 3 copies of a completed and dated application form: | \Box | |
| I copy emuled as per discussion with (1) plean | who. | |
| The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: | | |
| The correct fee: \$234 | | |
| 10. Declaration | | |
| I/we hereby apply for planning permission/consent as described in this fo | orm and the accompanying plans/dra | wings and additional |
| | Date (DD/I | MM/YYYY): |
| |] 09/ | 02/2021 |
| | Details | |
| | | |
| | al number: | Extension number: |
| | - Harrioci, | namber. |
| | number (optio | onal): |
| | | |
| | mber (optional) |); |
| | | |
| | | |
| CD C14 - 847 - 4 | | |
| 13. Site Visit | | |
| Can the site be seen from a public road, public footpath, bridleway or other fithe planning authority needs to make an appointment to carry | r public land? Yes | No |
| Just a site visit, whom should they contact! (Please select only one) | Agent Applicant | Other (if different from the |
| f Other has been selected, please provide: | | agent/applicant's details) |
| Tele | phone number: | |
| Email address: | | |
| andii ducress: | | |