



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

## **Privacy Notice**

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information 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).

Please 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. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon 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 commercial requirements relating to information security and data protection of the information you have provided.

## **Local Planning Authority details:**



For office use only Application No.		
Date received		
Fee paid £	Receipt No:	

Council Offices, Church Walk, Clitheroe, Lancashire. BB7 2RA

Tel: 01200 425111

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Publication of applications on planning authority websites

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

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

If printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address					
Title:	MR & MRS First name:				
Last name:	BYROM				
Company (optional):					
Unit:	House number: House suffix:				
House name:	SHELTON				
Address 1:	1 PORTFIELD BAR				
Address 2:	ACCRINGTON ROAD				
Address 3:	WHALLEY				
Town:					
County:	LANCASHIRE				
Country:					
Postcode:	BB7 9DL				

2. Agent	Name a	nd Address					
Title:	MISS	First name:	SUZI				
Last name:	DARBYSHIRE						
Company (optional):							
Unit:		House number: 12	!	House suffix:			
House name:							
Address 1:	STANLEY CROFT						
Address 2:	WOODPI	LUMPTON					
Address 3:							
Town:	PRESTO	N					
County:							
Country:							
Postcode:	PR4 0BS						

Version 2018.1

3. Site Ac	Idress Details				4. Pre-applic	ation Advice	
Please provide the full postal address of the application site.			Has assistance or authority about	r prior advice been sought f			
Unit:	House number:		House suffix:		authority about	uns applications	X Yes No
House name:	SHELTON				you were given.	mplete the following inform (This will help the authority	
Address 1:	1 PORTFIELD BAR					full contact details are not	🗖
Address 2:	ACCRINGTON ROAD					n complete as much as poss	ible:
Address 3:					Officer name:  MR BEN TAYLO	<b>D</b>	
Town:	WHALLEY				Reference:		
County:							
Postcode (optional):	BB7 9DL				Date of a	dvice (DD/MM/YYYY):	08.11.2021
	of location or a grid impleted if postcode				Details of pre-ap	pplication advice received:	
Easting:		Northing:			SUBMISSION OF	F A NON MATERIAL AMENDME	ENT APPLICATION
Description	1:						
lacksquare							
5. Eligibi	ility						
	he person on whose I rest in the part of the					X Yes No	
If you hav	e answered No t	o this quest	tion, you	cannot	apply to make	a non-material amend	dment.
If you are no	ot the sole owner, has	notification ur	nder article	10 of the 1	Town and Country	☐ Yes ☐ No	X Not Applicable
	evelopment Manage		, , <u> </u>	·	_		
If you hav	e answered No t	o this quest	tion, you	cannot a	apply to make	a non-material amend	iment.
If you have a	answered Yes to this	question, pleas	se give deta	ails of perso			D. Childe
	Person Notified				Address		Date of Notification
C Audhar	eiter Emeral acces / B	lambar					
	rity Employee / N etant principle of dec		hat the ord	ncess is one	en and transparent	. For the purposes of this qu	estion "relating to"
means relate	ed, by birth or otherw	vise, closely end	ough that a	a fair-mind	ed and informed ol	bserver, having considered	
	at there was bias on t	•			· •	•	
Do any or th	e following statemer	its apply to you	u and/or ag	Jenr. [	Yes X No	With respect to the Autho (a) a member of staff	nty, ram:
(b) an elected member (c) related to a member of staff (d) related to an elected member							
If yes pleas	If yes please provide details of their name, role and how you are related to them.						
1			,				
		·					

7. Description Of Your Proposal	
Please provide the description of the approved development as shown on the decand date of decision in the sections below:	sision letter, including application reference number
3/2021/0399 - DEMOLITION OF EXISTING EXTENSIONS AND CARPORT AND REPLACE STOREY EXTENSION. INCLUDING LOFT CONVERSION AND BASEMENT LEVEL	D WITH PROPOSED TWO STOREY SIDE AND REAR SINGLE
Reference number:	Date of decision (DD/MM/YYYY):
3/2021/0399	10.06.2021
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	inal application type?
Householder development: development to an existing dwelling-house or deve	elopment 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:	
CHANGE OF MATERIAL TO FRONT ELEVATION TO COURSED STONE BAY WINDOWS AN ABOVE. THE APPROVAL WAS FOR COURSED STONE BAYS ONLY.	ND FRONT ELEVATION, WITH K-REND (OFF WHITE) PEAKS
THE REMAINDER OF THE DWELLING INCLUDING SIDE AND REAR ELEVATION WILL BE	K-RENDER, AS APPROVED.
Are you intending to substitute amended plans or drawings?	Yes No
If Yes, please complete the following:	
Old plan/drawing number(s):	
PL/00/01	
New plan/drawing number(s):	
PL / 00 / 01A	
Please state why you wish to make this amendment:	
EASE OF CONSTRUCTION AND MATERIALS.	

9. Application Requirements - Checkli Please read the following checklist to make sure information required will result in your application Local Planning Authority (LPA) has been submitted	you have sent all the on not being accepted			
The original and 3 copies* of a completed and da	ated application form	X		
The original and 3 copies* of other plans and dra necessary to describe the subject of the application	wings or information ion:	X		
The correct fee:		X		
*National legislation specifies that the applicant total of four copies), unless the application is sub LPAs may also accept supporting documents in a You can check your LPA's website for information	mitted electronically electronic format by p	or, the LPA indicate tha ost (for example, on a C	at a smaller number of copies i CD, DVD or USB memory stick)	s required.
10. Declaration				
I/we hereby apply for planning permission/conscinformation. I/we confirm that, to the best of my genuine opinions of the person(s) giving them.	ent as described in thi our knowledge, any i	s form and the accomp facts stated are true and	anying plans/drawings and a d accurate and any opinions g	dditional iven are the
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):	
	S.DARBYSHIRE		08.11.2021	
11. Applicant Contact Details		12. Agent Contac	ct Details	
Telephone numbers		Telephone numbers		
Country code: National number:	Extension number:	Country code: Natio	onal number:	Extension number:
Country code: Mobile number (optional):		Country code: Mob	oile number (optional):	
Country code: Fax number (optional):		Country code: Fax r	number (optional):	
Email address (optional):		Email address (option	nal):	
13. Site Visit				
Can the site be seen from a public road, public for	ootpath, bridleway or	other public land?	Yes No	
If the planning authority needs to make an appoout a site visit, whom should they contact? (Please	intment to carry se select only one)	X Agent	☐Other (if di	fferent from the licant's details)
If Other has been selected, please provide:		Talanhana		
Contact name:		Telephone number:		
Email address:				