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2. Agent Name and Address

22/12/20 ChQ 6234 037912

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: MARK				
Last name:	HARRISON				
Company (optional):	MFH PROJECTS				
Unit:	House number: House suffix:				
House name:					
Address 1:	UNIT II				
Address 2:	THREE POINT BUSINESS PARK				
Address 3:	CHARLES LANE				
Town:	HASLINGDEN				
County:					
Country:					
Postcode:	BB4 5EH				

Title:	MR	First name:	CRAIG				
Last name:	HARRISON						
Company (optional):	SUNDERLAND PEACOCK LTD						
Unit:		House number:	House suffix:				
House name:	HAZELMERE						
Address 1:	PIM	LICO 1	CAOS				
Address 2:							
Address 3:							
Town:	CLIT	HEROE					
County:							
Country:							
Postcode:	B87	2AG	P				

Please prov Unit: House name: Address 1: Address 2: Address 3: Town: County: Postcode (optional): Description	House number: LAND OFF VIC MELLOR BB2 7PL of location or a grid referent mpleted if postcode is not be	House suffix: TORIA TERRACE	4. Pre-application Advice Has assistance or prior advice been sough authority about this application? If Yes, please complete the following information you were given. (This will help the authority application more efficiently). Please tick if the full contact details are not known, and then complete as much as positive name: Reference: Date of advice (DD/MM/YYYY): Details of pre-application advice received.	Yes No rmation about the advice sty to deal with this stip ssible:
Easting: Description		ching:		
If you hav If you are no If you hav	ne person on whose behalf we person on whose behalf we are the land to the land to the land to the sole owner, has notificate answered No to this te answered No to this	cation under article 9 of the D	apply to make a non-material amen	Not Applicable
If you have a	Person Notified	on, please give details of pers	Address	Date of Notification
	10			
6. Author	ity Employee / Memb	er		
(a) a memb (b) an elect (c) related t (d) related	It to the Authority, I am: er of staff ed member to a member of staff to an elected member e provide details of the nam		Yes No	

Please provide a description of the approved development as shown on the decis date of decision in the sections below. Please also provide the original application	
ERECTION OF 3 NO DWELLINGS WI HIGHWAY WORKS	
Reference number:	Date of decision (DD/MM/YYYY):
3/2016/0092	10/06/2016
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 to the following dwelling to the second development:	
Other: anything not covered by the above category	\checkmark
Please describe the non-material amendment(s) you are seeking to make: (i) MINOR ALTERATIONS TO DWELLI (ii) MATERIALS TO ELEVATIONS AME SMOOTHED FACED ASHLAR STONE, AND MARSHALLS SPLIT FACED ASH WALLS.	NDED TO INCLUDE GREY K-REND (WHITE TBC) Y STONE FOR RETAINING
If Yes, please complete the following: Old plan/drawing number(s):	Yes No
11.138 OF CHOUSE TYPE A, 11.138 OS C HOUSE TYPE New plan/drawing number(s): 11.138 OS C OVERACE SITE 5766 - POI, POZ, PO3, PO4, PO5, PO6, PO7, PO	
Please state why you wish to make this amendment:	O . I LAWS , CELT PRIZE TO STIE
FOR AESTHETICS AND BUILDARILIT	Υ.

Please read the information red	on Requirements - Checkl following checklist to make sure quired will result in your applicati Authority has been submitted.	you have sent all the	e information ed. It will not l	in support of yo	our proposal. Failure to so til all information require	ubmit all ed by the
The original and 3 copies of a completed and dated application form				1 COPY	385	
The original and 3 copies of other plans and drav necessary to describe the subject of the applicati		wings or information ion:		1 COPY		
The correct fee:			<u> </u>			
10. Declarat I/we hereby app information. Signed - Applie	oly for planning permission/cons	ent as described in th Or signed - Agent:	nis form and tl	ne accompanyii	ng plans/drawings and a	dditional
11. Applicar	nt Contact Details	=				
Telephone num	bers					
Country code:	National number:					
Country code:	Mobile number (optional):					
Country code:	Fax number (optional):	_				
Email address (o	optional):					
12 Cita Visia						
13. Site Visit Can the site be s	: seen from a public road, public fo	ootpath, bridleway or	other public	and? Yes	No	
out a site visit, w	uthority needs to make an appo hom should they contact? (Pleas	intment to carry se select only one)	✓ Ager	nt Apr		fferent from the icant's details)
If Other has been	n selected, please provide:					
Contact name:			Telephone r	number:		

Email address: