

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. Applic	ant Name and Address	2. Agent Name and Address		
Title:	MR First name: DAVID	Title: MR First name: DARRELL		
Last name:	HERD	Last name: STOCKBURN		
Company (optional):		Company (optional): AVALON TOWN PLANNING		
Unit:	House number: 16 House suffix:	Unit: House number: House suffix:		
House name:		House name:		
Address 1:	ROMAN WAY	Address 1: PIBBLE COURT		
Address 2:		Address 2: 1 MEAD WAY		
Address 3:		Address 3: SHUTTLEWORTH MEAD BUSINESS PARK		
Town:	CLITHEROE	TOWN: PADIHAM, BURNLEY		
County:		County:		
Country:		Country:		
Postcode:	BB7 15F	Postcode: BB12 7NG		

			4. Pre-application Advice		
3. Site Address Details Please provide the full postal address of the application site.			Has assistance or prior advice been sought from the local		
Unit:	House number:	House	authority about this application?	Yes No	
House name:			If Yes, please complete the following in you were given. (This will help the auth	formation about the advice	
Address 1:	ddress 1: Roman WAY		application more efficiently).		
Address 2:			Please tick if the full contact details are known, and then complete as much as		
Address 3:			Officer name:		
Town:	TOWN: CLITHEROE		Reference:		
County:					
Postcode	B67 1JF		Data of a duise (DD/MM 0000)		
(optional): Description (must be co	of location or a grid refere	ence. t known):	Date of advice (DD/MM/YYYY): Details of pre-application advice receives	ved:	
Easting:	No	rthing:			
Description			-' 		
			$\exists III$		
			_][[
5 51: -:1	11'4				
5. Eligib		K			
		f you are making this applic I to which this amendment I		lo	
If you hav	ve answered No to th	is question, you canno	ot apply to make a non-material am	endment.	
				_	
If you are no	ot the sole owner, has notif	fication under article 9 of the	e DMPO been given? Yes No	Not Applicable	
If you hav	ve answered No to th	is question, you canno	ot apply to make a non-material am		
•		is question, you canno ion, please give details of po	•		
•			•		
•	answered Yes to this quest		ersons notified:	nendment.	
•	answered Yes to this quest		ersons notified:	nendment.	
•	answered Yes to this quest		ersons notified:	nendment.	
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•	answered Yes to this quest		ersons notified:	nendment.	
If you have	answered Yes to this quest Person Notified	ion, please give details of po	ersons notified:	nendment.	
If you have a	answered Yes to this quest Person Notified ity Employee / Memb	ion, please give details of po	ersons notified: Address	nendment.	
5. Author	ity Employee / Members to the Authority, I am:	ion, please give details of po	ersons notified:	nendment.	
5. Author With respec	ity Employee / Member of staffed member	ion, please give details of po	ersons notified: Address	nendment.	
5. Author With respect (a) a memb (b) an elector (c) related t	ity Employee / Member of staff	ion, please give details of po	o any of these statements apply to you?	nendment.	
5. Author With respect (a) a memb (b) an elector (c) related to (d) related to	ity Employee / Member to the Authority, I am: er of staff ed member o a member of an elected member	on, please give details of positions of positions are positions.	o any of these statements apply to you?	nendment.	
5. Author With respect (a) a memb (b) an elector (c) related to (d) related to	ity Employee / Member of staff	on, please give details of positions of positions are positions.	o any of these statements apply to you?	nendment.	
6. Author With respect (a) a memb (b) an elected (c) related t (d) related t	ity Employee / Member to the Authority, I am: er of staff ed member o a member of an elected member	on, please give details of positions of positions are positions.	o any of these statements apply to you?	nendment.	
5. Author With respect (a) a memb (b) an elector (c) related to (d) related to	ity Employee / Member to the Authority, I am: er of staff ed member o a member of an elected member	on, please give details of positions of positions are positions.	o any of these statements apply to you?	nendment.	

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:							
DEMOLITION OF EXISTING REAR CONSERVATORY. CONSTRUCTION							
OF REAR AND SIDE SINGLE STOREY EXTENSION							
Reference number: Date of decision (DD/MM/YYYY):							
3/2020/0758 24/11/2020							
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:							
REMOVAL OF CORNER PART OF EXTERISION LINE							
REMOVAL OF CORNER PART OF EXTENSION LINKING SIDE AND REAR ELEVATIONS							
Are you intending to substitute amended plans or drawings? Yes No							
If Yes, please complete the following:							
Old plan/drawing number(s):							
HERD OI DWG 02A, DWG 05							
New plan/drawing number(s):							
HERD/OI DWG 02B, DWG 05A							
Please state why you wish to make this amendment:							
EASE OF CONSTRUCTION AND REDUCTION IN COST							
of Build							

9. Application Requirements - Check Please read the following checklist to make sur information required will result in your applica Local Planning Authority has been submitted.	e you have sent all the	e information in support of your proposal. Failure to subned. It will not be accepted until all information required b	nit all by the
The original and 3 copies of a completed and o	lated application form:	: 🛛	
The original and 3 copies of other plans and dr necessary to describe the subject of the applic	awings or information ation:	<u>d</u>	
The correct fee:		Ø	
10. Declaration I/we hereby apply for planning permission/corinformation. Signed - Applicant:	osent as described in th Or signed - Agent:	his form and the accompanying plans/drawings and adding the Date (DD/MM/YYYY): $04/08/2023$	
11. Applicant Contact Details		12. Agent Contact Details	
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional):	Extension number:	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional):	Extension number:
Email address (optional):		Email address (optional):	
13. Site Visit			
Can the site be seen from a public road, public	footpath, bridleway or	or other public land? Yes No	
If the planning authority needs to make an ap out a site visit, whom should they contact? (Pl	pointment to carry ease select only one)	Agent Applicant Other (if diffe	
If Other has been selected, please provide: Contact name:		Telephone number:	