

Application for a non-material amendment following a grant of planning permission.

**Town and Country Planning Act 1990**

BE/87/17/NMA

Application for a non-material amendment following the grant of BE/45/16/PL relating to alterations to elevation treatments, change of roof pitch & changes to window style.

**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                                                                    | 2. Agent Name and Address                                                                        |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Title: <input type="text"/> First name: <input type="text"/>                                     | Title: <input type="text"/> First name: <input type="text"/>                                     |
| Last name: <input type="text"/>                                                                  | Last name: <input type="text"/>                                                                  |
| Company (optional): <input type="text"/>                                                         | Company (optional): <input type="text"/>                                                         |
| Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/> | Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/> |
| House name: <input type="text"/>                                                                 | House name: <input type="text"/>                                                                 |
| Address 1: <input type="text"/>                                                                  | Address 1: <input type="text"/>                                                                  |
| Address 2: <input type="text"/>                                                                  | Address 2: <input type="text"/>                                                                  |
| Address 3: <input type="text"/>                                                                  | Address 3: <input type="text"/>                                                                  |
| Town: <input type="text"/>                                                                       | Town: <input type="text"/>                                                                       |
| County: <input type="text"/>                                                                     | County: <input type="text"/>                                                                     |
| Country: <input type="text"/>                                                                    | Country: <input type="text"/>                                                                    |
| Postcode: <input type="text"/>                                                                   | Postcode: <input type="text"/>                                                                   |

### 3. Site Address Details

Please provide the full postal address of the application site.

|                                                                                               |                      |               |    |               |  |
|-----------------------------------------------------------------------------------------------|----------------------|---------------|----|---------------|--|
| Unit:                                                                                         |                      | House number: | 27 | House suffix: |  |
| House name:                                                                                   |                      |               |    |               |  |
| Address 1:                                                                                    | North Bersted Street |               |    |               |  |
| Address 2:                                                                                    |                      |               |    |               |  |
| Address 3:                                                                                    |                      |               |    |               |  |
| Town:                                                                                         | Bognor Regis         |               |    |               |  |
| County:                                                                                       | W Sussex             |               |    |               |  |
| Postcode (optional):                                                                          | PO22 9AA             |               |    |               |  |
| Description of location or a grid reference.<br>(must be completed if postcode is not known): |                      |               |    |               |  |
| Easting:                                                                                      |                      | Northings:    |    |               |  |
| 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:

Simon Davis

Reference:

Email

Date of advice (DD/MM/YYYY):

25/05/2017

Details of pre-application advice received:

submit a non material Amendment application for changes to elevations

### 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 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 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 the description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below:

Demolish existing bungalow & create a new access road  
off North Bersted Street & to erect 10 dwellings

Reference number:

BE/45/16/PL

Date of decision (DD/MM/YYYY):

04/08/2016

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

full

For the purpose of calculating fees, which of the following best describes the original application type? full

**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:

alterations to the elevational treatment, change to roof pitch  
(removal of chimney), changes to window style

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

as application letter

New plan/drawing number(s):

as application letter

Please state why you wish to make this amendment:

Applicant prefers to build a steeper pitch roof  
& install traditional window style

### 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 (LPA) has been submitted.

The original and ~~2~~ ☒ copies\* of a completed and dated application form:



The original and ~~2~~ ☒ copies\* of other plans and drawings or information necessary to describe the subject of the application:



The correct fee:



\*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

### 10. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):



### 11. Applicant Contact Details

Telephone numbers

Extension

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

### 12. Agent Contact Details

Telephone numbers

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?

☐ Agent

☒ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: