

EP/34/11/NMA



Arun Civic Centre  
Maltravers Road  
Littlehampton  
West Sussex BN17 5LF  
Tel: 01903 737756  
[www.arun.gov.uk](http://www.arun.gov.uk)

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:              | <input type="text" value="me"/>             |               |                                 | First name:   | <input type="text" value="MICHAEL"/> |  |  |
| Last name:          | <input type="text" value="LAWRENCE"/>       |               |                                 |               |                                      |  |  |
| Company (optional): | <input type="text"/>                        |               |                                 |               |                                      |  |  |
| Unit:               | <input type="text"/>                        | House number: | <input type="text" value="38"/> | House suffix: | <input type="text"/>                 |  |  |
| House name:         | <input type="text"/>                        |               |                                 |               |                                      |  |  |
| Address 1:          | <input type="text" value="BANKSIDE DRIVE"/> |               |                                 |               |                                      |  |  |
| Address 2:          | <input type="text"/>                        |               |                                 |               |                                      |  |  |
| Address 3:          | <input type="text"/>                        |               |                                 |               |                                      |  |  |
| Town:               | <input type="text" value="THAMES DITTON"/>  |               |                                 |               |                                      |  |  |
| County:             | <input type="text" value="SURREY"/>         |               |                                 |               |                                      |  |  |
| Country:            | <input type="text" value="UK"/>             |               |                                 |               |                                      |  |  |
| Postcode:           | <input type="text" value="KT7 0AQ"/>        |               |                                 |               |                                      |  |  |

#### 2. Agent Name and Address

|                     |                                                 |               |                                 |               |                                  |  |  |
|---------------------|-------------------------------------------------|---------------|---------------------------------|---------------|----------------------------------|--|--|
| Title:              | <input type="text" value="MRS"/>                |               |                                 | First name:   | <input type="text" value="LIZ"/> |  |  |
| Last name:          | <input type="text" value="GALLOWAY"/>           |               |                                 |               |                                  |  |  |
| Company (optional): | <input type="text"/>                            |               |                                 |               |                                  |  |  |
| Unit:               | <input type="text"/>                            | House number: | <input type="text" value="44"/> | House suffix: | <input type="text"/>             |  |  |
| House name:         | <input type="text" value="TIMBERS LODGE"/>      |               |                                 |               |                                  |  |  |
| Address 1:          | <input type="text" value="WILLOWHAYNE AVENUE"/> |               |                                 |               |                                  |  |  |
| Address 2:          | <input type="text"/>                            |               |                                 |               |                                  |  |  |
| Address 3:          | <input type="text"/>                            |               |                                 |               |                                  |  |  |
| Town:               | <input type="text" value="EAST PRESTON"/>       |               |                                 |               |                                  |  |  |
| County:             | <input type="text" value="WEST SUSSEX"/>        |               |                                 |               |                                  |  |  |
| Country:            | <input type="text" value="UK"/>                 |               |                                 |               |                                  |  |  |
| Postcode:           | <input type="text" value="BN16 1PL"/>           |               |                                 |               |                                  |  |  |

### 3. Site Address Details

Please provide the full postal address of the application site.

|                                                                                               |                      |               |                      |               |                      |
|-----------------------------------------------------------------------------------------------|----------------------|---------------|----------------------|---------------|----------------------|
| Unit:                                                                                         | <input type="text"/> | House number: | <input type="text"/> | House suffix: | <input type="text"/> |
| House name:                                                                                   | SEASIDE COTTAGE      |               |                      |               |                      |
| Address 1:                                                                                    | SOUTH STRAND         |               |                      |               |                      |
| Address 2:                                                                                    | <input type="text"/> |               |                      |               |                      |
| Address 3:                                                                                    | <input type="text"/> |               |                      |               |                      |
| Town:                                                                                         | EAST PRESTON         |               |                      |               |                      |
| County:                                                                                       | WEST SUSSEX          |               |                      |               |                      |
| Postcode (optional):                                                                          | BN16 1PN             |               |                      |               |                      |
| Description of location or a grid reference.<br>(must be completed if postcode is not known): |                      |               |                      |               |                      |
| Easting:                                                                                      | <input type="text"/> | Northing:     | <input type="text"/> |               |                      |
| Description:                                                                                  |                      |               |                      |               |                      |
| <input type="text"/>                                                                          |                      |               |                      |               |                      |

### 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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

### 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 9 of the DMPO 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 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:

Two Storey rear extension with balconies, extension to left space forming dormer to front and rear, two storey front extension, single garage with integral cycle area and bin storage and raised patio to rear

Reference number:

EP/124/10

Date of decision (DD/MM/YYYY):

9/2/11

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:

- Round 'Porthole' windows in North Elevation changed to 'diamond' shape
- Render to part of north elevation changed to weather boarding
- Render to part of south elevation changed to weather boarding
- Render to part of east-west elevations changed to weather boarding

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

10066/02

New plan/drawing number(s):

10066/05a

Please state why you wish to make this amendment:

Construction methods and thickness of walls lend better to cladding (weather boarding) on areas indicated by revision cloud

### 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 has been submitted.

The original and 3 copies of a completed and dated application form: ☐

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☐

The correct fee: ☒

### 10. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

22/03/2011

### 11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

### 12. Agent Contact Details

Telephone numbers

Country code: National number: 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? (Please select only one)

☐ Agent

☒ Applicant

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

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: