



## 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:**



PO BOX 17 CORPORATION STREET BLACKPOOL, FY1 1LZ

> TEL: (01253) 477477 FAX: (01253) 476201

Email: planning@blackpool.gov.uk

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the au

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. Applica	ant Name and Address
Title:	First name:
Last name:	BLACKPOOL COUNCIL
Company (optional):	
Unit:	House number: House suffix:
House name:	BICKER STAFFE HOUSE
Address 1:	NUMBER ONE, BULGRATAGE
Address 2:	JOHARE, TALBIT ROAD
Address 3:	
Town:	BLACKROOL
County:	LANCASHIRE
Country:	ENG LAND
Postcode:	FY1 3AH

2. Agent	Name and Address
Title:	MR First name: PHILLIP
Last name:	WALTON
Company (optional):	BLACKPOOL GUNEIL
Unit:	House number: House suffix:
House name:	BICKERSTAFFE HOUSE
Address 1:	NUMBER OWE, BULLDATATE SQ
Address 2:	TALBUT ROAD
Address 3:	
Town:	BLACKAGL
County:	LANCASHIRE
Country:	ENGLAND
Postcode:	FY1 3AH

Fig. 1994	ddress Details		4. Pre-applica		
Please provide the full postal address of the application site.		Has assistance or part authority about the	orior advice been sought to		
Unit:	House number:	House suffix:	authority about th	is application?	Mes No
House name:	THE WINNING	HOWE	The second secon	olete the foll <mark>owing inform</mark> his will help the authority	
Address 1:	TALBIT Jan	ME	application more		,
Address 2:				complete as much as poss	sible:
Address 3:			Officer name:		
Town:	BLACKPOOL		Deference		
County: LANCASTIKE		Reference:			
Postcode (optional):	FYI ING		Date of ad	vice (DD/MM/YYYY):	
Description of location or a grid reference. (must be completed if postcode is not known):			lication advice received:		
Easting:	Northing				
Description					
NORT	HORN FOOTHM OF	FTALBIT SQ G HONSE			
5. Eligib	ility				
Do you, or t	he person on whose behalf you a	are making this application	on,	✓ Yes No	
and the second	erest in the part of the land to wh				4
1 -	ve answered No to this que			non-material amend	dment.
If you are no Planning (D	ot the sole owner, has notification evelopment Management Proce	n under article 10 of the 1 dure) (England) Order 20	own and Country 15 been given?	Yes No	Not Applicable
If you hav	ve answered No to this que	estion, you cannot	apply to make a	non-material amend	dment.
If you have	-	-			
	answered Yes to this question, ple	ease give details of person	ons notified:		
	answered Yes to this question, plo Person Notified	ease give details of perso	ons notified: Address		Date of Notification
		ease give details of perso			Date of Notification
		ease give details of perso			Date of Notification
		ease give details of perso			Date of Notification
		ease give details of perso			Date of Notification
		ease give details of perso			Date of Notification
		ease give details of perso			Date of Notification
		ease give details of person			Date of Notification
		ease give details of perso			Date of Notification
6. Autho	Person Notified	ease give details of person			Date of Notification
It is an impo	Person Notified  rity Employee / Member ortant principle of decision-makin	ng that the process is ope	Address  n and transparent. F		uestion "relating to"
It is an impo means relat	rity Employee / Member ortant principle of decision-makined, by birth or otherwise, closely	ng that the process is ope	Address  In and transparent. Fed and informed obs	erver, having considered	uestion "relating to"
It is an impo means relat conclude th	Person Notified  rity Employee / Member ortant principle of decision-makin	ng that the process is ope enough that a fair-mind he decision-maker in the	n and transparent. Fed and informed obs	erver, having considered ority. With respect to the Autho	uestion "relating to" the facts , would
It is an impo means relat conclude th	rity Employee / Member ortant principle of decision-makin ed, by birth or otherwise, closely at there was bias on the part of the	ng that the process is ope enough that a fair-mind he decision-maker in the	n and transparent. Fed and informed obs	erver, having considered ority. With respect to the Autho a) a member of staff	uestion "relating to" the facts , would
It is an impo means relat conclude th	rity Employee / Member ortant principle of decision-makin ed, by birth or otherwise, closely at there was bias on the part of the	ng that the process is ope enough that a fair-mind he decision-maker in the	n and transparent. Fed and informed obs local planning authories No	erver, having considered ority. With respect to the Autho a) a member of staff b) an elected member c) related to a member or	uestion "relating to" the facts , would prity, I am:
It is an impo means relat conclude th Do any of th	rity Employee / Member ortant principle of decision-makined, by birth or otherwise, closely at there was bias on the part of the following statements apply to the following statements apply to the statements apply to the following statements apply the following statements apply to the following statements apply the statements apply the following statements apply the following statements apply the statements apply the following statements apply the	ng that the process is ope enough that a fair-mind he decision-maker in the you and/or agent?	n and transparent. Fed and informed obsolocal planning authories No ((	erver, having considered ority. With respect to the Autho a) a member of staff b) an elected member	uestion "relating to" the facts , would prity, I am:
It is an impo means relat conclude th Do any of th	rity Employee / Member ortant principle of decision-makin ed, by birth or otherwise, closely at there was bias on the part of the ne following statements apply to y	ng that the process is ope enough that a fair-minde he decision-maker in the you and/or agent?	Address  In and transparent. Fed and informed obsolocal planning authorities No (() () () () () () () () () () () () ()	erver, having considered ority.  With respect to the Autho a) a member of staff b) an elected member c) related to a member or d) related to an elected n	Destion "relating to" the facts , would brity, I am:
It is an impormeans relation conclude the Do any of the	rity Employee / Member ortant principle of decision-makined, by birth or otherwise, closely at there was bias on the part of the following statements apply to the following statements apply to the statements apply to the following statements apply the following statements apply to the following statements apply the statements apply the following statements apply the following statements apply the statements apply the following statements apply the	ng that the process is ope enough that a fair-minde he decision-maker in the you and/or agent?	Address  In and transparent. Fed and informed obsolocal planning authorities No (() () () () () () () () () () () () ()	erver, having considered ority. With respect to the Autho a) a member of staff b) an elected member c) related to a member or	Destion "relating to" the facts , would brity, I am:

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		
ERECTION OF MERMAD STATUL ON NO	SRTHERN FOOTWAY		
OUTS DE 10 TALBOT SONARE (COUNTIN	G HONGE).		
Reference number:	Date of decision (DD/MM/YYYY):		
20/0664	17/12/2020		
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	v		
Please describe the non-material amendment(s) you are seeking to make:			
Request to formally discharge the condition relating to providing additional to the state of the			
visually impaired people to navigate the statue. This has been explored of tactile paving around the statue would not be an appropriate use with	thin a highway setting (e-mail		
from Highways setting out why attached). A plinth for the sculpture wa proposed as adds no benefit.	s also considered but not		
Request to amend exact location of the statue to ensure it is acceptable due to original location being in inter-visibility zone.	e to Highways and Planning		
Information supplied to meet other set conditions relating to colour, us			
maintenance. Document and Images attached (and sent in e-mail by C on 25/01/21)	Primett to Planning Officers		
Į į			
Are you intending to substitute amended plans or drawings?	Yes No		
If Yes, please complete the following:			
Old plan/drawing number(s):  INDICATIVE LOCATION FOR STATIL JUBINIT	The same and the s		
	27/10/20		
New plan/drawing number(s):  THERET SQUARE STATHE LOCATION OFFICING	2 REATIONSHIP TO INTER-VISIBILITY		
	ZONE		
Please state why you wish to make this amendment:			
Discharge of condition relating to visually impaired people navigating around the statue – Tactile			
paving not appropriate in a Highways Setting.  Exact Location change – to meet Highways requirements to not have the statue within the inter-			
visibility zone on this corner.			

11 1 00404

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 3 copies* of a completed and dated application for	m: [2]				
The original and 3 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 the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional rfacts stated are true and accurate and any opinions given are the				
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):				
	28-1-2021				
11. Applicant Contact Details	(12 Agent Contact Date II				
	12. Agent Contact Details				
Telephone numbers	Telephone numbers				
Extension	Extension				
*					
Country code: National number: Extension number:	Country code: National number: Extension number:				
Extension	Extension				
Country code: National number: Extension number:	Country code: National number: Extension number:				
Country code: National number: Extension number:  Country code: Mobile number (optional):	Country code: National number: Extension number:  Country code: Mobile number (optional):				
Country code: National number: Extension number:  Country code: Mobile number (optional):	Country code: National number: Extension number:				
Country code:  National number:  Extension number:  Country code:  Mobile number (optional):  Country code:  Fax number (optional):	Country code:  National number:  Extension number:  Country code:  Mobile number (optional):  Country code:  Fax number (optional):				
Country code: National number: Extension number:  Country code: Mobile number (optional):	Country code: National number: Extension number:  Country code: Mobile number (optional):				
Country code:  National number:  Extension number:  Country code:  Mobile number (optional):  Country code:  Fax number (optional):	Country code:  National number:  Extension number:  Country code:  Mobile number (optional):  Country code:  Fax number (optional):				
Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Country code:  National number:  Extension number:  Country code:  Mobile number (optional):  Country code:  Fax number (optional):				
Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Fmail address (optional):				
Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  The second of the				
Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  Can the site be seen from a public road, public footpath, bridleway or lift the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Fmail address (optional):  Other public land? Yes No  Pagent Applicant Other (if different from the				
Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  The planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide:	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Fmail address (optional):  Other public land? Yes No  UAgent Applicant Other (if different from the agent/applicant's details)				
Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  The planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide: Contact name:	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Fmail address (optional):  Other public land? Yes No  Pagent Applicant Other (if different from the				
Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  The planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide:	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Fmail address (optional):  Other public land? Yes No  UAgent Applicant Other (if different from the agent/applicant's details)				
Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  The planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide: Contact name:	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Fmail address (optional):  Other public land? Yes No  UAgent Applicant Other (if different from the agent/applicant's details)				