**Planning Services** 

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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.

t is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applic	cant Name and Address .	2. Agent Name and Address
Title:	MR First name: SCOTT.	Title: First name:
Last name:	Youngson.	Last name:
Company (optional):		Company (optional):
Unit:	House number: 41 House suffix:	Unit:  House number:  Suffix:
House name:		House name:
Address 1:	41 HOWE LANE	Address 1:
Address 2:	PORINGLAND	Address 2:
Address 3:	NORWICH	Address 3:
Town:	NORFOLK	Town:
County:		County:
Country:	NORFOLK	Country:
Postcode:	NR1471H.	Postcode:

3. Site Address Details	4. Pre-application Advice	
Please provide the full postal address of the application site.	Has assistance or prior advice been sought to	from the local
Unit: House number: 41 House suffix:	authority about this application?  Yes No	
House name:	If Yes, please complete the following information you were given. (This will help the authority	nation about the advice to deal with this
Address 1: Have LANE	application more efficiently).	
Address 2: Poring LAND	Please tick if the full contact details are not known, and then complete as much as poss	sible:
Address 3: NOR HICH	Officer name:	
Town: NORFOLK	LYMN ARMES.	
	Reference:	
County:	2020/2230.	
Postcode (optional): NR 147LH.	Date of advice (DD/MM/YYYY):	4-3-21.
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received:	
Easting: Northing:	FLANNING APPROVED JU	ST NEED
Description:	To Complete this For	m fo
DRAWING ALLREADY AINT.	MAKE SLIGHT CHAN	
	Trinice String Critical	100.
5. Eligibility		
De vous er the person on whose behalf you are making this application	on,	
have an interest in the part of the land to which this amendment rela	iles:	dment
If you have answered No to this question, you cannot a	apply to make a mon-material among	
If you are not the sole owner, has notification under article 10 of the 1 Planning (Development Management Procedure) (England) Order 20	Town and Country 15 been given? Yes No	Not Applicable
If you have answered No to this question, you cannot a		dment.
If you have answered Yes to this question, please give details of person		
Person Notified	Address	Date of Notification
T CI SOLLITO LILITO		
S .		
6. Authority Employee / Member	iny of these statements apply to you?	
With respect to the Authority, ruin.	ny or these statements apply to Jou.	
(a) a member of staff (b) an elected member (c)	Yes No	
(c) related to a member of staff		
(d) related to an elected member		
If yes please provide details of the name, relationship and role		

Please provide the description of the approved development as shown on the and date of decision in the sections below:	decision letter, including application reference number
ERECTION OF FRONT ENTERANCE PORCE	1 May Way on Car
	Lieux-11-1
AND CHAICE	- A
no cruenqe	TO ROOF TILES.
Doferen	
Reference number:	Date of decision (DD/MM/YYYY):
2020/2230.	18-02-2021.
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	dels
For the purpose of calculating fees, which of the following best describes the o	original application type?
Householder development: development to an existing dwelling-house or d	
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:	
HE WOULD LIKE TO MOVE FRONT DOUR TO SI	DE OF PORCH RATHER THAN THE
FRONT ELEVATION AS ADVISED BY OUR BUL	-10ths.
THERS NO CHANGES TO DOOR SIZE JUST	
INE would Like to Prace 14 GLASS PANIEL	IN FRONT ELEVATION RATHER
THAN THE 2 PANKE HE ORINGINGLY PLANT	D. FINISH WILL REMAIN the
SAME CLADSING + KENDER.	
NEW PLAN ORANING REW 1 FRONT EXECUTION	REVI SITE & ADDITIANT BRAWIN
	Rev 1.
Are you intending to substitute amended plans or drawings?	Yes No
If Yes, please complete the following:	
Old plan/drawing number(s):	
2020 - 2230	
New plan/drawing number(s):	
NEW PLANS MANKERS UP REV 1 DR	PANINGS.
Please state why you wish to make this amendment:	
To Avoid unessery wind coming in Avoid AND ABVISED BY BULIDEZ.	STO Property AND BATY Access
AND ABVISED BY BULIDEZ.	

Priori of Todi Proposal

Please read the following checklist to make sure you have sent all the information required will result in your application not being accept Local Planning Authority has been submitted.	e information in support of your proposal. Failure to submit all ed. It will not be accepted until all information required by the
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 the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.  Or signed - Agent:	y facts stated are true and accurate and any opinions given and
1 ails	12. Agent Contact Details
Telephone numbers  Extension number:  Country code: Fax number (optional):  Email address (optional):	Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (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)  If Other has been selected, please provide:  Contact name:	rother public land? Yes No  Applicant Other (if different from the agent/applicant's details)  Telephone number:

9. Application Requirements - Checklist