

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		2. Agent Name and Address	
Title:	First name:	Title:	First name:
Last name:		Last name:	
Company (optional):	GREG TONEY CONSTRUCTION LTD	Company (optional):	BARRINGTON PALMER ASSOCIATES
Unit:	House number: House suffix:	Unit:	House number: House suffix:
House name:		House name:	'CHIVERS'
Address 1:	RIVERSIDE COTTAGE	Address 1:	THROUGHAM
Address 2:	RYTON ROAD	Address 2:	
Address 3:		Address 3:	
Town:	BYMOCK	Town:	STROUD
County:	GLOS	County:	GLOS
Country:	UK	Country:	UK
Postcode:	GL16 8EQ	Postcode:	GL6 7HG

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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:

ERECTION OF 6 DWELLINGS WITH ASSOCIATED LANDSCAPING PARKING AND WORKS

Reference number: P0241/20/FUL Date of decision (DD/MM/YYYY): 09/09/2020

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?
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:

CARRY OUT THE DEVELOPMENT IN ACCORDANCE WITH THE REQUIREMENTS OF A DISTRICT LICENCE THAT PROVIDES A DIFFERENT COMPENSATION AND ENHANCEMENT SCHEME (AND REGIME) WITH RESPECT TO GREAT CRESTED NEWTS.

Are you intending to substitute amended plans or drawings? Yes No

If Yes, please complete the following:
Old plan/drawing number(s):
New plan/drawing number(s):

Please state why you wish to make this amendment:
TIME AND COST RESTRAINTS

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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: THROUGH E-MAIL
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: N/A
The correct fee: 234.00

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: [Redacted] Date (DD/MM/YYYY): 09/04/2021

11. Applicant Contact Details

Telephone numbers: [Redacted]
Country code: [Redacted]
Country code: Mobile number (optional): [Redacted]
Country code: Fax number (optional): [Redacted]
Email address (optional): [Redacted]

12. Agent Contact Details

Telephone numbers: [Redacted]
Country code: National number: 44 01285 821136
Country code: Mobile number (optional): [Redacted]
Country code: Fax number (optional): [Redacted]
Email address (optional): [Redacted]

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: [Redacted] Telephone number: [Redacted]
Email address: [Redacted]

3. Site Address Details

Please provide the full postal address of the application site.
Unit: House number: House suffix:
House name:
Address 1: LAND ADJACENT TO
Address 2: SOUTHERNS BARN
Address 3: SOUTHERN LANE
Town: NEWENT
County: GLOS
Postcode (optional): GL18 1AR
Description of location or a grid reference. (must be completed if postcode is not known):
Easting: Northing:
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: DELAND CLOSE
Reference: E-MAIL
Date of advice (DD/MM/YYYY): 28/01/2021
Details of pre-application advice received:
APPLY FOR NON-MATERIAL AMENDMENT

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: Do any of these statements apply to you?
(a) a member of staff Yes No
(b) an elected member
(c) related to a member of staff
(d) related to an elected member
If yes please provide details of the name, relationship and role

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