

If you would rather make this application online, you can do so on the Welsh Government website: www.gov.wales/planningapplications

Application for a non-material amendment following a grant of planning permission. Town and Country Planning Act 1990

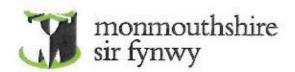
Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Welsh Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and other relevant items of primary and subordinate legislation.

Please be aware that once you have downloaded this form, Planning Portal and Welsh Government will have no access to the form of 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 Loci 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:



Monmouthshire County Council County Hall, Rhadyr, Usk NP15 1GA

Cyngor Sir Fyrwy Neuadd y Sir, Rhadyr, Brynbuga NP15 1GA Tel/Ffön:01633 644880 E-mail/Ebost:planning@monmouthshire.gov.uk Website/Gwefan:www.monmouthshire.gov.uk

Publication on Local Planning Authority websites

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.

Title:	MR First name:	0 ,	
ride.	MR rist hame:	KeBERT	
Last name:	MARSHALL		
Company (optional):			
Jnit:	House number:	23 House suffix:	
House name:			
ddress 1:	IFTON RO	CAN	
ddress 2:	ROGIET		
ddress 3:			
own:	CALDICO	T	
County:	MON MOU	THSHIRE	
Country:	u.K.		
.ouritry.			

	Fire	- ,
Title:	First name:	
Last name:		
Company (optional):		
Unit:	House number:	House suffix:
House name:		
Address 1:	NA	
Address 2:	/ \$	•
Address 3:		
Town:		
County:	/	
Country:	/	
Postcode:	Version 2018	

Agent Name and Address

3. Site Details	4. Pre-application Advice Has pre-application advice been sought from the local		
Please provide the full postal address of the application site. Unit: House 23 House suffix:	authority about this application? Yes No		
House	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this		
Address 1: IFTON ROAD	application more efficiently). Please tick if the full contact details are not		
Address 1: IFTON ROAD Address 2: ROGIET	known, and then complete as much as possible: Officer name:		
Town: CALDICOT			
County: MON MONTHSHIRE	Reference:		
Postcode (optional): NP2 & 3 SS			
If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".	Date of advice (DD/MM/YYYY): Details of pre-application advice received:		
Easting: Northing:			
Description:			
5. Eligibility Do you, or the person on whose behalf you are making this applicate have an interest in the part of the land to which this amendment relative to the land to which this amendment relative to the land to the land to which this amendment relative to the land to the land to which this amendment relative to the land to which the land to whic	ates?		
6. Authority Employee / Member			
	ny of these statements apply to you?		
(a) a member of staff (b) an elected member			
(c) related to a member of staff	Yes No		
(d) related to an elected member			
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 cand date of decision in the sections below:	decision letter, including application reference number
Single stovey Rear oxot	ension.
Reference number:	Date of decision (DD/MM/YYYY):
DM /2022 /00706	9/8/2022
For the purpose of calculating fees, which of the following best describes the original	ginal application type?
Householder development: development to an existing dwelling-house or dev	velopment 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:	
Planning Permission Gran Roof. PRAMISSION Sough Flat Roof with Glass Lanta GRP Roof of Lantern light GREN to Match proposed. & Doors.	ted with Piteres to fer curerium to to be Anthracite and granted window
Are you intending to substitute amended plans or drawings? If Yes, please complete the following: Old plan/drawing number(s):	Yes No
New plan/drawing number(s):	
Please state why you wish to make this amendment:	
of abutment courty trans with will Benefit neighbour with	n the mstallation. patched doof. In lower profluie.

9. Application Requirements - Checkli Please read the following checklist to make sure information required will result in your application Local Planning Authority has been submitted.	you have sent all the i	information in support of your proposal. Failure to submit all d. It will not be accepted until all information required by the	
The original and 3 copies of a completed and date	ed application form:	n:	
The original and 3 copies of other plans and draw necessary to describe the subject of the application			
The correct fee:			
10. Declaration I/we hereby apply for consent as described in thi that, to the best of my/our knowledge, any facts person(s) giving them. Signed - Applicant:	s form and the accomstated are true and ac Or signed - Agent:	ppanying plans/drawings and additional information. I/we confirm courate and any opinions given are the genuine opinions of the Date (DD/MM/YYYY):	
Telephone numbers Country code: National number: Country code: Mobile number (optional):	Extension number:	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Email address (optional):	
Can the site be seen from a public road, public for lifthe planning authority needs to make an appoint a site visit, whom should they contact? (Please of Other has been selected, please provide:	intment to carry	Agent Applicant Other (if different from the agent/applicant's details)	
Contact name		Telephone number:	