



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

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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
sir fynwy

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

Tel/Ffôn: 01633 644880
E-mail/Eboed: planning@monmouthshire.gov.uk
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Cyngor Sir Fynwy
Neuadd y Sir, Rhadyr, Brynbuga
NP15 1GA

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.

1. Applicant Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Site Details

Please provide the full postal address of the application site.

| | | | | | |
|----------------------|--|---------------|---------------------------------|---------------|----------------------|
| Unit: | <input type="text"/> | House number: | <input type="text" value="23"/> | House suffix: | <input type="text"/> |
| House name: | <input type="text"/> | | | | |
| Address 1: | <input type="text" value="IFTON ROAD"/> | | | | |
| Address 2: | <input type="text" value="ROGIE T"/> | | | | |
| Town: | <input type="text" value="CALDICOT"/> | | | | |
| County: | <input type="text" value="MONMOUTHSHIRE"/> | | | | |
| Postcode (optional): | <input type="text" value="NP26 3SS"/> | | | | |

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".

| | | | |
|----------|----------------------|-----------|----------------------|
| Easting: | <input type="text"/> | Northing: | <input type="text"/> |
|----------|----------------------|-----------|----------------------|

Description:

4. Pre-application Advice

Has pre-application 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.

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 the description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below:

Single storey Rear extension.

Reference number:

DM/2022/00706

Date of decision (DD/MM/YYYY):

9/8/2022

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:

Planning Permission granted with pitched roof. Permission sought for conversion to flat roof with glass lantern light. GRP roof & lantern light to be Anthracite grey to match proposed and granted windows & doors.

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:

Due to technical difficulties in the installation of abutment cavity trays with pitched roof, will benefit neighbour with lower roof line.

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 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: Or signed - Agent: Date (DD/MM/YYYY):

11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):



12. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile 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:

Em: