



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:



EAST CAMBRIDGESHIRE DISTRICT COUNCIL

The Grange, Nutholt Lane, Ely, Cambridgeshire, CB7 4EE
Telephone: 01353 665555
www.eastcambs.gov.uk

Publication of applications on 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 | | 2.Agent Name and Address | |
|------------------------------|-------------------------------|-----------------------------------|--|
| Title: | Dr First name: Jennifer | Title: First name: | |
| Last name: | Le Miere | Last name: | |
| Company (optional): | | Company (optional): | |
| Unit: | House number: 3 House suffix: | Unit: House number: House suffix: | |
| House name: | | House name: | |
| Address 1: | Church Farm Close | Address 1: | |
| Address 2: | | Address 2: | |
| Address 3: | | Address 3: | |
| Town: | Wentworth, Nr Ely | Town: | |
| County: | Cambs | County: | |
| Country: | | Country: | |
| Postcode: | CB6 3QL | Postcode: | |
| | | Varsion 2018 1 | |

| 3.Site Ad | dress Details | | | ation Advice | ` | | |
|--|--|--|--|--|--|--|--|
| Please provide the full postal address of the application site. | | | | or prior advice been sought f this application? | | | |
| Unit: | House 3 number: | House suffix: | | triis application? | X Yes No | | |
| House name: | | | If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this | | | | |
| Address 1: | Church Farm Close | | 111 | full contact details are not | | | |
| Address 2: | | | <u> </u> | n complete as much as possi | ible: | | |
| Address 3: | | | Officer name: Lisa Moden | | | | |
| Town: | Wentworth, Nr Ely | | Reference: | | | | |
| County: | Cambs | | 23/00256/VAR | ? 3 | | | |
| Postcode (optional): | CB6 3QL | | Date of a | advice (DD/MM/YYYY): | 22/05/2023 | | |
| Description of location or a grid reference. (must be completed if postcode is not known): | | Details of pre-a | pplication advice received: | | | | |
| Easting: | Northi | ng: | | | | | |
| Description | 1: | | ~ | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. Eligibility | | | | | | | |
| Do you, or the | he person on whose behalf yo erest in the part of the land to v | u are making this applica which this amendment re | ition, lates? | X Yes No | | | |
| If you have answered No to this question, you cannot apply to make a non-material amendment. | | | | | | | |
| J | | | | | | | |
| If you are no | ot the sole owner, has notificat | tion under article 10 of the | e Town and Country | □ Yes □ No | X Not Applicable | | |
| If you are no Planning (De | ot the sole owner, has notificat evelopment Management Prod | cedure) (England) Order 2 | 2015 been given? | Yes No | X Not Applicable | | |
| If you are no Planning (Do | ot the sole owner, has notificat evelopment Management Prod e answered No to this o | cedure) (England) Order 2 question, you canno | 2015 been given? ot apply to make | | | | |
| If you are no Planning (Do | of the sole owner, has notificat evelopment Management Proc ve answered No to this of answered Yes to this question, | cedure) (England) Order 2 question, you canno | 2015 been given? ot apply to make rsons notified: | | dment. | | |
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| 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: | ision letter, including application reference number | | | | |
| Change of use to Manege/Riding Arena | | | | | |
| Reference number: | Date of decision (DD/MM/YYYY): | | | | |
| 08/00176/FUL | 23/04/2008 | | | | |
| 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 origi | nal application type? | | | | |
| Householder development: development to an existing dwelling-house or development | elopment 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: | | | | | |
| To add the approved plans list to the original Decision 08/00176/FUL | | | | | |
| Are you intending to substitute amended plans or drawings? | Yes X 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: | | | | | |
| | | | | | |

| 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 | rm: 🗓 | | | | |
| The original and 3 copies* of other plans and drawings or informati necessary to describe the subject of the application: | ion X | | | | |
| The correct fee: | X | | | | |
| *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 information. I/we confirm that, to the best of my/our knowledge, ar genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent | ny facts stated are true and accurate and any opinions given are the | | | | |
| 11. Applicant Contact Details 12. Agent Contact Details | | | | | |
| Telephone numbers | Telephone numbers | | | | |
| Country code: At National number: O7989564036 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): | | | | |
| Email address (optional): ick_splat@hotmail.com | Email address (optional): | | | | |
| 13. Site Visit | | | | | |
| Can the site be seen from a public road, public footpath, bridleway or other public land? Yes X 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: | | | | |
| | | | | | |

Email address: