ame: ddress 1: ddress 2: ddress 3: own: ounty: ostcode optional): lescription of location or a grid reference. must be completed if postcode is not known): asting: Northing:	If Yes, please complete the following information a you were given. (This will help the authority to dea 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: Telephone Conversed.	sal with this
	Confirming NMA for Suitable for proposed	charge
you are not the sole owner, has notification under article anning (Development Management Procedure) (England you have answered No to this question, you	u cannot apply to make a non-material amendment e 10 of the Town and Country nd) Order 2015 been given? U cannot apply to make a non-material amendment	lot Applicable
you have answered Yes to this question, please give deta Person Notified	· · · · · · · · · · · · · · · · · · ·	e of Notification
		<u>Pi</u>
. Authority Employee / Member		
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?	

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.

. Applicant Name and Address	2. Agent Name and Address
First name: SOPHIE	Title: First name:
ast name: CHILVERS	Last name:
Company optional):	Company (optional):
Unit: House number: House suffix:	Unit: House number House suffix:
House COUNCIL HOUSES	House name:
Address 1: HARLESTON RD	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
OWN: RUSHALL	Town:
County: NORFOUR	County:
Country: ENGLAND	Country:
Postcode: IP21 4RT	Postcode:

\$Date:: 2015-04-02 #\$ \$Revision: 6153 \$

 Application Requirements - Checklist 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. 	
The original and 3 copies of a completed and dated application form	n:
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	n 🗆
The correct fee:	
10. Declaration /we hereby apply for planning permission/consent as described in to a formation. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.	this form and the accompanying plans/drawings and additional by facts stated are true and accurate and any opinions given are the
Or signed - Agent:	: Date (DD/MM/YYYY):
	17.5.2023
11. Applicant Contact Details	12. Agent Contact Details
Telephone numbers	Telephone numbers
Extension	Extension
Country code: National number: number:	Country code: National number: number:
Country code: Makila avanhas (autismal)	Country code: Makila avanta (antique)
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
rax number (optional).	Tax Humber (optional).
Email address (optional):	Email address (optional):
13. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	or other public land? Yes No
f 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
f Other has been selected, please provide:	agent/applicant's details)
Contact name:	
Email address:	
Littali addiess.	
7 TE.	

7 Description Of Vour Proposal			
7. Description Of Your Proposal			
Please provide the description of the approved development as shown on the dec and date of decision in the sections below:	ision letter, including application reference number		
(ROWT PORCH.	M & SINGLE STOREY		
(RONT PORCA)			
Reference number:	Date of decision (DD/MM/YYYY):		
2022 0918	5.8.22		
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	over.		
For the purpose of calculating fees, which of the following best describes the original control of the following best describes the followi	nal application type?		
Householder development: development to an existing dwelling-house or deve	lopment 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:			
CHANGE TO REAR SINGLE	STOREY ROOF FROM		
PITCH TO FLAT ROOF WITH	Zm x Im Donc		
LICHT.	1207		
(THIS CHANCE DUE TO PITCH BEING TOO SMALL			
TO ALLOW FOR THES)			
	Yes No		
If Yes, please complete the following:			
Old plan/drawing number(s):			
New plan/drawing number(s):			
SEE ATTACHED.			
Please state why you wish to make this amendment:			
PITCH IS TOO SLIGHT TO ALLOW FOR TILED			
ROOF. SO FLAT ROOF TO MATCH EXISTING 15			
PROPOSED WITH FIXED PROOFLIGH			