



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:

Durham County Council

Regeneration and Economic Development Planning Development County Hall Durham DH1 5UL



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						
Title:	Miss	First name: Emily				
Last name:	Brown					
Company (optional):	Gleeson Regeneration Ltd					
Unit:	l I	House House suffix:				
House name:						
Address 1:	6 Delta Bank Road					
Address 2:	Metro Riverside Park					
Address 3:	Gateshead					
Town:						
County:	Tyne an	d Wear				
Country:	UK					
Postcode:	NE11 9D)J				

2. Agent Na	me 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 Address Details	4. Pre-application Advice			
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?			
Unit: House number: House suffix:	authority about this application? 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: Land North of Windsor Drive	application more efficiently). Please tick if the full contact details are not			
Address 2:	known, and then complete as much as possible:			
Address 3:	Officer name:			
Town: South Hetton	Laura Eden Reference:			
County:				
Postcode (optional): DH6 2UU	Date of advice (DD/MM/YYYY): 19/07/2023			
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received:			
Easting: Northing:	Laura Eden has confirmed that a NMA application is			
Description:	suitable for the changes we require.			
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 relationship.				
have an interest in the part of the land to which this amendment rela	apply to make a non-material amendment.			
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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				
Erection of 80no. dwellings with assoicated works (revised description)	otion 16/11/2021)				
Reference number:	Date of decision (DD/MM/YYYY):				
DM/20/02681/FPA	30/06/2023				
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 control of the purpose of calculating fees, which of the following best describes the original control of the purpose of calculating fees, which of the following best describes the original control of the following best describes the follo	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	abla				
8. Non-Material Amendment(s) Sought					
Please describe the non-material amendment(s) you are seeking to make:					
Amendment to be made due to the necessary addition of a s	subsation to the layout.				
Approved Planning Layout 'GH100:L:07 G' is to be replaced	with Planning Layout 'GH100:L:07 K'				
Approved Boundary Treatment Layout 'GH100:L:04 F' to be 'GH100:L:04 J'	replaced with Boundary Treatment				
Are you intending to substitute amended plans or drawings?	Yes No				
If Yes, please complete the following:					
Old plan/drawing number(s):					
GH100:L:07 G GH100:L:04 F					
New plan/drawing number(s):					
GH100:L:07 K GH100:L:04 J					
Please state why you wish to make this amendment:					
The amendment is needed due to the necessary addition of This has resulted in the removal of a side garage and a char					

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 d	ated application form	n: 🗸						
The original and 3 copies* of other plans and dra necessary to describe the subject of the applicat	awings or informatior ion:							
The correct fee:		abla	abla					
*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/cons information. I/we confirm that, to the best of my genuine opinions of the person(s) giving them.								
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):					
E Brown		08/08/2023						
11. Applicant Contact Details		12. Agent Contact Details						
Telephone numbers		Telephone numbers						
relephone numbers		Telephone number	ers					
Country code: National number:	Extension number:	· · · · · ·	ers National number:	Extension number:				
		Country code:						
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Country code: National number: Country code: Mobile number (optional):		Country code: Country code:	National number: Mobile number (optional): Fax number (optional):					
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Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): 13. Site Visit Can the site be seen from a public road, public for the planning authority needs to make an appo	number:	Country code: F Country code: F Email address (op	National number: Mobile number (optional): Fax number (optional): tional): Ves No No Applicant Other (if different	number:				
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): 13. Site Visit Can the site be seen from a public road, public for the planning authority needs to make an approut a site visit, whom should they contact? (Please of the plans of	number:	Country code: Country code:	National number: Mobile number (optional): Fax number (optional): tional): V Yes	number:				
Country code: Country code: Mobile number (optional): Country code: Fax number (optional):	number:	Country code: Country code: Country code: Email address (op	National number: Mobile number (optional): Fax number (optional): tional): V Yes	number:				

Email address: