

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

## 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:**



## 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:	MR First name: S	Title:
Last name:	STEFAN	Last na
Company (optional):		Compa (option
Unit:	House number: 15 House suffix:	Unit:
House name:		House name:
Address 1:	RABY STREET	Addres
Address 2:	RAWITENSTALL	Addres
Address 3:		Addres
Town:		Town:
County:		County
Country:		Country
Postcode:	BB47RR	Postcoo

2. Agent Name and Address			
Title:	MR First name: NEIL		
Last name:	HUTCHINSON		
Company (optional):			
Unit:	House number: 121 House suffix:		
House name:	* * * * * * * * * * * * * * * * * * * *		
Address 1:	PARK Rd		
Address 2:	WESTHOUGHTON		
Address 3:			
Town:	BOLTON		
County:			
Country:			
Postcode:	BLS 30B		

Version 2018 1

3. Site Address Details	4. Pre-application Advice	
Please provide the full postal address of the application site.	Has assistance or prior advice been sough authority about this application?	from the local  No
Unit: House number: 15 House suffix:		
House name:	If Yes, please complete the following infor you were given. (This will help the authority)	
Address 1: RABY STREET	application more efficiently).	5
Address 2: RAW TENSTALL	Please tick if the full contact details are no known, and then complete as much as pos	
Address 3:	Officer name:	
	CAROLINE CAL	LOW
Town:	Reference:	
County:	2023/0333	
Postcode (optional): BBY 7RR	Date of advice (DD/MM/YYYY):	13/11/2023
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received	
Easting: Northing:	APPLY FOR NO AMENDMENT.	N MATERIAL
Description:	AMEND MENT.	
		*,
	]	
5. Eligibility		
Do you, or the person on whose behalf you are making this applicati	ion,	
have an interest in the part of the land to which this amendment rela	ates?	adma a mit
If you have answered No to this question, you cannot		iament.
If you are not the sole owner, has notification under article 10 of the Planning (Development Management Procedure) (England) Order 20	015 been given? Yes No	Not Applicable
If you have answered No to this question, you cannot	apply to make a non-material amer	ndment.
If you have answered Yes to this question, please give details of pers		
Person Notified	Address	Date of Notification
9		
P.		
*		
6. Authority Employee / Member		
It is an important principle of decision-making that the process is op means related, by birth or otherwise, closely enough that a fair-mino conclude that there was bias on the part of the decision-maker in the	ded and informed observer, having considered	
Do any of the following statements apply to you and/or agent?	Yes No With respect to the Auth	ority, I am:
	(a) a member of staff (b) an elected member	
	(c) related to a member	
If yes please provide details of their name, role and how you are rel	(d) related to an elected	member
in yes prease provide details of their frame, fore and now you are ref	died to them.	

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:					
STRUCTURAL ACTERATIONS TO REAR AND DEMOCITION OF LEAN TO EXTENSION					
DEMOLITION OF LEAN TO EXTENSION					
Reference number:  Date of decision (DD/MM/YYYY):					
2023 0333 11 07 2023					
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')  HOUSE HOUDER					
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:					
RE POSITION OF WINDOWS AND REMOVAL OF ONE WINDOW.					
OF ONE WINDOW.					
Are you intending to substitute amended plans or drawings?					
Are you intending to substitute amended plans or drawings?  If Yes, please complete the following:					
If Yes, please complete the following:					
If Yes, please complete the following:  Old plan/drawing number(s):					
If Yes, please complete the following:  Old plan/drawing number(s):					
If Yes, please complete the following:  Old plan/drawing number(s):  1 of 6A, 20F6, 3 of 6 AND 6 of 6.					
If Yes, please complete the following:  Old plan/drawing number(s):  1 of 6A, 20F6, 3 of 6 AND 6 of 6.					
If Yes, please complete the following:  Old plan/drawing number(s): $1 \text{ of } 6\text{ A}, 20\text{ f} 6, 3 \text{ of } 6 \text{ AND } 6 \text{ of } 6.$ New plan/drawing number(s): $1 \text{ of } 1 \text{ s}$					
If Yes, please complete the following:  Old plan/drawing number(s):  I of 6A, 2of6, 3 of 6 AND 6 of 6.  New plan/drawing number(s):  I of 1.  Please state why you wish to make this amendment:					
If Yes, please complete the following:  Old plan/drawing number(s):  I of 6A, 2of6, 3 of 6 AND 6 of 6.  New plan/drawing number(s):  I of 1.  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 required will result in your application not being accept Local Planning Authority (LPA) has been submitted.	
The original and 3 copies* of a completed and dated application for	m:
The original and 3 copies* of other plans and drawings or informatio necessary to describe the subject of the application:	
The correct fee:	
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronicall LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	ly or, the LPA indicate that a smaller number of copies is required.  post (for example, on a CD, DVD or USB memory stick).
10. Declaration  I/we hereby apply for planning permission/consent as described in t information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed Agent:	this form and the accompanying plans/drawings and additional by facts stated are true and accurate and any opinions given are the  Date (DD/MM/YYYY):  13 11 2023
11. Applicant Contact Details	12. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	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 footpath, bridleway o	
Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	or other public land? Yes No  Agent Applicant Other (if different from the agent/applicant's details)
Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:	Agent Applicant Other (if different from the agent/applicant's details)
Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Other (if different from the