



Application for removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) 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.

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:**



Riverside House, Milverton Hill Royal Leamington Spa, CV32 5HZ

Tel: 01926 456130 Email: planningenquiries@warwickdc.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. Applic	ant Name and Address
Title:	MR First name:
Last name:	NAYSAN MALI + NEGIN MALI AYERS
Company (optional):	
Unit:	House number: House suffix:
House name:	C/O AGENT
Address 1:	
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

2. Agent	Name and Address
Title:	MR First name: RICHARD
Last name:	BAILY
Company (optional):	
Unit:	House number: House suffix:
House name:	ALPHA HOUSE
Address 1:	FARMER WARD ROAD
Address 2:	
Address 3:	
Town:	KEHILWORTH
County:	
Country:	
Postcode:	CY8 2ED

Version 2018

3. Site Address Details	4. Pre-application Advice
Please provide the full postal address of the application site.  House House House	Has assistance or prior advice been sought from the local authority about this application?
onit: number: 57-59 suffix:	
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: REGENT STREET	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:
	KATIE MCCORKELL
Town: LEAMINGTON SPA	Reference:
County:	email 27/11/2023
Postcode (optional): CV32 SEE	Date (DD/MM/YYYY): (must be pre-application submission)
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?
Easting: Northing:	VARIATION OF CONDITION APPLICATION
Description:	REQUIRED TO VARY THE APPROVED
	PLANS AND ELEVATIONS
5. Description Of Your Proposal	
Please provide a description of the approved development as shown	on the decision letter, including the application reference number
and date of decision in the sections below:	
Proposed subdivision of the ground floor retail u	
subdivision of the upper floor flat into 2no. flats, Regent Street. Proposed replacement shopfront	
Regent Street Proposed replacement shophone	and associated internal discretions.
Reference number: W/18 / 1419 Date of decision (D	DD/MM/YYYY): 01/11/2018 (date must be pre-application
Please state the condition number(s) to which this application relate	300111331011)
1.	6.
Access to Season Malaur Ports of the	
2. 522Z/03 G,04G,05B+MEER END XXX	7.
3.	8.
4.	9.
5. SHOP FRONT TO BE STAINED OAK FINISH AS	10.
Has the development already started? (INTERNALS ONLY)	Yes No
,	(data must be pre application
If Yes, please state when the development started (DD/MM/YYYY):	ol/10/2021 (date must be pre-application submission)
Has the development been completed?	Yes No
If Yes, please state when the development was completed (DD/MM/	
	YYYY): (date must be pre-application
	YYYY): (date must be pre-application submission)
6. Condition(s) - Removal	submission)
Please state why you wish the condition(s) to be removed or change	d:
	d: LIEU OF THAT PREVIOUSLY APPROVED
Please state why you wish the condition(s) to be removed or changed  2. To Incorporate Current Shop Front Design in  5. To ALLOW STAINED FINISH AS PREVIOUSLY APPROVE  NOTE WDC CONSERNATION ACCEPTED THAT THE ST	d: LIEU OF THAT PREVIOUSLY APPROVED ED AT SABAI SABAI IN LIEU OF PAINTED TAINED FINISH WAS EQUINALENT TO PAINTED
Please state why you wish the condition(s) to be removed or changed  2. TO INCORPORATE CURRENT SHOP FRONT DESIGN IN  5. TO ALLOW STAINED FINISH AS PREVIOUSLY APPROVE  NOTE WDC CONSERNATION ACCEPTED THAT THE ST  If you wish the existing condition to be changed, please state how you	d: LIEU OF THAT PREVIOUSLY APPROVED ED AT SABAI SABAI IN LIEU OF PAINTED TAINED FINISH WAS EQUINALENT TO PAINTED
Please state why you wish the condition(s) to be removed or changed  2. To Incorporate Current Shop Front Design in  5. To ALLOW STAINED FINISH AS PREVIOUSLY APPROVE  NOTE WDC CONSERNATION ACCEPTED THAT THE ST	d: LIEU OF THAT PREVIOUSLY APPROVED ED AT SABAI SABAI IN LIEU OF PAINTED TAINED FINISH WAS EQUINALENT TO PAINTED

## 7. Ownership Certificates and Agricultural Land Declaration

# One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14
I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

is part of, an agricultural holding**			
NOTE: You should sign Certificate B, C application relates but the land is, or is	or D, as appropriate, if you are the sole own part of, an agricultural holding.	er of the land or building to	o which the
	t or leasehold interest with at least 7 years left to iven by reference to the definition of "agriculturo		ne Act.
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY)
	Marca Butera	(RS BAILY)	28/11/2023
I certify/ The applicant certifies that I have 21 days before the date of this application application relates.  * "owner" is a person with a freehold interest.	certificate of ownership - certific relopment Management Procedure) (Englange the applicant has given the requisite notice in, was the owner* and/or agricultural tenanget or leasehold interest with at least 7 years left to be in section 65(8) of the Town and Country Planget in the Town	nd) Order 2015 Certificate use to everyone else (as listed be to everyone else (as listed be to en any part of the land or erun.	pelow) who, on the da
Name of Owner / Agricultural Tenant	Address		Date Notice Served
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY)

7. Ownership Certificates and Ag	ricultural Land Declarat	tion (continued)	
Town and Country Planning (Devel I certify/ The applicant certifies that:  Neither Certificate A or B can be is All reasonable steps have been tal the land or building, or of a part of "owner" is a person with a freehold interest "agricultural tenant" has the meaning give	sued for this application ten to find out the names and it, but I have/ the applicant h or leasehold interest with at lea	addresses of the other owners as been unable to do so.	
The steps taken were:			
Name of Owner / Agricultural Tenant		Address	Date Notice Served
Notice of the application has been publish (circulating in the area where the land is si	ed in the following newspape ruated):		date (which must not be earlier ore the date of the application):
Signed - Applicant:	Or signed - Ag	gent:	Date (DD/MM/YYYY)
Town and Country Planning (Deve I certify/ The applicant certifies that:  Certificate A cannot be issued for the All reasonable steps have been taked date of this application, was the own have/ the applicant has been unable ""owner" is a person with a freehold interest of the steps taken were:	vis application on to find out the names and a ner* and/or agricultural tena e to do so. r leasehold interest with at leas	addresses of everyone else when the fand to set of any part of the land to set of the lan	o, on the day 21 days before the
Notice of the application has been publishe (circulating in the area where the land is situ	d in the following newspaper lated):		date (which must not be earlier ore the date of the application):
Signed - Applicant:	Or signed - Age	ent:	Date (DD/MM/YYYY):
/			

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 being deemed invalid. It will not be considered valid until all information required be the Local Planning Authority (LPA) has been submitted.
The original and 3 copies* of a The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable)
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:  The correct fee:  **Topical and Article 14 Certificate (Agricultural Holdings):  **NA**  **Topical and Article 14 Certificate (Agricultural Holdings):  **NA**  **VAPUATION OF CONDITION APPLICATION  **TOPICAL APPLICATION
The correct fee:  234 UNDER SEFARATE COVER  *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.
9. Declaration  I/we hereby apply for planning permission/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):
(date cannot pre-application
10. Applicant Contact Details 11. Agent Contact Details
Telephone numbers  Telephone numbers
Extension Extension
Country code: National number: Extension number: Country code: National number: number
Country code: National number:  Clo AGOT  Extension number:  Country code: National number:  National number:  Ol926 859 007  Extension number:  Ol926 859 007
Country code: National number: Extension number: Country code: National number: number
Country code: National number:  Country code: Nobile number (optional):
Country code: National number:  Clo AGOT  Extension number:  Country code: National number:  National number:  Ol926 859 007  Extension number:  Ol926 859 007
Country code: National number:  Country code: National number:
Country code: National number:  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Extension number:  Country code: National number:  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):
Country code: National number:  Country code: National number:
Country code: National number:  Country code: National number:  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Extension number:  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  Extension number:  Country code: National number:  Country code: National number:  D[926 859 00 7]  Country code: Fax number (optional):  Email address (optional):  Extension number:  Country code: National number:  National numb
Country code: National number:  Country code: National number:
Country code: National number:  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  Country code: Fax number (optional):  Email address (optional):  Country code: Fax number (optional):
Country code: National number:  Country code: National number:

Email address: