



Please send the completed form and certificate to:
 Planning Services, Town Hall, Rose Hill, Chesterfield S40 1LP
 Tel: 01246 345811
 Fax: 01246 345809
 email: planning@chesterfield.gov.uk
 Website: www.chesterfield.gov.uk

FOR OFFICIAL USE ONLY

Application No.
 Fee: £
 Receipt No.
 Date of receipt

Application for a Non-Material Amendment Following a Grant of Planning Permission

Town and Country Planning Act 1990 (as amended)

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.

Site Location

Disclaimer: We can only make recommendations based on the answers given in the questions.

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".

Number

Suffix

Property Name

Chesterfield And North Derbyshire Royal Hospital

Address Line 1

Chesterfield Road

Address Line 2

Address Line 3

Derbyshire

Town/city

Calow

Postcode

S44 5BL

Description of site location must be completed if postcode is not known:

Easting (x)

440141

Northing (y)

371188

Description

Applicant Details

Name/Company

Title

First name

Surname

Company Name

Address

Address line 1

Address line 2

Address line 3

Town/City

County

Country

Postcode

Are you an agent acting on behalf of the applicant?

Yes

No

Contact Details

Primary number

Secondary number

Fax number

Email address

Agent Details

Name/Company

Title

First name

Surname

Company Name

Address

Address line 1

Address line 2

Address line 3

Town/City

County

Country

Postcode

Contact Details

Primary number

***** REDACTED *****

Secondary number

Fax number

Email address

***** REDACTED *****

Eligibility

Does the applicant have an interest in the part of the land to which this amendment relates?

Yes

No

If the applicant is not the sole owner, has notification under Article 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended) been given?

Yes

No

Not applicable

Please add details of all persons notified

Name of person notified:

***** REDACTED *****

House name:

Number:

Suffix:

Address line 1:

Chesterfield Royal Hospital NHS Foundation Trust

Address Line 2:

Calow

Town/City:

Chesterfield

Postcode:

S44 5BL

Date notice served:

13/02/2024

Description of Your Proposal

Please provide the description of the approved development as shown on the decision letter

Construction of a new mental health facility and associated landscaping, groundworks, parking, and access arrangements - re-submission of CHE/21/00887/FUL

Reference number

CHE/22/00540/FUL

Date of decision

28/09/2022

What was the original application type?

Full planning permission

For the purpose of calculating fees, which of the following best describes the original development type?

- Householder development:** Development to an existing dwelling-house or development within its curtilage
- Other:** Anything not covered by the above category

Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make

Please refer to cover letter.

Please state why you wish to make this amendment

Please refer to cover letter.

Are you intending to substitute amended plans or drawings?

- Yes
- No

If yes, please complete the following details

Old plan/drawing numbers

Please refer to cover letter.

New plan/drawing numbers

Please refer to cover letter.

Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

- Yes
- No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?

- The agent
- The applicant
- Other person

Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

- Yes
 No

If Yes, please complete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):

Officer name:

Title

First Name

Surname

Reference

Date (must be pre-application submission)

Details of the pre-application advice received

Authority Employee/Member

With respect to the Authority, is the applicant and/or agent one of the following:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

It is an important principle of decision-making that the process is open and transparent.

For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the Local Planning Authority.

Do any of the above statements apply?

- Yes
 No

Declaration

I/We hereby apply for Non-Material Amendment as described in the questions answered, details provided, 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.

I/We also accept that, in accordance with the Planning Portal's terms and conditions:

- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published as part of a public register and on the authority's website;
- Our system will automatically generate and send you emails in regard to the submission of this application.

I / We agree to the outlined declaration

Signed

Lydia Easten

Date

13/02/2024