

## 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:**



PO BOX 17 CORPORATION STREET BLACKPOOL, FY1 1LZ

> TEL: (01253) 477477 FAX: (01253) 476201

Email: planning@blackpool.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.

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Applicant Name and Address		2. Agent Name and Address	
Γitle:	MK First name: DEAN	Title: MR First name: LINDSAY	
_ast name:	TIMEYALL	Last name: ORAM	
Company (optional):		Company (optional): LINDSAY ORAM ARCHITECT	
Jnit:	House number: 31 House suffix:	Unit: House House suffix:	
House name:		House name:	
Address 1:	STOCKYDALE RD	Address 1: FYCREATIVES	
Address 2:		Address 2: 154-158 CHURCH 51	
Address 3:		Address 3:	
Town:	BLACK POOL	Town: BLACKPOOL	
County:	LANCASHINE	Town: BLACKPOOL  County: LANCASHINE	
Country:	ENGLAND	Country: ENGLAND	
Postcode:	FY45HP	Postcode: FY13P5	

3. Site Address Details  Please provide the full postal address of the application site.  Unit: House number: 3   House suffix:    House name:    Address 1: STOCKYD AVE NOND    Address 2:    Address 3:    Town: BLACKPOOL    County: LANCASHIVE    Postcode (optional): FY45HP    Description of location or a grid reference. (must be completed if postcode is not known):  Easting: Northing:	4. Pre-application Advice Has assistance or prior advice been sought authority about this application?  If Yes, please complete the following inform you were given. (This will help the authorit application more efficiently). Please tick if the full contact details are not known, and then complete as much as post Officer name:  Reference:  Date of advice (DD/MM/XYYY):  Details of pre-application advice received:	Yes No mation about the advice y to deal with this sible:				
Description:						
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 relates?  If you have answered No to this question, you cannot apply to make a non-material amendment.  If you are not the sole owner, has notification under article 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 been given?  Yes No Not Applicable  If you have answered No to this question, you cannot apply to make a non-material amendment.						
If you have answered Yes to this question, please give details of pers						
Person Notified	Address	Date of Notlfication				
		. *				
	N/A.					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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-mind conclude that there was bias on the part of the decision-maker in the Do any of the following statements apply to you and/or agent?	ded and informed observer, having considered e local planning authority.  Yes No With respect to the Authority (a) a member of staff (b) an elected member (c) related to a member (d) related to an elected	I the facts , would prity, I am:				
If yes please provide details of their name, role and how you are rel	ated 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:				
ERECTION OF A TWO STOREY SIDE EXTENSION AND SINGLE				
STOREY REAR EXTENSION (RE-SUBMISSION 23) 0037)				
Reference number:  Date of decision (DD/MM/YYYY):				
23/0868 01/02/2024				
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')				
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:				
REDESIGN OF FRONT BAY TO INCLUDE ENTRANCE DOORS				
AND REPLACING FORMER ENTRANCE DOOR WITH KUNDOW				
SUBSTITUTION OF TWO STOREY BAY TO SIDE EXTENSION				
TO 2 NO. WINDOWS.				
Are you intending to substitute amended plans or drawings?				
If Yes, please complete the following:				
Old plan/drawing number(s):  1 - CROSED EVEYATIONS, SITE + SITE LOCATION PLANS 729 -02-REVC.				
PROPOSED ELEVATIONS, SITE + SITE LOCATION PLANS 729-02-REVC PROPOSED PLANS 729-0 REV A.				
New plan/drawing number(s):  PROPOSED ELEVATORS, SITE + SITE LOCATION PLANS 729-02 REVD PROPOSED PLANS 729-01 REVB.				
Please state why you wish to make this amendment:				
THE APPLICANT WANTS TO RELOCATE WAIN ENTRANCE AND				
WISHES A MORE MODERN BAY, ENTRANCE CENTRED PROVIDES				
BETTER BALANICE VISUALLY.				

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.	ne information in support of your proposal. Failure to submit all ted. It will not be accepted until all information required by the				
The original and 3 copies* of a completed and dated application for	m:				
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	$oldsymbol{oldsymbol{eta}}$				
The correct fee:	= * Applicant To pay DINECT.				
*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/consent as described in tinformation. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the				
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):				
	2402/2024				
11. Applicant Contact Details	12. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension number:	Country code: National number: Extension number:				
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
Country					
Country code: Fax number (optional):	Country code: Fax number (optional):				
Email address (optional):	Email address (optional)				
13. Site Visit					
Can the site be seen from a public road, public footpath, bridleway o	r 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 agent/applicant's details)					
Other has been selected, please provide:					
Contact name:	Telephone number:				
Email address:					