



## 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:

**Planning Services** 

www.westsuffolk.gov.uk/planning

Email: customer.services@westsuffolk.gov.uk

Telephone: 01284 763233



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	2. Agent Name and Address		
Title:	First name:	Title:	First name:	
Last name:	MACPHERSON & HARPUR	Last name:		
Company (optional):		Company (optional):	BROWN & SCARLETT	
Unit:	House number: House suffix:	Unit:	House number: House suffix:	
House name:	YO AGENT	House name:	OLD HALL BARNS	
Address 1:		Address 1:	THURSTON ROAD	
Address 2:		Address 2:	PAKENHAM	
Address 3:		Address 3:		
Town:		Town:	BURY ST EDMUNDS	
County:		County:	SUFFOLK	
Country:		Country:		
Postcode:		Postcode:	(P312NG	
			Version 2018.1	

3. Site A	ddress Details			cation Advice			
Please prov	vide the full postal address of	an a u acceptable and a companier and		or prior advice been sought fi this application?			
Unit:	House number:	House suffix:	authority about	triis application?	Yes No		
House name:	HIGH GREEN		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1:	HIGH GREEN	V	application mor	re efficiently).			
Address 2:	NOWTON			e full contact details are not n complete as much as possi	ble:		
Address 3:			Officer name:		7 0		
Town:	BURY ST ED	MUNDS	Reference:	is renezon			
County:	The State of the S			-			
Postcode (optional):	1P29 5LZ		Date of a	advice (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):			Details of pre-a	pplication advice received:			
Easting: Northing:			AGREE	ED IN PRINCIP	LE TO THE		
Description				ATION OF PO			
	1. 4.8						
			][	4 4 W			
5. Eligib	ility			н %			
Do vou, or t	the person on whose behalf v	ou are making this applicat	ion,	Yes No			
	erest in the part of the land to ve answered No to this				lmont		
-			• 100 (=)		iment.		
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							
Planning (D	evelopment Management Pr	ocedure) (England) Order 2	2015 been given?	L Tes Live	(tot Applicable		
	ve answered No to this		-				
If you hav	ve answered No to this	question, you cannot	apply to make				
If you hav	ve answered No to this answered Yes to this question	question, you cannot	apply to make		Iment.		
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If you hav	ve answered No to this answered Yes to this question	question, you cannot	apply to make		Iment.		
If you have	ve answered No to this answered Yes to this question Person Notified	question, you cannot	apply to make		Iment.		
If you have	ve answered No to this answered Yes to this question Person Notified  rity Employee / Membe	question, you cannot	apply to make sons notified: Address	a non-material amend	Iment.  Date of Notification		
If you have  If you have  6. Autho  It is an important relations and important relations.	ve answered No to this answered Yes to this question Person Notified	question, you cannot  n, please give details of per-  er  aking that the process is opsely enough that a fair-mine	en and transparent	. For the purposes of this quebserver, having considered t	Date of Notification  Date of Notification  estion "relating to"		
If you have  If you have  6. Autho  It is an import means relat conclude the	ve answered No to this answered Yes to this question Person Notified  rity Employee / Member of decision-med, by birth or otherwise, close	question, you cannot  n, please give details of personal  er  aking that the process is op sely enough that a fair-mine of the decision-maker in th	en and transparent	For the purposes of this que bserver, having considered thority.  With respect to the Author	Date of Notification  Date of Notification  estion "relating to" he facts , would		
If you have  If you have  6. Autho  It is an import means relat conclude the	rity Employee / Member or the part there was bias on the part	question, you cannot  n, please give details of personal  er  aking that the process is op sely enough that a fair-mine of the decision-maker in th	en and transparent ded and informed o	For the purposes of this quebserver, having considered thority.  With respect to the Author (a) a member of staff	Date of Notification  Date of Notification  estion "relating to" he facts , would		
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7. Description Of Your Proposal						
Please provide the description of the approved developr and date of decision in the sections below:	nent as shown on the dec	ision letter, including application reference number				
APPLICATION FOR LISTED BUILDING CONSENT-						
ay OPEN FRONT PORCH F	ay OPEN FRONT PORCH FOLLOWING DEMOLITION OF EXISTING					
FRONT PORCH. b/ SIN	GLE STOREY	FRONT, SIDE & REAR				
No. 1	EXTENSIONS FOLLOWING DEMOLITION OF EXISTING GARDEN/					
	UTILITY ROOM OF INTERNAL ALTERATIONS. OF EXTERNAL					
ALTERATIONS TO FENESTRATION. EX CONSTRUCTION OF SWIMMING POOL.						
Reference number:		Date of decision (DD/MM/YYYY):				
DC/24/0133/LB & DC/24/013	2/HH	25/03/2024				
DC/24/0/33/28 8 22/24/0/3	2(11)	2310010027				
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	HOUSEHOLDE	2 & LISTED BUILDING				
For the purpose of calculating fees, which of the followin	g best describes the origi	nal application type?				
Householder development: development to an existin	g dwelling-house or deve	lopment 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:						
REPOSITIONING OF SWIMMING POOL IN GARDEN						
REPOSITIONING OF	SOMMING	boor in oukner				
,						
,						
	And the second s					
Are you intending to substitute amended plans or drawings?						
If Yes, please complete the following:						
Old plan/drawing number(s):						
4645-010-A						
New plan/drawing number(s):						
4645-030						
Please state why you wish to make this amendment:						
CLIENT DECISION TO	IMPROVE S	SUNLIGHT				

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 dated application form	1:				
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:					
The correct fee:					
*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 a information. I/we confirm that, to the best of my/our genuine opinions of the person(s) giving them.  Signed - Applicant:  Or s	e (DD/MM/YYYY):				
11. Applicant Contact Details	s				
Telephone numbers  Country code: National number:  AGENT  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Telephone numbers  Country code: National number: Extension 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 or other public land? Yes					
If 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)				
If Other has been selected, please provide:					
PAUL SCARLETT	Telephone number:				
Email address:					