

Telephone: 01529 414155

Application for a non-material amendment following a grant of planning permission. Town and Country Planning Act 1990

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.

Please complete using block capitals and black ink. It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address		2. Agent Name and Address		
Title:	MRS First name: ALISON	Title: First name:		
Last name:	WHITELEY	Last name:		
Company (optional):		Company (optional):		
Unit:	House number: House suffix:	Unit: House House suffix:		
House name:		House name:		
Address 1:	POROTHY AVENUE	Address 1: -		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	BLACEBRIDGE HEATH	Town:		
County:	LINES	County:		
Country:	чK	Country:		
Postcode:	LN4 2NE	Postcode:		

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	it from the local		
Unit:	House number:	House suffix:	authority about this application?	Yes No	
House name:	THE BARN AT WAST		If Yes, please complete the following information you were given. (This will help the authority)		
Address 1:	ь	TOP FARM	application more efficiently). Please tick if the full contact details are no		
Address 2:	OF LINCOLN RD		known, and then complete as much as po		
Address 3:	·		Officer name: TOM SIDDONS		
Town:	BRANSTON		Reference:		
County:	LINCS		The contract		
Postcode (optional):	LNH INX		Date of advice (DD/MM/YYYY):	16/02/2024	
Description (must be co	of location or a grid reference. mpleted if postcode is not know	n):	Details of pre-application advice received		
Easting: 5	COLIGN Northing:	368359	WITH REFERENCE TO THE CHANGE		
Description	:		THE ALTERATION ITSELF IS LIKELY		
		TO BE ACCEPTABLE			
5. Eligibi	lity				
Do you, or th	ne person on whose behalf you a	re making this applicati	ion, Ves No		
	rest in the part of the land to whi		ates?	don out	
				iament.	
Planning (De	t the sole owner, has notification evelopment Management Proced	lure) (England) Order 20	015 been given? Yes No	Not Applicable	
If you hav	e answered No to this que	estion, you cannot	apply to make a non-material amen	dment.	
If you have a	nswered Yes to this question, ple	ase give details of pers	ions notified:		
	Person Notified		Address	Date of Notification	
	±		4		
*		135			
		٨			
6. Authori	ty Employee / Member				
With respect	to the Authority, I am:	Do a	nny of these statements apply to you?		
(a) a member of staff					
•	a member of staff	LJ'	Yes No		
	an elected member			-	
If yes please	provide details of the name, rela	tionship and role			
_				and the second s	

Please provide the description of the approved development as shown on the decision	on letter, including applica	tion reference	e num	ber
and date of decision in the sections below:			,	
CHANGE OF USE OF AGRICULTURAL	BUILDINGS	TO	1	NO.
DWELLIAG .				
				¥
Reference number:	ate of decision (DD/MM/Y)	YY):		
23/0117/FUL	30/03/2023			
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	UING PERMI	SSION		
For the purpose of calculating fees, which of the following best describes the original	application type?	2,		
Householder development: development to an existing dwelling-house or develop	ment 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:	>			
a change and a solution of the collection	~ 00000			
PLGASE SEE ADDITIONAL SHEET O	r produ			
,				
,				
4			*	
Are you intending to substitute amended plans or drawings?	es No			
If Yes, please complete the following:				
Old plan/drawing number(s):				
New plan/drawing number(s):				
Terry planty distanting framiber(s).			:4	
Please state why you wish to make this amendment:	X			
	00.001			
PLGASE SEE ADDITIONAL SHEET OF	MACE			

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 has been submitted.					
The original and 3 copies of a completed and dated application form:					
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:					
The correct fee:					
10. 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. Or signed - Agent: Date (DD/MM/YYYY):					
11. Applicant Contact Details 12. Agent Contact Details					
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Extension number: Country code: National number: 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 or other public land?					
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:					
Contact name: Telephone number:					
Email address:					