If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply



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:



Mid Suffolk District Council Planning Services Endeavour House, 8 Russell Road, Ipswich, IP1 2BX Tel: 0300 1234000 option 5 Email: planning@baberghmidsuffolk.gov.uk www.midsuffolk.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	2. Agent Name and Address			
Title:	Mr and Mrs First name: V	Title:	Mr First name: P		
Last name:	Baitan	Last name:	Laflin		
Company (optional):		Company (optional):	Build to Plans		
Unit:	House House suffix:	Unit:	House House suffix:		
House name:	Merton	House name:			
Address 1:	Jacks Green Road	Address 1:	Aldham Gardens		
Address 2:		Address 2:			
Address 3:		Address 3:			
Town:	Creeting St Mary	Town:	Stowmarket		
County:	Suffolk	County:	Suffolk		
Country:		Country:			
Postcode:	IP6 8NA	Postcode:	IP14 2PS		
		<u> </u>	Version 2018.1		

3. Site Address Details	(4. Pre-application Advice					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?					
Unit: House House suffix:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
House name: Merton						
Address 1: Jacks Green Road	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:					
Town: Creeting St Mary	Reference:					
County: Suffolk						
Postcode (optional): IP6 8NA	Date of advice (DD/MM/YYYY):					
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received:					
Easting: Northing:						
Description:						
5 Eligibility						
5. Eligibility Do you, or the person on whose behalf you are making this applic						
have an interest in the part of the land to which this amendment r	elates?					
If you have answered No to this question, you cannot	ot apply to make a non-material amendment.					
If you are not the sole owner, has notification under article 10 of the Planning (Development Management Procedure) (England) Order	ne Town and Country 2015 been given? Yes No Not Applicable					
If you have answered No to this question, you cann	ot apply to make a non-material amendment.					
If you have answered Yes to this question, please give details of pe	ersons notified:					
Person Notified	Address Date of Notification					
4 Authority Employee / Mambar						
6. Authority Employee / Member It is an important principle of decision-making that the process is open and transparent. For the purposes of this question "relating 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						

Do any of the following statements apply to you and/or agent? Yes

- X No With respect to the Authority, I am:
 - (a) a member of staff
 - (b) an elected member
 - (c) related to a member of staff
 - (d) related to an elected member

If yes please provide details of their name, role and how you are related to them.

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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 Detached Garage with Office Above							
Reference number:	Date of decision (DD/MM/YYYY):						
DC/23/00460	07/07/2023						
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') Householder							
For the purpose of calculating fees, which of the following best describes the origin	nal application type?						
Householder development: development to an existing dwelling-house or deve	lopment within its curtilage						
Other: anything not covered by the above category							
Please describe the non-material amendment(s) you are seeking to make: Change from brickwork external wall finish to render to match the main d	welling.						
Are you intending to substitute amended plans or drawings?	Yes X No						
If Yes, please complete the following:							
Old plan/drawing number(s):							
New plan/drawing number(s):							
Please state why you wish to make this amendment:							
Applicant's preference							

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 d	ated application form:					
The original and 3 copies* of other plans and dra necessary to describe the subject of the applicat						
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/const information. I/we confirm that, to the best of my/ genuine opinions of the person(s) giving them. Signed - Applicant:	ent as described in this fo our knowledge, any facts Or signed - Agent:	orm and the accompanyir s stated are true and accu	ng plans/drawings and additional rate and any opinions given are the Date (DD/MM/YYYY): 23/04/2024			
11. Applicant Contact Details						
Telephone numbers						
Country code: National number:	Extension number:					

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Country code:

Country code:

Email address (optional):

Mobile number (optional):

Fax number (optional):

13. Site visit			
Can the site be seen from a public road, public footpath, bridleway or	No		
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>)	X Agent	Applicant	Other (if different from the agent/applicant's details)
If Other has been selected, please provide:			5 11 /
Contact name:	Telephone number:		
Email address:			