

Council Offices Urban Road, Kirkby-in-Ashfield Nottingham, NG17 8DA

Tel: 01623 450000 / Fax: 01623 457585 www.ashfield.gov.uk

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.

1. Applicant Name, Address and Contact Details					
	_				
Title: Mr	First Name:	М		Surname:	Anthony
Company name:					
Street address					
			Telephone numb	er:	
			Mobile number:		
Town/City:			Fax number:		
19400					
Country:			Email address:		
Postcode:					
Are you an agent	acting on behalf of th	e applicant?	Yes	lo	
2 Agent Name	, Address and C	ontact Details			
2. Agent Name	, Address and C	Ontact Details			
Title: Mr	First Name:	Chris		Surname:	Froggatt
Company name:	Architectural Buildin	ng Design Services			
Street address:	P.O. Box 7291				
			Telephone numb	er: 07773	3899597
			Mobile number:		
Town/City:	Alfreton		Fax number:		
Town/City: Country:	Alfreton United Kingdom		Fax number: Email address:		

3. Site Addres	ss Details								
Full postal addre	ess of the site (in	cluding full po	ostcode w	here availa	ble)	Description:			
House:	132	Suffix							
House name:									
Street address:	Main Road								
					Ŧ				
Town/City:	UNDERWOOL)			Ħ				
Postcode:	NG16 5GN				Ħ				
Description of lo (must be comple	ecation or a grid eted if postcode	reference is not known)	1:						
Easting:	446605								
Northing:	350758				Ī				
4. Eligibility									
,-, -									
Do you, or the pe		behalf you ar	e making	this applica	ition, ha	ve an interest in	the part of the land to	Yes	No
If you are not the	e sole owner, ha				e Town	and Country Plar	nning (Development	O Yes O	No Not Applicable
Management Pro	ocedure) (Engla	nd) Order 201	5 been gi	ven?		80 W ANNOON		Q 105 Q	
Person notified		Address							Date of notification (DD/MM/YYYY)
	1	Number:		Suffix:		House name:			1
-		Street:							1
								,	
		Town:			_				4
		Postcode:							
5. Description	of Your Pro	posal							
Description of Ap			Windows						
0. 120 0. 10 0.	_		· · · · · · · · · · · · · · · · · · ·						
*Date of decision Page 1997									
(DD/MM/YYYY):	29/09/2								
What was the or		ı type?							
Full planning permission For the purpose of calculating fees, which of the following best describes the original application type?									
	NO			120		(7)()()	VEX.550.	•	
 Householder development: Development to an existing dwelling-house or development within its curtilage Other: anything not covered by the above category 									
2 Tillottully	annig not coron	a by mo abo.	o catogor	,					
	2_ 24 E 22	20, 81, 234							
6. Non-Materi	al Amendme	ent(s) Soug	ıht						
*Please describe	e the non-materi	al amendmen	t(s) you a	re seekina	to make	1:			
							th brickwork beneath	in .	

6. Non-Material Amendment	t(s) Sought		
Are you intending to substitute ame	ended plans or drawings?	Yes	○ No
Old plan/drawing numbers:	1649/10A 1649/11C		
New plan/drawing numbers:	1649/10B 1649/11D		
Please state why you wish to make	Opening Control Control System Control Opening		
	he applicant, and to have a window supported by gallow	s brackets makes it very h	nard to reach the top opening light.
A bay type window would enable the	he applicant to walk closer to the window and be more p	practical to open.	
7. Pre-application Advice			
Has assistance or prior advice been	n sought from the local authority about this application?	Yes	O No
If Yes, please complete the following	ng information about the advice you were given (this will	help the authority to deal	with this application more efficiently):
Officer name:			
Title: Mr First name:	: Robbie	Surname: Steel	
Reference: V/2017/04	28		
Date (DD/MM/YYYY): 05/02/2018	8 (Must be pre-application submission)		
Details of the pre-application advice	e received:		
Positive			
B. Site Visit			
Can the site be seen from a public	road, public footpath, bridleway or other public land?	Yes	No
	nake an appointment to carry out a site visit, whom shou	ld they contact? (Please s	elect only one)
The agent		,	,,
The agent of the applica	ant Ctrief person		
9. Authority Employee/Mem	ber		
Mark and a second secon			
With respect to the Authority, I am: (a) a member of staff			
(b) an elected member(c) related to a member of	Do any of these statements ap f staff	oply to you?	O Yes No
(d) related to an elected n			
10. Declaration			
	mission/consent as described in this form and the accom n. I/we confirm that, to the best of my/our knowledge, an	v facts stated are	Date 20/02/2018
	s given are the genuine opinions of the person(s) giving		Date 20/02/2018