PLANNING PORTAL

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

Title:	MRS	First name:	ELISE		
Last name:	SHEPHERD				
Company (optional):					
Unit:		House number:	14	House suffix:	
House name:	SOUTHLEA DRIVE				
Address 1:	HOYLAND				
Address 2:					
Address 3:					
Town:	BARNSLEY				
County:	SOUTH YORKSHIRE				
Country:					
Postcode:	S74 9NA				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	14	House suffix:	
House name:	~~SOUTHLEA DRIVE~~				
Address 1:	SOUTHLEA DRIVE				
Address 2:	HOYLAND				
Address 3:					
Town:	BARNSLEY				
County:	SOUTH YORKSHIRE				
Postcode (optional):	S74 9NA				

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☐ No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

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? ☒ Yes ☐ No

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 9 of the DMPO 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 persons notified:

Person Notified	Address	Date of Notification

6. Authority Employee / Member

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

Do any of these statements apply to you?

☒ Yes ☐ No

If yes please provide details of the name, relationship and role

CHRISTOPHER LAMB, JOINT OWNER OF THE PROPERTY IS AN ELECTED MEMBER FOR THE ROCKINGHAM WARD.

7. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:

Reference number: 2018 | 0770

Date of decision (DD/MM/YYYY): 7 | 8 | 2018

What was the original application type?:
(e.g. 'Full', 'Householder and Listed Building', 'Outline') FULL

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:

REAR SINGLE STORY EXTENSION TO BUNGALOW.
- REDUCTION OF SOFFIT WIDTH ON WEST FACING WALL OF THE EXTENSION — 1.5METRES IN LENGTH.
SOFFIT + FACIA WIDTH REDUCED FROM 27CM TO 2CM FACIA BOARD ONLY.
PLEASE SEE ATTATCHED PHOTOGRAPHS.

Are you intending to substitute amended plans or drawings? ☐ Yes ☐ 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:

IN ORDER TO AVOID ANY OVERHANG OF GUTTER ACCROSS BOUNDARY WITH NEIGHBOUR

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

[redacted]