

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: <input type="text" value="MISS"/> First name: <input type="text" value="ADRIENNE"/>	Title: <input type="text"/> First name: <input type="text"/>
Last name: <input type="text" value="FORREST"/>	Last name: <input type="text"/>
Company (optional): <input type="text" value="LIDL UK GMBH"/>	Company (optional): <input type="text"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text" value="2ND FLOOR"/>	House name: <input type="text"/>
Address 1: <input type="text" value="MARIAN HOUSE"/>	Address 1: <input type="text"/>
Address 2: <input type="text" value="3 COLTON MILL"/>	Address 2: <input type="text" value="N/A"/>
Address 3: <input type="text" value="BULLERTHORPE LANE"/>	Address 3: <input type="text"/>
Town: <input type="text" value="LEEDS"/>	Town: <input type="text"/>
County: <input type="text" value="WEST YORKSHIRE"/>	County: <input type="text"/>
Country: <input type="text" value="ENGLAND"/>	Country: <input type="text"/>
Postcode: <input type="text" value="LS15 9JN"/>	Postcode: <input type="text"/>

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: FORMER PIONEER STORE

Address 1: PEEL STREET

Address 2:

Address 3:

Town: BARNDSLEY

County: SOUTH YORKSHIRE

Postcode (optional): S70 2RB

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:

KEIRON ANN / PETER LANGDALE

Reference:

Date of advice (DD/MM/YYYY):

20/12/10

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 4F(3) of the GDPO 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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:

REDEVELOPMENT OF FORMER PIONEER STORE INTO TWO RETAIL UNITS
AND ASSOCIATED CAR PARKING.

Reference number:

2010/0823

Date of decision (DD/MM/YYYY):

04/10/10

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:

- ALTERATION OF MATERIAL USED ON LIDL ENTRANCE CANOPY
- REMOVAL OF STAIRCASE PROPOSED ON HIGHWAYS LAND, FOLLOWING DISCUSSIONS WITH HIGHWAYS DEPARTMENT.

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:

PLEASE SEE ATTACHED DOCUMENTATION.