



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:	<input type="text" value="Dr"/>	First Name:	<input type="text" value="Sumanth"/>	Surname:	<input type="text" value="Chikthimmah"/>
Company name:	<input type="text" value="Park Grove Burleigh Ltd"/>				
Street address:	<input type="text" value="124-126 Park Grove"/>				
	<input type="text"/>	Telephone number:	<input type="text"/>		
	<input type="text"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text" value="Barnsley"/>	Fax number:	<input type="text"/>		
Country:	<input type="text"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text" value="S70 1QE"/>		<input type="text"/>		
Are you an agent acting on behalf of the applicant?		<input checked="" type="radio"/> Yes	<input type="radio"/> No		

2. Agent Name, Address and Contact Details

Title:	<input type="text" value="Mr"/>	First Name:	<input type="text" value="James"/>	Surname:	<input type="text" value="Teggin"/>
Company name:	<input type="text" value="P+HS Architects"/>				
Street address:	<input type="text" value="84 Albion Street"/>				
	<input type="text"/>	Telephone number:	<input type="text" value="01132454332"/>		
	<input type="text"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text" value="Leeds"/>	Fax number:	<input type="text"/>		
Country:	<input type="text" value="United Kingdom"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text" value="LS1 6AG"/>		<input type="text" value="planning@pandhs.co.uk"/>		

3. Site Address Details

Full postal address of the site (including full postcode where available)

House: Suffix:

House name:

Street address:

Town/City:

Postcode:

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

Easting:

Northing:

Description:

Vacant site to corner of Burleigh Street with Sheffield Road.

4. 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 are not the sole owner, has notification under article 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 been given? Yes No Not Applicable

Person notified	Address	Date of notification (DD/MM/YYYY)
<input type="text"/>	Number: <input type="text"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text"/> <input type="text"/> <input type="text"/> Town: <input type="text"/> Postcode: <input type="text"/>	<input type="text"/>

5. Description of Your Proposal

Description of Approved Development:

Proposed two-storey medical centre with integrated pharmacy retail unit. Associated parking to the entrance to the building and to the rear of the site.

Reference number:

*Date of decision (DD/MM/YYYY):

What was the original application type?

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

6. Non-Material Amendment(s) Sought

*Please describe the non-material amendment(s) you are seeking to make:

Cladding colour revised. Louvre positions altered.

6. Non-Material Amendment(s) Sought

Are you intending to substitute amended plans or drawings?

Yes No

Old plan/drawing numbers:

New plan/drawing numbers:

Please state why you wish to make this amendment:

7. 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):

Officer name:

Title: First name: Surname:

Reference:

Date (DD/MM/YYYY): (Must be pre-application submission)

Details of the pre-application advice received:

8. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

Yes No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

The agent The applicant Other person

9. 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

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.



Date