

## 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. Applic	ant Name and Address	2. Agent Name and Address
Title:	MISS First name: LAURA	Title: First name:
Last name:	POWELL	Last name:
Company (optional):	TAYLOR WIMPEY	Company (optional):
Unit:	House number: House suffix:	Unit: House number: House suffix:
House name:		House name:
Address 1:	EASTERN BUSINESS PARK	Address 1:
Address 2:	BUILDING 2	Address 2:
Address 3:	ST HELLONS	Address 3:
Town:		Town:
County:		County:
Country:		Country:
Postcode:	CF3 5EA	Postcode:

3. Site Address Details		4. Pre-application Advice			
Please provide the full postal address of the	e application site.	Has assistance or prior advice been sought from the local			
Unit: House number:	House suffix:	authority about this application?  Yes No			
House name:	Sullix.	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: SITE KNOWN AB	CUON TESC	application more efficiently).  Please tick if the full contact details are not			
Address 2: BARRY WATER	POUT	known, and then complete as much as possible:			
Address 3:		Officer name:			
Town: BARRY		CHARLOTTLE PUGH  Reference:			
County:					
Postcode (optional):		Date of advice (DD/MM/YYYY): 17   69   2014			
Description of location or a grid reference. (must be completed if postcode is not kno	wn):	Details of pre-application advice received:			
Easting: Northin		TELEPHONE CONVERSATION			
Description:		CONFIRMING THAT THE APPLICATION			
		CAN BE DEALT WITH VIA NOW-			
		MATERIAL AMENDMENT.			
- =:: :::::::::::::::::::::::::::::::::					
<b>5. Eligibility</b> Do you, or the person on whose behalf you	, ava makina this annlisst	i			
have an interest in the part of the land to w	hich this amendment rel	ates? Yes No			
If you have answered No to this qu	uestion, you cannot	apply to make a non-material amendment.			
32 00 00 00 00 00 00 00 00 00 00 00 00 00					
If you are not the sole owner, has notification					
If you have answered No to this qu	uestion, you cannot	apply to make a non-material amendment.			
If you have answered Yes to this question, p	olease give details of pers	sons notified:			
Person Notified		Address Date of Notification			
6. Authority Employee / Member					
With respect to the Authority, I am:	Do a	any of these statements apply to you?			
(a) a member of staff (b) an elected member		Yes No			
(c) related to a member of staff		Tes No			
(d) related to an elected member					
If yes please provide details of the name, r	elationship 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:					
RESIDENTIAL DEVELOPMENT CUPTO 128 DWELLINGS) BY TAYLOR WIMPEY					
HOMES) AND ASSOCIATED INFRASTRUCTURE L	WORKS, PARKING, SERVICING				
AND LANDSCAPING AT SITE KNOWN AS					
WATERFRONT					
Difference of					
Reference number:	Date of decision (DD/MM/YYYY):				
2012/00806/EAR	11/03/2013				
What was the original application type?:	10-00				
(e.g. 'Full', 'Householder and Listed Building', 'Outline')	MITERS				
For the purpose of calculating fees, which of the following best describes the orig	inal application type?				
Householder development: development to an existing dwelling-house or development	elopment 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:	£ .				
REMOVAL OF CONTROLS 9 & 10 OF PLANNI	NG PERMISSION				
2012/00806/EAR					
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:					
	0 5 60000000000000000000000000000000000				
CONDITIONS OF BUILD RELATING TO POEFOR SUSTAINABLE HOMES ARE REQUESTED TO BE REMOVED IN LINE WITH RECENT					
HATTONIAL POUCY CHANGES, NAMELY THE RENSON OF PLANNING					
POLICY WALES AND WITHDRAWL OF TAK					
pode of the state of the the					

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 drawing necessary to describe the subject of the application:	gs or information :					
The correct fee:		<u> </u>				
information.	as described in thi r signed - Agent:	his form and the accompanying plans/drawings and additional  Date (DD/MM/YYYY):				
11. Applicant Contact Details 12. Agent Contact Details						
Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Extension number:	Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):				
13. 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)  Agent  Applicant  Other (if different from agent/applicant's details)						
If Other has been selected, please provide:						
Contact name:  LOWICK POWELL		Telephone number:				
2000.01						

Email address: