The Vale of Glamorgan Council ngor Bro Moreannwg

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2015/00057/1

Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990

ublication of applications on planning authority websites

ease note that the information provided on this application form and in supporting documents may be published on the athority's website. If you require any further clarification, please contact the Authority's planning department.

ease complete using block capitals and black ink.

s important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Applicant Name and Address		2. Agent Name and Address
Γitle:	MP First name: EDWARD	Title: RP First name: RANH
_ast name:	LowE	Last name: SHEPHERD
Company optional):	Test to make a	Company (optional): ABS DRAWING STRVICES
Jnit:	House number: House suffix:	Unit: House number: House suffix:
louse name:	GREN COTTAGE	House name:
Address 1:	39 BARTCATE	Address 1: EBENEZER TERRACE
Address 2:	CONSERVE	Address 2: BLACKMIUL
Address 3:		Address 3:
Гоwn:	COWBRIDGE	Town: BRIDGED
County:	VAIT OF GLANDRGAN	County: CUANORGAN
Country:	uz	Country:
ostcode:	CF717EU	Postcode: CF35 GFA

. Site Address Details	4. Pre-application Advice
lease provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?
Init: House number: 39 House suffix:	
louse ame: CIEN COTTAGE	If Yes, please complete the following information about the advic- you were given. (This will help the authority to deal with this
.ddress 1: FOSTC. ATF.	application more efficiently). Please tick if the full contact details are not
.ddress 2:	known, and then complete as much as possible:
.ddress 3:	Officer name:
own: CONBRIDGE	Reference:
1.0.0.0.0.0.1	Reference.
ounty: VHE OF WHYORGEN	Date of advice (DDWWWYXYY):
optional): CT + T + TC	Dotails of procapplication advice received
nust be completed if postcode is not knowny.	
asting: Northing:	TO SE E
rescription:	50500
Salle I	
asting: Northing: Northing:	re, a safe foregranding manage
. Eligibility	
o you, or the person on whose behalf you are making this applicat ave an interest in the part of the land to which this amendment re	ion, Ves No
you have answered No to this question, you cannot	apply to make a non-material amendment.
. Authority Employee / Member	
	any of these statements apply to you?
i) a member of staff	Yes No
an elected member related to a member of staff	Yes No
t) related to an elected member	
1) Telated to all elected member	
yes please provide details of the name, relationship and role	
•	
•	
•	
•	
•	RECENE
•	RECEIVE 2015

lease provide the description of the approved development as shown on the d nd date of decision in the sections below:	
APPROVED DEVELOPNENT. TO EPEET - CAPAGE STO	SRE FAMILY ROOM
	nonatst of
	Data of decision (DD/AAAA/WWW)
!eference number: 2015 00057 FUL	Date of decision (DD/MM/YYYY):
or the purpose of calculating fees, which of the following best describes the or ouseholder development: development to an existing dwelling-house or development.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ther: anything not covered by the above category	• 🗀 =
. Non-Material Amendment(s) Sought	
lease describe the non-material amendment(s) you are seeking to make:	
REDUCTION IN SIZE PROPOSED CHRAGE (SEE BLOCK PL	STORE FAMILY STORE FAMILY ROOM.
re you intending to substitute amended plans or drawings?	√Yes □ No
Yes, please complete the following:	
Old plan/drawing number(s):	26
lew plan/drawing number(s):	0850
'lease state why you wish to make this amendment:	8, 2

. Description Of Your Proposal

. Application Requirements - Checklist lease read the following checklist to make sure you have sent all the iformation required will result in your application not being accept ocal Planning Authority has been submitted.	ne information in support of your proposal. Failure to submit all ted. It will not be accepted until all information required by the
ne original and 3 copies of a completed and dated application form	m:
ne original and 3 copies of other plans and drawings or information ecessary to describe the subject of the application:	
ne correct fee:	
O. Declaration we hereby apply for consent as described in this form and the acconat, to the best of my/our knowledge, any facts stated are true and aerson(s) giving them. or signed - Applicant: Or signed - Agent:	
1. Applicant Contact Details elephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): mail address (optional):	12. Agent Contact Details Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
3. Site Visit an the site be seen from a public road, public footpath, bridleway or the planning authority needs to make an appointment to carry ut a site visit, whom should they contact? (Please select only one) Other has been selected, please provide: ontact name: W. E. Loute mail address:	Agent Other (if different from the agent/applicant's details) Telephone number:
	RECEIVE

23 OCT 2015