

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:	MEGAN				
Last name:	DAVIES						
Company (optional):							
Unit:		House number:	House suffix:				
House name:	CLOUGH BANK FARM						
Address 1:	BROOKBOTTOM						
Address 2:							
Address 3:							
Town:	NEM	MILLS					
County:							
Country:							
Postcode:	SK 27	2 307					

2. Agent	Name and Address					
Title:	MR First name: ToM					
Last name:	ADSHEAD					
Company (optional):	AG ARCHITECTURAL DRAWINGS					
Unit:	House number: 21 House suffix:					
House name:						
Address 1:	ST. MATTHEWS ROAD					
Address 2:	EDGELEY					
Address 3:						
Town:	STOCKPORT					
County:						
Country:						
Postcode:	SK3 9EZ					

3. Site Address Details	4. Pre-application Advice	tag and to the
Please provide the full postal address of the appli	l authority about this application?	
Unit: House number:	House suffix:	Yes No
House CLOUGH BANK FARM	you were given. (This will help the auth	
Address 1: BROOK BOTTOM	application more efficiently). Please tick if the full contact details are	not
Address 2:	known, and then complete as much as	
Address 3:	Officer name:	
Town: NEW MILLS	LIZ PLEASANT	
	Reference:	
County:		
(optional): Skll 307	Date of advice (DD/MM/YYYY):	23/10/2012
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice receiv	
Easting: Northing:	ADVISED TO CONSTRU	CT A FLAT ROOF
Description:	WITH STONE PARAPET, A	NOW THE PARTY OF T
	APPLICATION.	
f you have answered No to this question fyou have answered Yes to this question, please	on, you cannot apply to make a non-material am	endment.
Person Notified	Address	Date of Notification
5. Authority Employee / Member		
With respect to the Authority, I am:	Do any of these statements apply to you?	
(a) a member of staff		
(b) an elected member (c) related to a member of staff	Yes No	
(d) related to an elected member		
If yes please provide details of the name, relation	nship and role	

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:
SINGLE STOREY FRONT & REAR EXTENSIONS.
(AMENDED TO REMOVE PRONT EXTENSION)
3.
NON MATERIAL AMENDMENT - RELOCATION OF WINDOWS & DOORS TO EXTENSION
Reference number: Date of decision (DD/MM/YYYY):
HPK 2011 / 0338 - NMA /2012 / 0008 19 / 08 / 2011
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') HOUSEHOLDER PLANNING & CONSERVATION AREA
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
Please describe the non-material amendment(s) you are seeking to make: ALTERATION'S TO REAR EXTENSION ROOF, TO PROVIDE FLAT ROOF WITH STONE PARAPET WALL TO SIDE.
Are you intending to substitute amended plans or drawings? Yes No If Yes, please complete the following:
Old plan/drawing number(s):
2011.04.P7B , 2011.04.P8B New plan/drawing number(s):
2011 .04 .P7C , 2011 .04.P8C
Please state why you wish to make this amendment:
ERRORS ON THE APPROVED DRAWINGS MEAN THAT THE PITCHED ROOF
DOES NOT FIT UNDER FIRST FLOOR WINDOWS.

7. Description Of Your Proposal

9. Application	on Requirements - Checklist			
information requ	following checklist to make sure you ha juired will result in your application not Authority has been submitted.	ave sent all the being accepted	information in sup d. It will not be ac	pport of your proposal. Failure to submit all eccepted until all information required by the
The original and	d 3 copies of a completed and dated ap	plication form:		
The original and necessary to des	d 3 copies of other plans and drawings of scribe the subject of the application:	or information		
The correct fee:				
information, I/w	oly for planning permission/consent as we confirm that, to the best of my/our kins of the person(s) giving them.	described in thi nowledge, any t	is form and the ac facts stated are tru	companying plans/drawings and additional ue and accurate and any opinions given are the
				01/11/2012
11. Applican	nt Contact Details		12. Agent Co	ontact Details
Telephone num Country code:	National number:	Extension number:	Telephone num	National number: Extension number: O161 282 2297
Country code:	Mobile number (optional):		Country code:	Mobile number (optional): 07854 36 86 86
Country code:	Fax number (optional):		Country code:	Fax number (optional):
Email address (o	optional):		Email address (o	pptional):
13. Site Visit				
If the planning a out a site visit, w	seen from a public road, public footpati authority needs to make an appointment whom should they contact? (Please selec-	nt to carry	other public land?	Yes No Other (if different from the agent/applicant's details)
Contact name:	n selected, please provide:		Telephone numb	per:
Email address:				