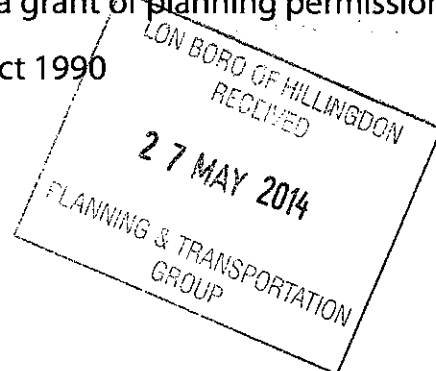


Application for a non-material amendment following a grant of planning permission.

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:              |                          | First name:   |  |
| Last name:          |                          |               |  |
| Company (optional): | M'CARTHY & STONE R L Ltd |               |  |
| Unit:               | House number:            | House suffix: |  |
| House name:         | 2 GENESIS BUSINESS PARK  |               |  |
| Address 1:          | ALBERT DRIVE             |               |  |
| Address 2:          |                          |               |  |
| Address 3:          |                          |               |  |
| Town:               | WOKING                   |               |  |
| County:             | SURREY                   |               |  |
| Country:            |                          |               |  |
| Postcode:           | GU21 5RW                 |               |  |

#### 2. Agent Name and Address

|                     |                         |               |        |
|---------------------|-------------------------|---------------|--------|
| Title:              | MRS                     | First name:   | NICOLA |
| Last name:          | NASH                    |               |        |
| Company (optional): | THE PLANNING BUREAU     |               |        |
| Unit:               | House number:           | House suffix: |        |
| House name:         | 2 GENESIS BUSINESS PARK |               |        |
| Address 1:          | ALBERT DRIVE            |               |        |
| Address 2:          |                         |               |        |
| Address 3:          |                         |               |        |
| Town:               | WOKING                  |               |        |
| County:             | SURREY                  |               |        |
| Country:            |                         |               |        |
| Postcode:           | GU21 5RW                |               |        |

### 3. Site Address Details

Please provide the full postal address of the application site.

|                                                                                               |                         |               |  |               |  |
|-----------------------------------------------------------------------------------------------|-------------------------|---------------|--|---------------|--|
| Unit:                                                                                         |                         | House number: |  | House suffix: |  |
| House name:                                                                                   | FORMER RAF WEST RUISLIP |               |  |               |  |
| Address 1:                                                                                    | HIGH ROAD               |               |  |               |  |
| Address 2:                                                                                    |                         |               |  |               |  |
| Address 3:                                                                                    |                         |               |  |               |  |
| Town:                                                                                         | ICKENHAM                |               |  |               |  |
| County:                                                                                       |                         |               |  |               |  |
| Postcode (optional):                                                                          |                         |               |  |               |  |
| Description of location or a grid reference.<br>(must be completed if postcode is not known): |                         |               |  |               |  |
| Easting:                                                                                      |                         | Northings:    |  |               |  |
| 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:

RICHARD PHILLIPS

Reference:

1666 ICKENHAM- S106 & bncks (email)

Date of advice (DD/MM/YYYY):

09/05/14

Details of pre-application advice received:

SUBMIT NMA TO VARY APPROVED BRICK

### 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 9 of the DMPO 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 |
|-----------------|---------|----------------------|
|                 |         |                      |
|                 |         |                      |
|                 |         |                      |
|                 |         |                      |
|                 |         |                      |

### 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:

ERECTION OF 55 TAILORED CARE LIVING UNITS (EXTRA CARE ACCOMODATION) WITH COMMUNAL FACILITIES (VARIATION OF 38402/APP/2008/2733) AND THE ERECTION OF 25 RETIREMENT LIVING (CATEGORY II TYPE) SHELTERED APARTMENT WITH COMMUNAL FACILITIES INCLUDING BASEMENT CAR PARKING.

Reference number:

38402/APP/2013/2685

Date of decision (DD/MM/YYYY):

14/05/14

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:

PLEASE SEE ATTACHED COVERING LETTER

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 COVERING LETTER