

Application for a non-material amendment following a grant of planning permission. Town and Country Planning Act 1990

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Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



HILLINGDON
LONDON

London Borough of Hillingdon, Residents Services, 3N Civic Centre, High Street, Uxbridge, Middlesex UB8 1UW
Tel: 01895 250230 Web: www.hillingdon.gov.uk

11 SEP 2020

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MR	First name:	VIVEK
Last name:	SHARMA		
Company (optional):	-		
Unit:	-	House number:	3
		House suffix:	
House name:			
Address 1:	MEZEN CLOSE		
Address 2:			
Address 3:			
Town:	NORTHWOOD		
County:	MIDDLESEX		
Country:	NORTHWOOD UK		
Postcode:	HA6 2DP		

2. Agent Name and Address

Title:	MR.	First name:	KUMAR
Last name:	TALPADE		
Company (optional):	DNT DESIGN SERVICES LTD		
Unit:	-	House number:	86
		House suffix:	
House name:			
Address 1:	ALBURY DRIVE		
Address 2:			
Address 3:			
Town:	PINNER		
County:	MIDDLESEX		
Country:	UK		
Postcode:	HA5 3RF		

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number: 3	House suffix:	
House name:				
Address 1:	MEZEN CLOSE			
Address 2:				
Address 3:				
Town:	NORTHWOOD			
County:	MIDDLESEX			
Postcode (optional):	HA6 2DP			
Description of location or a grid reference. (must be completed if postcode is not known):				
Easting:		Northing:		
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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

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 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 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

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question "relating to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? ☐ Yes ☒ No

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

If yes please provide details of their name, role and how you are related to them.

tion Of Your Proposal

Provide the description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below:

SINGLE STOREY REAR EXTENSION INCLUDING
DEMOLITION OF EXISTING CONSERVATORY

Reference number:

73 094 / APP/2020/700

Date of decision (DD/MM/YYYY):

27/04/2020

What was the original application type?
(e.g. 'Full', 'Householder and Listed Building', 'Outline')

HOUSEHOLDER

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:

STUDY
HEIGHT OF WINDOW TO ^{STUDY} (KITCHEN) TO BE INCREASED
FROM 1950 mm TO 2450 mm WITH SILL LEVEL = 900 mm.
THE EXISTING WINDOW OPENING WILL REMAIN AS EXISTING.
THE MATERIAL = ALUMINIUM - DOUBLE GLAZING.

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

DNT/3MBZ/P/10C - PLANS AS PROPOSED

New plan/drawing number(s):

DNT/3MBZ/P/10D - PLANS - AS AMENDED

Please state why you wish to make this amendment: