



200237

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

Town and Country Planning Act 1990

- 9 OCT 2020

RECEIVED

### 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: **SUSAN**  
Last name: **BLACKMORE**  
Company (optional):  
Unit: House number: **21** House suffix:  
House name:  
Address 1: **ST DONATS CLOSE**  
Address 2: **CASTLE PARK**  
Address 3: **SWANSEA ROAD**  
Town: **MERTHYR TYDFIL**  
County:  
Country:  
Postcode: **CF48 1UP**

#### 2. Agent Name and Address

Title: **MR** First name: **KELVIN**  
Last name: **ASSENDER**  
Company (optional):  
Unit: House number: **9** House suffix:  
House name:  
Address 1: **ST CENYDD CLOSE**  
Address 2: **PONTLLANFRAITH**  
Address 3:  
Town: **BLACKWOOD**  
County:  
Country:  
Postcode: **NP12 2FG**

name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference.  
(must be completed if postcode is not known):

Easting:  Northing:

Description:

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.

### 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

SIDE OF THE PROPERTY

Reference number:

P/20/0053

Date of decision (DD/MM/YYYY):

02/04/2020

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:

TO CHANGE THE PROPOSED EXTERNAL FINISH TO THE FRONT AND REAR ELEVATIONS OF THE EXTENSION FROM RENDER TO BRICKWORK TO MATCH EXISTING BRICKWORK.

Are you intending to substitute amended plans or drawings?



Yes



No

If Yes, please complete the following:

Old plan/drawing number(s):

DRAWING NO2

New plan/drawing number(s):

DRAWING NO2A

Please state why you wish to make this amendment:

APPLICANT HAS CHANGED THEIR MIND REGARDING THE EXTERNAL ASPECT.

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

☒

The correct fee:

☒

### 10. Declaration

I/we hereby apply for consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

7/10/20

### 11. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Country code:

Email address (optional):

### 12. Agent Contact Details

Telephone numbers

Country code:

Extension number:

Country code:

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 the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Tele

Email address: