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THE HEREFORD CENTRI THE HEREFORD CENTRI Tel 01432 260500 Fax 01432 353389	UII.
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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. Applica	ant Name and Address	2. Agent Name and Address	
Title:	MR First name: ALEC	Title: MR First name:	LESDE
Last name:	Mc Cready	Last name: HARRIS	
Company (optional):		Company (optional): S W HARRIS +	- Son
Jnit:	House number: II House suffix:	Unit: House number:	House suffix:
House name:		House name: THE BUNGALOR	J
Address 1:	11 WYELANDS HOLME LACY	Address 1: HOLME LALY	
Address 2:		Address 2:	
Address 3:		Address 3:	
own:	* * * * * * * * * * * * * * * * * * *	Town:	
County:	HEREFORDSHIRE	County: HEREFORDSHIR	E
Country:	ENELAND	Country: ENGLAND	
Postcode:	HRZ GLT	Postcode: HR2 6 EISANNING	IRE COUNCIL SERVICES

3. Site Address Details			4. Pre-application A		Ì	
Please prov	ide the full postal address			Has assistance or prior ad authority about this appli		/
Unit:	House number:		ouse uffix:	authority about this appli	ication;	Yes No
House name:				If Yes, please complete th you were given. (This will		
Address 1:	11 MAETHARY	HOLIME LA	7.7	application more efficient Please tick if the full conta	act details are not	
Address 2:			:	known, and then completed Officer name:	te as much as possik	ole:
Address 3:				Officer name,		
Town:				Reference:		
County:	HERE FORD S	HIRE				
Postcode (optional):	HRZ 6LT			Date of advice (DI	D/MM/YYYY):	
Description (must be co	n of location or a grid refeompleted if postcode is n	rence. ot known <u>):</u>		Details of pre-application	nadvice received:	
Easting:	N	orthing:				
Description	n:					
			****			
5. Eligib	ility			· <b></b> .		
Do you, or t	the person on whose beh erest in the part of the lar	alf you are mak	ing this applicati	on, ates?	Yes 🔲 No	
•	· ·			apply to make a non-r	natorial amond	ment
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		•		<u> </u>		
	ot the sole owner, has no	•		<u> </u>	Yes No	Not Applicable
If you are no	ot the sole owner, has no	tification under	article 9 of the D	<u> </u>		
If you are no	ot the sole owner, has no	tification under	article 9 of the E	ompo been given?		
If you are no	ot the sole owner, has no	tification under	article 9 of the E	ompo been given?		
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If you have  If you have  If you have  6. Autho  With respect	ot the sole owner, has not ve answered No to to answered Yes to this que Person Notified  prity Employee / Merect to the Authority, I am:	tification under	article 9 of the D	ompo been given?  apply to make a non-rons notified:	material amend	ment.
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Please provide a description of the approved development as shown on the decis date of decision in the sections below. Please also provide the original application	
Two storey side extension and fronts	porch.
Reference number:	Date of decision (DD/MM/YYYY):
DCCE 2009 10579 1F	11 - 5- 2009.
55670, 35673	11-3-2004.
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	
For the purpose of calculating fees, which of the following best describes the orig	ginal application type?
Householder development: development to an existing dwelling-house or deve	elopment within its curtilage
Other: anything not covered by the above category	
Change garage to dwelling, Replacing existing front windows Widen driveway	to soit three cars.
Are you intending to substitute amended plans or drawings?  If Yes, please complete the following:  Old plan/drawing number(s):	Yes No
New plan/drawing number(s):	
New plan/drawing number(s):  Please state why you wish to make this amendment:	

9. Application Requirements - Checklist	9. Application Requirements - Checklist						
Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.							
The original and 3 copies of a completed and dated ap	The original and 3 copies of a completed and dated application form:						
The original and 3 copies of other plans and drawings on necessary to describe the subject of the application:	or information						
The correct fee:							
information.	described in thi gned - Agent:	s form and the accompanying plans/drawings and additional Date (DD/MM/YYYY): $I - 2 - 2012$					
11. Applicant Contact Details 12. Agent Contact Details							
Telephone numbers	_	Telephone numbers					
Country code: National humber:  Country code: Mobile number (optional):  Country code: Fax number (optional):	Extension number:	Country code: National number:  UK  Country code: Mobile number (optional):  UK  O7715596424  Country code: Fax number (optional):					
Email address (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 out a site visit, whom should they contact? (Please selections)	nt to carry	other public land? Yes No  Agent Applicant Other (if different from the agent/applicant's details)					
If Other has been selected, please provide:							
Contact name:		Telephone number:					
Email address:							