

Development Management

Welwyn Hatfield Borough Council

The Campus, Welwyn Garden City, Herts AL8 6AE

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**WELWYN
HATFIELD**

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.

1. Applicant Name, Address and Contact Details

Title:	<input type="text" value="Mr & Mrs"/>	First Name:	<input type="text" value="MALCOLM and Karen"/>	Surname:	<input type="text" value="NEWMAN"/>
Company name:	<input type="text"/>				
Street address:	<input type="text" value="4, High Road"/>				
	<input type="text" value="Essendon"/>	Telephone number:	<input type="text"/>		
	<input type="text"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text" value="HATFIELD"/>	Fax number:	<input type="text"/>		
Country:	<input type="text"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text" value="AL9 6HW"/>		<input type="text"/>		
Are you an agent acting on behalf of the applicant?		<input checked="" type="radio"/>	Yes	<input type="radio"/>	No

2. Agent Name, Address and Contact Details

Title:	<input type="text" value="Mr"/>	First Name:	<input type="text" value="BRIAN"/>	Surname:	<input type="text" value="ELBOURN"/>
Company name:	<input type="text" value="ELBOURN ARCHITECTS Ltd"/>				
Street address:	<input type="text" value="67"/>				
	<input type="text" value="SOPWELL LANE"/>	Telephone number:	<input type="text" value="01727831552"/>		
	<input type="text"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text" value="ST ALBANS"/>	Fax number:	<input type="text"/>		
Country:	<input type="text" value="United Kingdom"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text" value="AL1 1RN"/>		<input type="text" value="elbournarch@aol.com"/>		

3. Site Address Details

Full postal address of the site (including full postcode where available)

Description:

House: Suffix:

House name:

Street address:

Town/City:

Postcode:

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

Easting:

Northing:

4. 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 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

Person notified	Address	Date of notification (DD/MM/YYYY)
<input type="text"/>	Number: <input type="text"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text"/> <input type="text"/> <input type="text"/> Town: <input type="text"/> Postcode: <input type="text"/>	<input type="text"/>

5. Description of Your Proposal

Description of Approved Development:

Reference number:

*Date of decision (DD/MM/YYYY):

What was the original application type?

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

6. Non-Material Amendment(s) Sought

*Please describe the non-material amendment(s) you are seeking to make:

6. Non-Material Amendment(s) Sought

2) ALTERATIONS TO THE CONSERVATORY SIDE WINDOWS - SOUTH ELEVATION

Are you intending to substitute amended plans or drawings?

Yes No

Old plan/drawing numbers:

709 /13 D 709 /14 B

New plan/drawing numbers:

709 /13 E 709 /14 C

Please state why you wish to make this amendment:

APPLICANT WISHES TO: 1) HAVE NATURAL VENTILATION AND LIGHT TO THE SHOWER ROOM, 2) AMEND THE SIDE WINDOWS IN THE CONSERVATORY TO ALLOW FURNITURE TO BE PLACED BELOW WINDOWS.

7. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes No

8. 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)

The agent The applicant Other person

9. 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

10. Declaration

I/we hereby apply for planning permission/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.



Date

15/09/2017