

Putting people first.

Development Management

Welwyn Hatfield Borough Council The Campus, Welwyn Garden City, Herts AL8 6AE

> Telephone: 01707 357000 Fax: 01707 357255 Email: planning@welhat.gov.uk

> Website: www.welhat.gov.uk

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 darification, 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:	Mr	First name:	Neil	
Last name:	Brise			
Company (optional):	Computacenter (U.K.) Ltd			
Unit:		House number:		House suffix:
House name:				
Address 1:	Hatfield Business Park			
Address 2:	Hatfield Avenue			
Address 3:				
Town:	Hatfield			
County:				
Country:				
Postcode:	AL1	0 9TW		

2. Agent Name and Address				
Title:	Mr First name: John			
Last name:	Kemp			
Company (optional):	London & City Contracts			
Unit:	1 House number: House suffix:			
House name:	Wanstead Golf Club			
Address 1:	Overton Drive			
Address 2:	Wanstead			
Address 3:				
Town:	London			
County:				
Country:				
Postcode:	E11 2LW			

3. Site Ad	ldress Details	(4. Pre-application Advice				
Please provid	de the full postal address of the application si	te. Has assistance or prior advice been sought fi	rom the local			
Unit:	House House suffix:	authority about this application?	X Yes No			
House name:	Computacenter If Yes, please complete the following information about the you were given. (This will help the authority to deal with this					
Address 1:	Hatfield Business Park	application more efficiently). Please tick if the full contact details are not	application more efficiently).			
Address 2:	Hatfield Avenue	known, and then complete as much as possi	known, and then complete as much as possible:			
Address 3:		Officer name: Colin Haigh				
Town:	Hatfield	Reference:				
County:		6/2015/1689/FULL				
Postcode (optional):	AL10 9TW of location or a grid reference.	Date of advice (DD/MM/YYYY):	10/12/2015			
(must be co	mpleted if postcode is not known):	Details of pre-application advice received:				
Easting:	Northing:		First floor extension for additional corporate			
Description	1:	meeting rooms.				
5. Eligibi						
Do you, or the	he person on whose behalf you are making th erest in the part of the land to which this amer	nis application, and ment relates?				
If you hav	ve answered No to this question, you	u cannot apply to make a non-material amend	dment.			
Planning (D	ot the sole owner, has notification under articl evelopment Management Procedure) (Englar	nd) Order 2015 been given? Yes No	Not Applicable			
If you hav	ve answered No to this question, you	u cannot apply to make a non-material amend	dment.			
If you have a	answered Yes to this question, please give de	tails of persons notified:				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Person Notified	Address	Date of Notification			
		Addioc				
<u></u>						
6. Autho	rity Employee / Member					
	ct to the Authority, I am:	Do any of these statements apply to you?				
(a) a memb (b) an elec	per of staff ted member	X Yes No				
(c) related	to a member of staff	V 169 140				
(d) related	to an elected member					
If yes pleas	If yes please provide details of the name, relationship and role					
Neil Brise, Head of Property and Security for Computacenter (U.K.) Ltd						

7. Description Of Your Proposal				
Please 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:				
First floor extension to Ancillary but terrace above staff canteen. The extension office and storage buildings on the has a paved area outside adjacen sizes which are used for meetings open terrace, which is paved and provide additional meeting rooms	existing building is a to existing building is a to exite. It contains the to ornamental ponder, conferences and transurrounded by a para	wo storey and separate staff restaurant on the . The first floor contain aining. At the northern apet Wall. The terrace	e from the main ground floor, which s rooms of various end there is an will be enclosed to	
Reference number:		Date of decision (DD/MM/Y	YYY):	
6/2015/1689/FULL		10/12/2015		
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	FUL	L		
For the purpose of calculating fees, which of the following	ng best describes the origin	nal application type?		
Householder development: development to an existing	g dwelling-house or devel	opment within its curtilage		
Other: anything not covered by the above category				
Non-material amendment for changed si to North rear elevation on first floor. Plus double glazed units.				
Are you intending to substitute amended plans or drawing	ngs?	Yes No		
If Yes, please complete the following:				
Old plan/drawing number(s): LCCL-1508A	ancil/P02			
New plan/drawing number(s):				
LCCL-1708Ancil/P02				
Please state why you wish to make this amendment:				
Improvements to original design to	o better suit client red	quirements.		

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 application form:	□x				
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:					
The correct fee:	\square X				
10. Declaration I/we hereby apply for planning permission/consent as described in thi information. I/we confirm that, to the best of my/our knowledge, any to genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent:	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Date (DD/MM/YYYY):				
11. Applicant Contact Details	12. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension number: Country code: Mobile number (optional):	Country code: National number: Country code: Mobile number (optional):				
Country code: Fax number (optional): Email address (optional):	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? X 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)					
If Other has been selected, please provide:					
Contact name:	Telephone number:				
John Kemp					
Email address:					