Development Management
Eastleigh House, Upper Market Street, Eastleigh, SO50 9YN
Tel: 023 8068 8264 www.eastleigh.gov.uk
Office hours: Mon-Thurs 8.30am - 5pm, Friday 8.30am - 4.30pm

EASTLEIGH BOROUGH COUNCIL

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. Applicant Name and Address

Title:	MR
First name:	A
Last name:	LOIZOU
Company (optional):	
Unit:	
House number:	
House suffix:	
House name:	C/O AGENT
Address 1:	
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

2. Agent Name and Address

Title:	MR
First name:	A
Last name:	PUPLAMPU
Company (optional):	
Unit:	
House number:	5
House suffix:	
House name:	NAPOLEON HOUSE
Address 1:	15 WATERLOO ROAD
Address 2:	FREEMANTLE
Address 3:	
Town:	SOUTHAMPTON
County:	HAMPSHIRE
Country:	
Postcode:	SO15 3AQ

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	10	House suffix:	
House name:					
Address 1:	CROWSPORT ESTATE				
Address 2:	SATCHELL LANE				
Address 3:	HAMBLE LE RICE				
Town:	HAMBLE				
County:	HAMPSHIRE				
Postcode (optional):	SO31 4HG				

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

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

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:

SINGLE TWO STOREY + FIRST FLOOR EXTENSIONS, FIRST FLOOR BALCONY / TERRACE TO FRONT ELEVATION, REPLACEMENT SINGLE GARAGE AND ADDITION OF BOUNDARY WALL + STEPS TO FRONT.

Reference number: C/14/74203

Date of decision (DD/MM/YYYY): 03/10/2014

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

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:

PROVISION OF AN ADDITIONAL / NEW HIGH LEVEL WINDOW (OBSCURE GLAZED, OPENABLE BY 35%) WITHIN THE WESTERN WALL OF THE NEW MASTER BEDROOM.

Are you intending to substitute amended plans or drawings? ☑ Yes ☐ No

If Yes, please complete the following:

Old plan/drawing number(s): P03, P07, P08

New plan/drawing number(s): P03 REV B, P07 REV B, P08 REV C

Please state why you wish to make this amendment:

TO PROVIDE WESTERLY EVENING SUN LIGHT TO THE MASTER BEDROOM + ADD INTEREST TO AN OTHERWISE PLAIN SECTION OF WALL.

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: ☑

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 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.

Signed - Applicant:

Or signed - Agent: [redacted]

Date (DD/MM/YYYY): 28/6/2016

11. Applicant Contact Details

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional):

Country code: | Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code: | National number: | Extension number:

Country code: | Mobile number (optional): [redacted]

Country code: | Fax number (optional):

Email address (optional): [redacted]

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: | Telephone number:

Email address: