

Application for a non-material amendment following a grant of planning permission. Town and Country Planning Act 1990

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Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



**The Market Hall
Market Place
Whitehaven
Cumbria CA28 7JG
Telephone 0300 373 3730
cumberland.gov.uk**

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	MR	First name:	GARRIE
Last name:	COLEMAN		
Company (optional):	NHS PROPERTY SERVICES LIMITED		
Unit:	House number:	House suffix:	
House name:	REGENT HOUSE		
Address 1:	HEATON LANE		
Address 2:			
Address 3:			
Town:	STOULPORT		
County:	CHESHIRE		
Country:	UNITED KINGDOM		
Postcode:	SK4 1BS		

2. Agent Name and Address

Title:	MISS	First name:	REBECCA
Last name:	FLETCHER		
Company (optional):	GLEEDS ADVISORY LIMITED		
Unit:	House number:	House suffix:	
House name:	TOWN CENTRE HOUSE		
Address 1:	MERRION CENTRE		
Address 2:			
Address 3:			
Town:	LEEDS		
County:	WEST YORKSHIRE		
Country:	UNITED KINGDOM		
Postcode:	LS2 8ND		

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:					
Address 1:	FLATT WALKS SURGERY				
Address 2:	3 CASTLE MEADOWS				
Address 3:					
Town:	WHITHAVEN				
County:	CUMBRIA				
Postcode (optional):	CA28 7QE				
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:

SARAH PAPALEO

Reference:

PAA/24/0001

Date of advice (DD/MM/YYYY):

07/02/2024

Details of pre-application advice received:

PLANNING PERMISSION REQUIRED FOR REPLACEMENT OF THE WINDOWS AND DOOR, BUT NOT FOR THE REPLACEMENT OF THE SOFFITS, BARGEBOARDS AND FASCIAS

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

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question "relating to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent? ☐ Yes

☒ No

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

If yes please provide details of their name, role and how you are related to them.

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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:

REPLACE ALL EXISTING WHITE PAINTED TIMBER FRAMED WINDOWS WITH WHITE UPVC WINDOWS; REPLACE CURRENTLY WHITE PAINTED HIGH LEVEL PLANT ROOM DOORS WITH WHITE POWDER COATED STEEL DOORS.

Reference number:

Date of decision (DD/MM/YYYY):

4 / 24 / 2140 / OF1

14 / 06 / 2024

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

FULL

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:

CHANGE THE BELOW WINDOWS FROM CLEAR TO Frosted GLAZING AS PER DRAWINGS:

NEBS0221-025-GF-A1

NEBS0221-025-FF-A1

NEBS0221-025-SF-A1

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

NEBS0221-025-GF, NEBS0221-025-FF, NEBS0221-025-SF

New plan/drawing number(s):

NEBS0221-025-GF-A1, NEBS0221-025-FF-A1, NEBS0221-025-SF-A1

Please state why you wish to make this amendment:

TO PROVIDE PRIVACY TO WCs, TREATMENT ROOMS, AND CONSULTATION ROOMS.

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 (LPA) 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: ☒

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

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:

Date (DD/MM/YYYY):

19/09/2024

11. Applicant Contact Details

Telephone numbers

Country code:

+44

Extension number:

Country code:

Country code:

Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code:

+44

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:

Telephone number:

Email address: