

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. Applic	ant Name and Address	2. Agent Name and Address	
Title:	MISS First name: THERESA	Title: First name	
Last name:	FARRELLY	Last name:	
Company (optional):	Boris Homes LTD.	Company (optional):	
Unit:	House number: House suffix:	Unit: House number:	
House name:	Bennwich Court	House name:	
Address 1:	GOESEY LANE	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	COLESHILL	Town:	
County:	baculersnie &	County:	
Country:		Country:	
Postcode:	B46 1JU.	Postcode:	

Title:	First name:	
Last name:		
Company (optional):		
Unit:	House number:	House suffix:
House name:		
Address 1:		
Address 2:		
Address 3:		
Town:	**	475
County:		
Country:		
Postcode:		

3. Site Address Details Please provide the full postal address of the application site. Unit: House house suffix: House number: Suffix: House name: Address 1: KME KINGSMERE Address 2: SOUTH DEST BICESTER Address 3: Off MIDDLETON STONEY ROAD Town: BICESTER County: Postcode (optional): OX26 IRS Description of location or a grid reference. (must be completed if postcode is not known): Easting: 456 955 Northing: 222134 Description:	4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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: LIJOA GRIHITTIS 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? 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 9 of the DMPO 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 person Person Notified	Address Date of Notification						
6. Authority Employee / Member							
	ny of these statements apply to you?						
(a) a member of staff (b) an elected member	Yes No						
(c) related to a member of staff (d) related to an elected member	_						
If yes please provide details of the name, relationship and role							

7. Description Of Your Proposal						
Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:						
REM TO 13 00433 OUT - SITING, DESIGN, EXTERNAL						
APEARANCE, LANDSCAPING, LAP, INFRASTRUCTURE, POINTS						
of ACCESS AND ASSOCIATED WORK	-s for 207 NEW					
DUELLINGS.						
Reference number:	Date of decision (DD/MM/YYYY):					
16/02482/ REM	18/7/17					
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 origin	nal application type?					
Householder development: development to an existing dwelling-house or devel	lopment 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:						
SITE LAYOUT ANENDED TO ACCOUNT	DATE PLOT SUBSTIT	COTTO				
of 4700. PLOTS WITH 300. HOUSE TYPES, NAMELY THE						
X414V, X309V AND X519 TO REPLACE THE RESPECTIVE						
APPROVED HOUSE TYPES J, G AND	L					
		N III				
Are you intending to substitute amended plans or drawings?	Ýes No					
If Yes, please complete the following:						
Old plan/drawing number(s):						
PLANNING LAYOUT: BKME - 02 - 200 rev D. HOLSE TYPE J: HTPD . PLOY - UT. DI TEU S+ DZ TEU! HOUSE TYPE G! HTPD - P3409 - 01 TEU A + 02. HOUSE TYPE L: HTPD -P						
New plan/drawing number(s): STREET SOENES! BRATE - 02 - 241 (2) 0 + 242 YOU 0.						
PLANTING LA-PUT: BKNE -02-260 100 G. 45+4: XSIG: KNE-02-PD XSIG 01.02+03.						
X414. BKME-02-PD-X41401 +02, X309v: BKME-02-PD-X309 01 +02 BREET SCENES: BKME-02-241 rej = + 242 rej = -						
Please state why you wish to make this amendment: Rot Sustitute of 47 no. Proto Litth 3no. Mousety DES						
TO REPLACE APPROVED TYPES J. G + L.						

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:	·	<u> </u>	<u> </u>					
10. Declaration								
I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.								
Signed - Applicanty	Or signed - Agent:	Date (DD/MM	/YYYY):					
		311	07/18.					
11. Applicant Contact Details		12. Agent Contact Details						
Telephone numbers		Telephone numbers						
Country code: National number:	Extension number:	Country code: National number:	Extension number:					
Country code: Mobile number (optional):		Country code: Mobile number (optional):					
Country code: Fax number (optional):		Country code: Fax number (optional):						
Email address (optional):		Email address (optional):						
		1						
13. Site Visit								
Can the site be seen from a public road, public fo	ootpath, 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:						
THERESA FARLELY								

Email address: