

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"/>	First Name:	<input type="text" value="C"/>	Surname:	<input type="text" value="Womack"/>
Company name:	<input type="text" value="Maria Mallaband Care Group"/>				
Street address:	<input type="text" value="c/o Agent"/>				
	<input type="text"/>	Telephone number:	<input type="text"/>		
	<input type="text"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text"/>	Fax number:	<input type="text"/>		
Country:	<input type="text"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text"/>	<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="Adrian"/>	Surname:	<input type="text" value="Kearley"/>
Company name:	<input type="text" value="Strutt and Parker"/>				
Street address:	<input type="text" value="Somerset House"/>				
	<input type="text" value="222 High Street"/>				
	<input type="text"/>	Telephone number:	<input type="text" value="01483406590"/>		
	<input type="text"/>	Mobile number:	<input type="text"/>		
Town/City:	<input type="text" value="Guildford"/>	Fax number:	<input type="text"/>		
Country:	<input type="text"/>	Email address:	<input type="text"/>		
Postcode:	<input type="text" value="GU1 3JD"/>	<input type="text" value="adrian.kearley@struttandparker.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:

Construction of 61 bed care home (Use Class C2) together with ancillary accommodation including café, hair salon and shop and associated development including car parking and servicing arrangements

Reference number:

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

What was the original application type?

Outline planning permission: Some matters reserved

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

Removal of Planning Condition 14 (public art)

Are you intending to substitute amended plans or drawings?

Yes  No

Please state why you wish to make this amendment:

Following discussions with the Council, the applicant has agreed an off-site contribution towards a local public art project of benefit to the care home and the local community. It has been agreed that this contribution would negate the need for any on-site contribution. In these circumstances the requirements of condition 14 become redundant.

## 7. 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):

Officer name:

Title:

First name:

Surname:

Reference:

Date (DD/MM/YYYY):  (Must be pre-application submission)

Details of the pre-application advice received:

Email correspondence to agree the approach of submitting an NMA application to remove the relevant planning condition.

## 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