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: MRS
First name: EMMA

Last name: AYRES

Company (optional): PETER BENNIE LTD

Unit: 
House number: 
House suffix:

House name: THE OLD PIGGIERIES

Address 1: CRANFORD ROAD
Address 2: BURTON LATIMER
Address 3:

Town: NORTHAMPTON
County: NORTHAMPTONSHIRE
Country: 
Postcode: NN15 5TB

2. Agent Name and Address

Title: MRS
First name: GILL

Last name: PAWSON

Company (optional): GP PLANNING LTD

Unit: 
House number: 
House suffix:

House name: THE STABLES

Address 1: LONG LANE
Address 2: EAST HADDON
Address 3:

Town: NORTHAMPTON
County: NORTHAMPTONSHIRE
Country: 
Postcode: NN6 8DU
3. Site Address Details
Please provide the full postal address of the application site.

<table>
<thead>
<tr>
<th>Unit:</th>
<th>House number:</th>
<th>House suffix:</th>
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<tbody>
<tr>
<td>House name:</td>
<td>BOUGHTON QUARRY</td>
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<tr>
<td>Address 1:</td>
<td>BRAMPTON LANE</td>
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<td>Address 2:</td>
<td>PITSFORD</td>
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<td>Address 3:</td>
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<tr>
<td>Town:</td>
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<td>County:</td>
<td>NORTHAMPTONSHIRE</td>
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<tr>
<td>Postcode (optional):</td>
<td>NN1 8BE</td>
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<tr>
<td>Description of location or a grid reference. (must be completed if postcode is not known):</td>
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<td>Easting:</td>
<td>474286</td>
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<td>Northing:</td>
<td>267418</td>
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<td>Description:</td>
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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: MR PETER MOOR
- 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 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 persons notified:

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<tr>
<th>Person Notified</th>
<th>Address</th>
<th>Date of Notification</th>
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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 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:

**VARIATION OF CONDITIONS 14, 15, 16, 17, 18 AND 19 OF PLANNING PERMISSION 10/00078/WAS TO REMOVE END DATES FOR ALL WASTE ACTIVITIES INCLUDING E-K-LIME PROCESSING AND AMEND THE APPROVED RESTORATION AND AFTER CARE SCHEME AT BOUGHTON QUARRY, BRAMPTON LANE, NORTHAMPTON**

Reference number: 12/00015/WAS

Date of decision (DD/MM/YYYY): 28/05/2012

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:

**EXTEND THE END DATE FOR RESTORATION OF THE BACK FILLED AREAS TO THE 31ST MARCH 2014**

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

If Yes, please complete the following:

Old plan/drawing number(s):

New plan/drawing number(s):

**BOUGHTON QUARRY REVISED RESTORATION PLAN - NOV 2011**

Please state why you wish to make this amendment:

**PLEASE SEE ENCLOSED SUPPORTING STATEMENT.**
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.
Signed - Applicant: [Signature] Date (DD/MM/YYYY): 14/08/2013
Or signed - Agent: [Signature]

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: [016 64 771123]
Country code: [ ] Mobile number (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? ☑ 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: [ ]