PlanningPortal

Please complete this form in block capitals using black ink to facilitate scanning.
You are advised to read the accompanying guidance notes and per-question help text.
If you would rather make this application online, you can do so on our website:
https://www.planningportal.co.uk/apply

Application for a non-material amendment following a grant of planning permission

Town and Country Planning Act 1990

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning Development Management Procedure) (England) Order 2015 (as amended).

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:

Gravesham Borough Council

planning.general@gravesham.gov.uk / 01474 33 73 91
Civic Centre, Windmill Street, Gravesend DA12 1AU

Publication on Local 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.

1. Applicant Name and Address

Title:	MR
First name:	DARREN
Last name:	WINCHESTER
Company (optional):	
Unit:	
House number:	47
House suffix:	
House name:	
Address 1:	ROCHESTER ROAD
Address 2:	
Address 3:	
Town:	GRAVESEND
County:	KENT
Country:	UNITED KINGDOM
Postcode:	DA12 2JN

2. Agent Name and Address

Title:	MR
First name:	S
Last name:	PANNU
Company (optional):	
Unit:	
House number:	163
House suffix:	
House name:	
Address 1:	PARROCK STREET
Address 2:	
Address 3:	
Town:	GRAVESEND
County:	KENT
Country:	UNITED KINGDOM
Postcode:	DA12 1ER

3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: 47 | House suffix:

House name:

Address 1: ROCHESTER ROAD

Address 2:

Address 3:

Town:

County: KENT

Postcode (optional): DA12 2SN

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

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.

SHARON SAHOTA - FAMILY

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:

DEMOLITION OF EXISTING CONSERVATORY AND OUT-BUILDINGS.

ERECTION OF SINGLE STOREY REAR/SIDE EXTENSION WITH PITCHED ROOF.

Reference number: 20250911

Date of decision (DD/MM/YYYY): 7-11-2025

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

APPLICATION FOR A NON-MATERIAL AMENDMENT TO PLANNING PERMISSION REFERENCE NUMBER 20250911 TO ALLOW FOR ALTERATIONS TO FENESTRATIONS.

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

If Yes, please complete the following:

Old plan/drawing number(s):

A101

New plan/drawing number(s):

A2.03

Please state why you wish to make this amendment:

ALLOW FOR CREATION OF TWO EN-SUITE BEDROOMS AND RELOCATION OF BATHROOM WITHIN ORIGINAL DWELLING.

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: [redacted]

Date (DD/MM/YYYY): 01/07/2026

11. Applicant Contact Details

Telephone numbers

Country code: | National number: | Extension number:

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

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):

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: DARREN WINCHESTER

Telephone number: [redacted]

Email address: [redacted]