



# NON-MATERIAL AMENDMENT REQUEST

Section 64 of the Town and Country Planning (Scotland) Act 1997 (As Amended)

| 1. Applicant's Details                                                                                                                                                                                                                                                                                                                                         |                                      | 2. Agent's Details (if any)                    |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------|----------------------|
| Title                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                 | Ref no.                                        | <input type="text"/> |
| Forename                                                                                                                                                                                                                                                                                                                                                       | <input type="text"/>                 | Forename                                       | <input type="text"/> |
| Surname                                                                                                                                                                                                                                                                                                                                                        | <input type="text"/>                 | Surname                                        | <input type="text"/> |
| Company Name                                                                                                                                                                                                                                                                                                                                                   | <input type="text"/>                 | Company Name                                   | <input type="text"/> |
| Building no./Name                                                                                                                                                                                                                                                                                                                                              | <input type="text"/>                 | Building no./Name                              | <input type="text"/> |
| Address                                                                                                                                                                                                                                                                                                                                                        | <input type="text"/>                 | Address                                        | <input type="text"/> |
| Postcode                                                                                                                                                                                                                                                                                                                                                       | <input type="text"/>                 | Postcode                                       | <input type="text"/> |
| Telephone                                                                                                                                                                                                                                                                                                                                                      | <input type="text"/>                 | Telephone                                      | <input type="text"/> |
| Mobile                                                                                                                                                                                                                                                                                                                                                         | <input type="text"/>                 | Mobile                                         | <input type="text"/> |
| Fax                                                                                                                                                                                                                                                                                                                                                            | <input type="text"/>                 | Fax                                            | <input type="text"/> |
| Email                                                                                                                                                                                                                                                                                                                                                          | <input type="text"/>                 | Email                                          | <input type="text"/> |
| Is the Applicant the same person(s) as named on the original grant of planning permission ? YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                           |                                      |                                                |                      |
| <i>Note : Where the person requesting the non-material amendment is different from the person(s) named as the applicant on the original grant of planning permission to which the NMA request relates then the NMA request must be accompanied by written confirmation that the submission is being made with the consent of the original named applicant.</i> |                                      |                                                |                      |
| <b>3. Planning Permission amendment relates to application ref:</b>                                                                                                                                                                                                                                                                                            |                                      | <input type="text"/>                           |                      |
| <b>4. Summary description of proposed amendment(s):</b>                                                                                                                                                                                                                                                                                                        |                                      |                                                |                      |
|                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                |                      |
| <b>5. Schedule of Amended Plans</b>                                                                                                                                                                                                                                                                                                                            |                                      |                                                |                      |
| <b>Approved Plan/Drawing Ref. No.</b>                                                                                                                                                                                                                                                                                                                          | <b>Amended Plan/Drawing Ref. No.</b> | <b>Summary Description of Amendments Shown</b> |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |
| <input type="text"/>                                                                                                                                                                                                                                                                                                                                           | <input type="text"/>                 | <input type="text"/>                           |                      |

|                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                               |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                               |  |  |  |
| <b>6. Fee Payable</b> <i>please tick as applicable</i>                                                                                                                                                                                                                                                                                       |  |                                                                                                                               |  |  |  |
| <input type="checkbox"/> Householder £61.50                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Exempt – within 12 months of original determination                                                  |  |  |  |
| <input type="checkbox"/> Local Non Householder £123                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Don't know (any fee payable will be requested and require to be paid prior to assessment commencing) |  |  |  |
| <input type="checkbox"/> Major £245                                                                                                                                                                                                                                                                                                          |  |                                                                                                                               |  |  |  |
| <b>DECLARATION – Non Material Amendment</b>                                                                                                                                                                                                                                                                                                  |  |                                                                                                                               |  |  |  |
| I, the applicant/agent certify that this is a request for a non-material amendment under s64 of the Act. The accompanying plans/drawings and additional information are provided as part of this application. I hereby confirm that the information given in this form is true and accurate to the best of my knowledge.                     |  |                                                                                                                               |  |  |  |
| Name: <input type="text"/>                                                                                                                                                                                                                                                                                                                   |  | Date: <input type="text"/>                                                                                                    |  |  |  |
| Any personal data that you have been asked to provide on this form will be held and processed in accordance with the requirements of the Data Protection Act 2018. Further detail on how data will be managed is available at: <a href="https://www.argyll-bute.gov.uk/privacy/planning">https://www.argyll-bute.gov.uk/privacy/planning</a> |  |                                                                                                                               |  |  |  |

## METHODS OF SUBMISSION

Please submit the completed form along with all relevant supporting documentation/plans.

### Email:

[Planning.HQ@argyll-bute.gov.uk](mailto:Planning.HQ@argyll-bute.gov.uk)

### Post:

Development Management, Kilmory Castle, Lochgilphead, Argyll and Bute, PA31 8RT.

## METHODS OF PAYMENT

### Online:

Please logon to: [www.argyll-bute.gov.uk](http://www.argyll-bute.gov.uk) and select the '**Pay it**' option from the top menu bar. In the **Planning and Building Standards applications** section.

To pay your NMA Request fee select:

[Pay your planning application charges \(not advertising fees\)](#) .

In the Reference field, input "NMA" followed by the original planning application reference (e.g. NMA 21/00001/PP)

### Phone:

Please call 01546 605518 and request to pay "Planning application charges". When asked for a **Planning Application Reference** please state "**NMA**" followed by the original planning application reference (e.g. NMA 21/00001/PP).

When asked for a **Payment Fee Reference** please state "**62510**"