

Application for Outline Planning Permission with all matters reserved.
Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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: First name:

Last name: Taylor Wimpey UK Ltd, Persimmon Homes Ltd, and BDW Trading Limited

Company (optional):

Unit: House number: House suffix:

House name: C/O Agent

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: Mr First name: Gareth

Last name: Williams

Company (optional):

Unit: House number: House suffix:

House name: 1st Floor Westville House

Address 1: Fitzalan Court

Address 2:

Address 3:

Town: Cardiff

County:

Country:

Postcode: CF24 0EL

3. Description of the Proposal

Please describe the proposal:

Development of vacant land at Barry Waterfront for residential (C3), retail (A1), cafes, bars and restaurants (A3), hotel (C1), and offices (B1). Development of vehicular and pedestrian/cycle access including a new link road, re-grading of site to form new site levels and associated infrastructure works, parking, servicing, landscaping, public realm and public open space provision.

3. Description of the Proposal (continued)

Has building or works already been carried out? Yes No

If Yes, please state the date when building or works were started (DD/MM/YYYY):

(date must be pre-application submission)

Have the works been completed? Yes No

If Yes, please state when the works were completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: Northing:

Description:

5. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes No

If yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site. See ES Chapter H

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No

How will surface water be disposed of?

Sustainable drainage system Existing watercourse

Soakaway Pond/lake/Dock

Main sewer

6. 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 (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? Yes No

If Yes, please provide details:

8. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council? Yes No

If Yes, please provide details:

9. Site Area

Please state the site area in hectares (ha)

10. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?
 If Yes, please complete details of the changes in the tables below:

Yes No

Proposed Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						
Flats and maisonettes	<input checked="" type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						
Flats and maisonettes	<input checked="" type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						
Flats and maisonettes	<input checked="" type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Total proposed residential units (A + B + C + D) =

Existing Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Total existing residential units (E + F + G + H) =

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total): 2000

11. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No Unknown

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not appl. (checkbox)	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	≤	Total gross internal floorspace proposed (including change of use) (square metres)	≤	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>	up to 8,825	<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A2	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A3	<input type="checkbox"/>			<input type="checkbox"/>	up to 1,820	<input type="checkbox"/>	
B1 (c)	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B2	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B8	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
C1	<input type="checkbox"/>			<input type="checkbox"/>	up to 3,500	<input type="checkbox"/>	
C2	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D1	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D2	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
OTHER	<input type="checkbox"/>			<input type="checkbox"/>	up to 3,450	<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	up to 72	<input type="checkbox"/>	
					up to 17,667		

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable (checkbox)	Existing rooms to be lost by change of use or demolition	Unknown (checkbox)	Total rooms proposed (including changes of use)	Unknown (checkbox)	Net additional rooms
C1	Hotels	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
C2	Residential Institutions	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other	Hostels	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

12. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees	None	None	None
Proposed employees			Estimated 510

13. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
	To be established at a later date			

14. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? Yes No Unknown

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Unknown	Maximum annual operational throughput in tonnes (or litres if liquid waste)	Unknown
Inert landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Non-hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Energy from waste incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Landfill gas generation plant	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pyrolysis/gasification	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal recycling site	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Transfer stations	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Household civic amenity sites	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Open windrow composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
In-vessel composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Anaerobic digestion	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Sewage treatment works	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other treatment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Storage of waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other waste management	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other developments	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

15. Existing Use

Please describe the current use of the site:

Vacant Land - No use

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

Dock related activities

When did this use end (if known)? DD/MM/YYYY

2000

(date where known may be approximate)

Does the proposal involve any of the following:

Land which is known to be contaminated?

Yes No

Land where contamination is suspected for all or part of the site?

Yes No

A proposed use that would be particularly vulnerable to the presence of contamination?

Yes No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment. See ES Chapter 1

16. Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form
CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which the application relates.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which this application relates.

Name of Owner	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

The steps taken were:

Land Registry Search and
Press Notice

Name of Owner	Address	Date Notice Served
Associated British Ports C/O Byron Lewis	Queen Alexandra House, Cargo Road, Cardiff, CF10 4LY	14/08/2009
ABP Property Development C/O Byron Lewis	Queen Alexandra House, Cargo Road, Cardiff, CF10 4LY	14/08/2009
Welsh Assembly Government	QED Centre, Main Avenue, Treforest Estate, Pontypridd, CF37 5YR	14/08/2009
Vale of Glamorgan Council	Civic Offices, Holton Road, Barry, CF63 4RU	14/08/2009

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

South Wales Echo

On the following date (which must not be earlier than 21 days before the date of the application):

14/08/2009

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

For NLP on behalf
of The Applicant

14/08/2009

16. Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

AGRICULTURAL HOLDINGS CERTIFICATE

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

For NLP on behalf of The Applicant

Date (DD/MM/YYYY):

14/08/2009

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

17. Planning 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 being deemed invalid. It will not be considered valid 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 correct fee:

The original and 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

The original and 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings):

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable):

18. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

For NLP on behalf of The Applicant

Date (DD/MM/YYYY):

14/08/2009

(date cannot be pre-application)

19. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

20. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

21. 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: