



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

Town and Country Planning Act 1990

RECEIVED

03 JUL 2015

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.

ENVIRONMENTAL
AND ECONOMIC
REGENERATION

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		2. Agent Name and Address	
Title:	MR First name: JULIAN	Title:	First name:
Last name:	GOLUNSKI	Last name:	
Company (optional):	COOKE + ARK WRIGHT (FOR DUNDAVEN ESTATES)	Company (optional):	CREATIVE RURAL COMMUNITIES ON BEHALF OF VALE OF GLAMORGAN COUNCIL
Unit:	House number: House suffix:	Unit:	House number: House suffix:
House name:	CENTRAL PARK	House name:	OLD HALL
Address 1:	WESTERN AVENUE	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	BRIDGEND	Town:	COWBRIDGE
County:		County:	VALE OF GLAMORGAN
Country:	WALES UK	Country:	WALES UK
Postcode:	CF31 3TZ	Postcode:	CF71 7AH

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: HERITAGE COAST CENTRE

Address 1: DUNRAVEN BAY

Address 2:

Address 3:

Town:

County: VALE OF GLAMORGAN

Postcode (optional): CF32 0EP

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: IAN ROBINSON

Reference: EMAIL 29.06.15

Date of advice (DD/MM/YYYY): 29.06.15

Details of pre-application advice received: MATERIAL AMENDMENT FORM REQUIRED

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.

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

a) I AM THE SENIOR ECONOMIC DEVELOPMENT OFFICER FOR COASTAL COMMUNITIES OVERSEEING BUILDING WORKS AT DUNRAVEN BAY.

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:

REAR OF THE HERITAGE COAST VISITORS CENTRE DONRAVEN
BAY BRIGEND.
DEMOLITION OF GARAGE, WOODEN LEAN TO AND REMOVAL
OF A SMALL AMOUNT OF STONEMWORK TO THE NORTH EAST
OF THE SITE. ERECTION OF FIVE STORAGE UNITS FOR USE
BY MICRO ENTERPRISES TO STORE EQUIPMENT FOR ON
AND OFF SHORE ACTIVITIES

Reference number:

2014/01163/FUL

Date of decision (DD/MM/YYYY):

09/10/2014

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:

I AM SEEKING PERMISSION TO REDUCE THE SIZE OF THREE
OF THE APPROVED STORAGE UNITS. THE REDUCTION WILL BE
AS FOLLOWS:

REDUCED FROM 6.8m(d) x 2.2m(w) x 2.4m(h) x 3 UNITS
TO 6.8m(d) x 1.8m(w) x 2.4m(h) x 3 UNITS.

PLEASE SEE ATTACHED PLANS FOR FURTHER INFORMATION

Are you intending to substitute amended plans or drawings?

Yes

No

If Yes, please complete the following:

Old plan/drawing number(s):

14 4285 REV A

New plan/drawing number(s):

AL(0) 01 proposed plan (OPTION 3)

Please state why you wish to make this amendment:

THE SIZE OF THE STORAGE UNITS TO BE CONSTRUCTED
AT THE REAR OF THE HERITAGE COAST CENTRE ARE
TOO LARGE TO ALLOW ACCESS TO THE REAR OF
THE CENTRE. WITH A SLIGHT REDUCTION IN SIZE,
IT WILL MEAN WE CAN STILL GAIN ACCESS TO
THE REAR OF THE CENTRE

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: INTERNAL

10. Declaration

I/we hereby apply for 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: Or signed - Agent: Date (DD/MM/YYYY): 02.07.2015

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: Extension number:
01446 704637

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):
natdavies@valeofglow.org.uk

13. Site Visit

800. UK

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: