## The Vale of Glamorgan Council Cyngor Bro Morgannwg

Email: developmentcontrol@valeofglamorgan.gov /k

1. Applicant Name and Address

2. Agent Name and Address



## Application for Planning Permission and conservation area consent for demolition in a conservation area. Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

## 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 departments 4 4 4

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 or your application.

Title: MR/MES/MS First name: BOBGET /HGEN /ANDECA	Title: MR First name: PAVID
Last name: STRADLING & ALEXANDER	Last name: COURTNEY
Company (optional):	Company (optional):
Unit: House / House suffix:	Unit: House number: 17 House suffix:
House name:	House name:
Address 1: / RECTORY ROAD	Address 1: 17 PLASSEM STEEET
Address 2:	Address 2:
Address 3:	Address 3:
Town: PENARTM	Town: PENARTH
County: VALE OF GLAMORGAN	County: VALE OF GLAMORGAN
Country:	Country:
Postcode: CT64 34N	Postcode: CF64 1EJ
3. Description of the Proposal	
Please provide a description of the proposal, including details of the COACH HOUSE DEVELOPMENT THE BUT AL DEMOLITIEN & REBUILDER'S REPORT	TO THE REAR OF RECTORY ROAD  LDING AS DETALLED IN THE  RECEIVED
change of use already started? Yes No works	, please state the date when building, s or use were started (DD/MM/YYYY): must be pre-application submission)
change of use been completed? Yes No or change	, please state the date when the building, work ange of use was completed (DD/MM/YYYY): must be pre-application submission)
	\$Date:: 2013-01-07

I. Site Address Details	5. Pre-application Advice  Has assistance or prior advice been sought from the local
Please provide the full postal address of the application site.  House , House	authority about this application?
Unit: number:/ suffix:	If Yes, please complete the following information about the advice
House name:	you were given. (This will help the authority to deal with this
Address 1: / RECTORY ROAD	application more efficiently).  Please tick if the full contact details are not
Address 2:	known, and then complete as much as possible:
Address 3:	Officer name:
Town: PENARTU	
County:	Reference:
Postcode (optional): CF64 3AN	
Description of location or a grid reference.	Date (DD/MM/YYYY): (must be pre-application submission)
(must be completed if postcode is not known):	Details of pre-application advice received?
Easting: Northing:	
Description:	
PARTIAL DEMOLITION OF EXISTING	
REAR LANE COACH HOWEY	
DEVELOPHENT OF DWELLING	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access	Do the plans incorporate areas to store
proposed to or from the public highway?  Yes  No	and aid the collection of waste?
Is a new or altered pedestrian access proposed to or from the public highway? Yes You	If Yes, please provide details:
Are there any new public	STERBAL PROVISION ON SITE WITH MATERIAL TO BE TRANSFERED TO
roads to be provided within the site?  Yes  No	ABOPTED HIGHWAY ON MORNING OF
Are there any new public rights of way to be provided within or adjacent to the site? Yes You	Contared
Do the proposals require any	
diversions /extinguishments and/or creation of rights of way?	Have arrangements been made for the separate
If you answered Yes to any of the above questions, please show	storage and collection of recyclable waste? Yes No
details on your plans/drawings and state the reference of the plan (s)/drawings(s)	If Yes, please provide details:  STOCKHE PROVISION ON SITE WITH
	MAMPRIAL TO BE TEAMSFERELED TO
	ADOPTED HIGHWAY ON MORNING OF
	COUTCION
	Authority Employee / Member
8. Neighbour and Community Consultation	9. Authority Employee / Member With respect to the Authority, I am: Do any of these
Have you consulted your neighbours or the local community about the proposal?	a) a member of staff statements apply to you?
the local commands about the property	b) an elected member c) related to a member of staff  Yes  No
If Yes, please provide details:	d) related to an elected member
THE TETE COTTACIE NEIGHBORS ADVISED	If Yes, please provide details of the name, relationship and role
OF PROPOSALS ONLY.	
10. Explanation for Proposed Demolition Work	
Why is it necessary to demolish all or part of the building(s) and/	or structure(s)!
PEPER TO STELLTURAL ENGINEER	2 INSTELLED OFFICE
PEPER TO STELLTURAL ENGINEER! 158UES BY BEASLEY ASSOCIATES	ZIJU JANUARY 2013.
	CD-4-2012 01 07 #5 CPmdston: 4679 S

1. Materials	a what mater	ials are to be used externa	ally, Include	e type, colour and name for each	material:		`
applicable, please stat	Existing (where appli		,	Proposed			Don't Know
Walls	STONE I	NACUS BRICK SU TELEVATION WI	REDALL	STONE ELEVATION BENDERED BLOCK BENCK ENTRANCE	I TO LANE CHORK E GETTENSO	ງ □	
Roof	SLATE CONTIG	ROOF TO TIME	ER	COMPOSITE SLATE EXISTING			
Windows	TTM BE	ENNIONS B LANT BELATIO	NEKED	UPVC SASH WIN	DONS TO		
Doors	TIMBER DOORS			UPVC -WHITE			
Boundary treatments (e.g. fences, walls)		E WALLING + 1	MIX	RENDERED BUI			
Vehicle access and hard-standing	torBo	E GATES TO L	ANE	DOUBLE CANTES	TO HANE		
Lighting		NA	. F (	10163F	111	P	
Others (please specify)			10	101031	UL		
+ DESIGN	4 KCC	>C/01 & 54 655 STATEM	ENT	JAN 2015			
12. Vehicle Parki							
Please provide inf	ormation on	the existing and proposed		on-site parking spaces: tal proposed (including	Differen	ce	
Type of Veh	icle	Total Existing	10	spaces retained) in sp			
Cars		NONE		2.	2		
Light goods ve	hicles/ ehicles						
Motorcycl							
Disability sp	aces						
Cycle spac	es						
Other (e.g. l							
Other (e.g. l	Bus)						
proposed developmed development or miglof the local landscape. If Yes to either or both Tree Survey, at the difference Survey is required submitted alongside authority should male contain, in accordance.	dges on the ent site?  es or hedges ent site that chit be importate character?  th of the aboviscretion of your applicate ke clear on its ce with the cu	re, you may need to provice, you may need to provice our local planning authorith a companying plan should be survey to be survey the survey th	No No le a full by lf a build be should	14. Trade Effluent Does the proposal involve the nodispose of trade effluents or wa If Yes, please describe the natur of trade effluents or waste	ste?		<b>√</b> Noisposal
design, demolition a	nd constructi	on - Recommendations'.			CD-1 2012 01 07 65 55	Caulsian, 46	70 ¢

<b>5. Foul Sewage</b> Please state how foul sewage is to be disposed of:		
Mains sewer Cess pit	Septic tanl	Package treatment plant Other
Are you proposing to connect to the existing drainage:	system?	Yes No
If Ves, please include the details of the existing system	on the applica	tion drawings and state references for the plan(s)/drawing(s):
DEMINET CONSTITION TO BE	MXDE	INTO EXISTING DEMNACE
WITH GARDEN AREA OF A	IXIN HO	NUE.
		17. Assessment of Flood Risk
<b>16. Related Proposals</b> Are there any current applications, previous		Is the site within an area at risk of flooding? (Refer to the
proposals or demolitions for the site?	✓ No	Environment Agency's Flood Map showing flood zones 2 and 3 and
If Yes please describe and include the planning appli reference number(s), if known:	ication	consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Description	Reference	Yes No
Bestiption	number	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
		Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
		Will the proposal increase
		the flood risk elsewhere?
		How will surface water be disposed of?
		Sustainable drainage system Existing watercourse
		Soakaway Pond/lake
		Main sewer AS 621577NG.
18. Existing Use		
Please describe the current use of the site:	PERTIS	EY ROAD - FAMIN DWELLING
Is the site currently vacant?  If Yes, please describe the last use of the site:	\$ 110	- 00163 FIII
If Yes, please describe the last use of the site.		15 11 11 10 3 100
		(date where known may be approximate)
When did this use end (if known)? (DD/MM/YYYY)		(date where known may be approximately
	ere contaminat	ion A proposed use that would be particularly vulnerable to the
to be contaminated? Yes No or part of	ted for all the site?	Yes V No presence of contamination?
If you have answered Yes to any of the above, you v	vill need to sub	mit an appropriate contamination assessment.
19. Biodiversity and Geological Conserv	ation	
To assist in answering the following questions refer	to the guidant	te notes on the Planning Portal website (see "Local level requirements nation on when there is a reasonable likelihood that any important
1	who procent o	r hearny and whether they are likely to be affected by your proposation
Having referred to the guidance notes, is there a re- enhanced within the application site, or on land ad	asonable likelit	1000 of the following being affected adversely of conscived and
a) Protected and priority species: b) De	signated sites,	important habitats or c) Features of geological conservation
other	r biodiversity fe	eatures: importance:
Yes, on the development site Yes, on land adjacent to or near the	Yes, on land	adjacent to or near the Yes, on land adjacent to or near the
proposed development	proposed de	evelopment proposed development
No Supporting Information Requirements	1	4
Where a development proposal is likely to affect fe		versity or geological conservation interest, you will need to submit, with he local planning authority to determine the proposal.
resture to submit all information required will result	lt in vour applic	cation being deemed invalid. It will not be considered valid diffin all
information required by the Local Planning Author Your Local Planning Authority will be able to advise	rity nas been si	initied.
four Focus intiminal victions and and		\$Date:: 2013-01-07 #\$ \$Revision: 4679 \$

D. Residential Uni Des your proposal incluyes, please complete of	ude the	dain	Lloss	or ch	ange	of use of	residen	tial units? Yes	□ No	0					
Proposed Housing						Existing Housing									
Market	Not	1	Numb	er of	Bedr	ooms	Total	Market	Not	N	lumb	er of	Bedro		Tota
	nown	1	2	3	4+	Unknow	n	Housing	known	1	2	3	4+	Unknowr	
ouses			-1_				1	Houses		_					0
ats and maisonettes							4	Flats and maisonettes		_		:			-
ve-work units							-	Live-work units							-
luster flats								Cluster flats							-
heltered housing								Sheltered housing							-
sedsit/studios					_			Bedsit/studios							-
Jnknown type								Unknown type							$\vdash$
	То	tals	(a + b	+ c +	d+6	2 + f + g) =	=		To	otals	(a + b	+ c +	d+e	+f+g)=	
									1				Dod	ooms	Tot
Social Rented	Not known	1	Num 2	oer o	Bed 4+	rooms Unknov	Total	Social Rented	Not known	1	2	3			
	KIIOWIII	1		3	47	OTIKITOV	V11	Houses							
louses	퓜				-		_	Flats and maisonettes							
ive-work units					-			Live-work units							
Cluster flats			-	-	-			Cluster flats							
			-	-	-		-	Sheltered housing							
Sheltered housing				-	-			Bedsit/studios							
Bedsit/studios		!		-	-			Unknown type	1 =				-		+
Unknown type		-4-1	- /	6 1 5	<u> </u>	e+f+g)		Officiowit type	T	otals	(a+	b + c -	+ d +	e + f + g) =	_
		otals	(a +	0+6	+ 4 +	e+1+y)					100				
	Not		Num	her o	of Bed	drooms .	Tota	Intermediate	Not		Num	ber c		lrooms	То
Intermediate	known	1	2	3	4-		wn	Intermediate	knowr	1	2	3	4+	Unknov	/n
Houses								Houses	4	15		1_	+1	11	-
Flats and maisonettes								Flats and maison tte		U	9	7			+
Live-work units								Live-work nits			_		-		_
Cluster flats								Cluster flats			_	-			
Sheltered housing								Sheltered housing							_
Bedsit/studios								Bedsit/studios							_
Unknown type								Unknown type							
		<b>Fota</b>	<b>s</b> (a +	b+c	+ d +	- e + f + g)	=			Total	<b>s</b> (a +	b + c	+ d +	e+f+g)	=
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Key worker	Not	n 1	Nur 2			drooms + Unkno	Tota	Key worker	Not know		Nur 2	nber 3			-
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Houses	+=	+	-	+	+			Flats and maisonett	es 🗆			_			
Flats and maisonette	+-	+	+	-	-		_	Live-work units			+	-			
Live-work units	+ =	+-	-					Cluster flats		+	+	+	$\top$		$\top$
Cluster flats	12	+	-	+	+			Sheltered housing	1 =		+-	+	+		$\top$
Sheltered housing		+-	-	+	+			Bedsit/studios		1-	+	$\top$	+		$\top$
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Unknown type			Ja /=	<u> </u>	ر	+e+f+g	,) —	Olikilowii type		Tota	ls (a	+ b +	c + d	+ e + f + g)	=
		IOTa	11 <b>5</b> (a	+0+	L + a	TE+1+5	, –								
								Total existi						+G+H) =	:

Total   Tota	. All T	ypes of De	velopme	ent: N	lon-resident	ial Floorspace	•			
Base   Storage or distribution   Diagnostic   Diagnosti	es you	r proposal invo	olve the los	s, gai	n or change of u	se of non-residen	tial floorsp	ace? Yes	✓ N	lo
Use class/type of use	lf you	ı have answere	d Yes to th	ne que	estion above plea	ase add details in	the following	ing table:		
A1 Shops	Use	e class/type of	use	Not applicable	internal floorspace	to be lost by ch use or demo	nange of	floorspace propos	ed   of	Net additional gross internal floorspace following development (square metres)
Financial and professional services    A3 Restaurants and cafes    B1 (c) Light industrial    B2 General industrial    B3 Storage or distribution    C1 Hotels and halls of residence    C2 Residential institutions    D1 Non-residential    D2 Assembly and leisure    D7HER    D7HER    In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms    Very Stripe of use    ANOT Glass    Total    Net additional root    Total    Net additional root    Total    Net additional root    Total    Please specify    Total    Please complete the following information regarding employees:    Proposed employees    Proposed employees    Proposed employees    Proposed employees    Please state the hours of opening for each non-residential use proposed:    Sunday and Not known	A1	Shop								
A3 Restaurants and cafes		Net tradab	le area:							
B1 (c) Light industrial	A2	Financia professional	l and services						_	
B8 Storage or distribution	А3	Restaurants	and cafes							
B8 Storage or distribution	B1 (c)	Light ind	ustrial							
C1 Hotels and halls of residence  C2 Residential institutions  D1 Non-residential institutions  D2 Assembly and leisure  D3 Flease specify  Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class  Type of use applicable  C1 Hotels  C2 Residential institutions  C1 Hotels  C2 Residential institutions  C3 Flease specify  C4 Residential institutions  C5 Residential institutions  C6 Residential institutions  C7 Residential institutions  C8 Residential institutions  C9 Residential institutions  Not additional value the loss or gain of rooms  Net additional rooms proposed (including changes of use)  Not additional rooms proposed including information regarding employees:  NA  Rotal Rooms  Not known	B2	General in	dustrial							
residence  Residential Institutions  D1 Non-residential Institutions  D2 Assembly and leisure  D1 Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use applicable of use or demolition  C1 Hotels  C2 Residential Institutions  D1 Existing rooms to be lost by change of use or demolition  D1 Hotels  C2 Residential Institutions  D3 FUL  D1 Total  D3 FUL  D3 FUL  D4 Total full-time equivalent  Existing employees  Proposed employees  Proposed employees  Proposed employees  Please state the hours of opening for each non-residential use proposed:  Sunday and Not known	B8	Storage or di	stribution							
D1 Non-residential institutions  D2 Assembly and leisure	C1	Hotels and reside	halls of nce							
institutions  D2 Assembly and leisure  OTHER  OTHER  Please specify  Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Not applicable  Existing rooms to be lost by change of use of use or demolition  C1 Hotels  C2 Residential Institutions  OTHER  OTHER  Please specify  Please complete the following information regarding employees:  Full-time  Part-time  Total full-time equivalent  Existing employees  Proposed employees  Proposed employees  Proposed employees  Please state the hours of opening for each non-residential use proposed:  Sunday and Not known	C2	Residential in	nstitutions							
Please specify  Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use applicable point applicable of use or demolition  C1 Hotels C2 Residential Institutions C1 Hotels C3 Residential IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	D1									
Please specify  Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use applicable of use or demolition  C1 Hotels C2 Residential Institutions  C1 Hotels C3 Residential Institutions  C4 Residential Institutions  C5 Residential Institutions  C6 Residential Institutions  C7 Residential Institutions  C8 Residential Institutions  C9 Residential Institutions  C1 Hotels  C2 Residential Institutions  C3 Residential Institutions  C4 Residential Institutions  C5 Residential Institutions  C6 Residential Institutions  C7 Residential Institutions  C8 Residential Institutions  C8 Residential Institutions  C9 Residential Institutions  C9 Residential Institutions  C9 Residential Institutions  C1 Hotels  C2 Residential Institutions  C1 Hotels  C2 Residential Institutions  C3 Residential Institutions  C4 Residential Institutions  C6 Residential Institutions  C6 Residential Institutions  C6 Residential Institutions  C6 Residential Institutions  Net additional rocal institutions	D2	Assembly a	nd leisure							
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use Applicable of use or demolition Total rooms proposed (including changes of use)  C1 Hotels C2 Residential Institutions C3 FUL  OTHER C4 Please specify  Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees  Proposed employees  Proposed employees  Please state the hours of Opening  Please state the hours of opening for each non-residential use proposed:  Sunday and Not known	OTHER									
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use applicable applicable of use or demolition  C1 Hotels										
Use class   Type of use   Applicable   Synchrology   Synch		Tot								
Type of use applicable of use or demolition changes of use)  C1 Hotels	In a	ddition, for ho	tels, reside				ditionally i	ndicate the loss or g	ain of ro	ooms
C2 Residential Institutions OTHER		Type of use	Not applicable	Exis	sting rooms to be of use or de	e lost by change molition	Total room	ms proposed (includ :hanges of use)	ling	Net additional rooms
OTHER Please specify	C1	Hotels								
Please specify  22. Employment Please complete the following information regarding employees:  Full-time  Part-time  Existing employees  Proposed employees  Proposed employees  Please state the hours of opening for each non-residential use proposed:  Sunday and  Not known	C2							- n n 1	G	3 FUL
22. Employment Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees Proposed employees  Proposed employees  Please state the hours of opening for each non-residential use proposed:  Sunday and  Not known							1	<del>5 U U '</del>	9	0
Please complete the following information regarding employees:    Full-time		1								
Please complete the following information regarding employees:  Full-time  Part-time  Part-time  Existing employees  Proposed employees  Please state the hours of opening for each non-residential use proposed:  Sunday and  Not known						la	1/4			
Existing employees  Proposed employees  23. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Sunday and  Not known	Please	complete the	tollowing i	ntorn		employees:				
Proposed employees  23. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Sunday and  Not known	F	Existina emplo	yees		i will tillle					
Please state the hours of opening for each non-residential use proposed:  Sunday and  Not known										
Please state the hours of opening for each non-residential use proposed:  Sunday and  Not known	35 H	lours of One	ening				N/A			
Not known	Ple	ease state the l	nours of op	pening	g for each non-re				1	T
										Not known

\$Date:: 2013-01-07 #\$ \$Revision: 4679 \$

The state of the s

5. Industrial or Commercial Proces	ses a	and Machinery				
ease describe the activities and processes we carried out on the site and the end produc ant, ventilation or air conditioning. Please ir upe of machinery which may be installed on	hich v ts inc	would luding				
the proposal a waste management develop		t? Yes	√ No			
the answer is Yes, please complete the follo	wing	table:	<del></del>			
	Not applicable	The total capacity including engineer	y of the void in cub ring surcharge and ver or restoration n vaste or litres if liqu	l making no naterial (or	Maximum annual oper through put in toni (or litres if liquid wa	nes
Inert landfill						
Non-hazardous landfill						
Hazardous landfill						
Energy from waste incineration						
Other incineration						
Landfill gas generation plant						
Pyrolysis/gasification						
Metal recycling site	П					
Transfer stations	Ī					
Material recovery/recycling facilities (MRFs)	一					
Household civic amenity sites						
Open windrow composting						
In-vessel composting				4.6	0 5111	
Anaerobic digestion		3	T O O			
Any combined mechanical, biological and/ or thermal treatment (MBT)			JUU		80/	
Sewage treatment works						
Other treatment						
Recycling facilities construction, demolition and excavation waste						
Storage of waste						
Other waste management						
Other developments						
Please provide the maximum annual opera	ationa	l throughput of the	following waste s	treams:		
Municipal						36
Construction, demolition and		vation				
Commercial and indus	strial					
Hazardous			ti before you	rapplication c	an he determined. Your v	vaste
If this is a landfill application you will need planning authority should make clear who	to p	rovide further information it requires	on its website.	аррисация	all be determined.	
26. Hazardous Substances  Does the proposal involve the use or storathe following materials in the quantities storage.	tated	below? Yes	☐ No	Not appli	cable	
If Yes, please provide the amount of each	subst			1	Phosgene (tonnes)	
Acrylonitrile (tonnes)		Ethylene oxide (to		]	Sulphur dioxide (tonnes)	
Ammonia (tonnes)	H	ydrogen cyanide (to		]	Flour (tonnes)	
Bromine (tonnes)	1.1.	Liquid oxygen (to		]   Refi	ned white sugar (tonnes)	
Chlorine (tonnes)	Liqu	id petroleum gas (to	1	]		
Other:			Other:	L		
Amount (tonnes):			Amount (to	nines): [	\$Date:: 2013-01-07 #\$ \$Revi	islon: 4679 \$

Control of the Contro

One certificate A, B, C, or D must be	completed, toget	ther with the Agricultural Holdings Certifica	te with this application form
Certificate under Town and Count	Certificat try Planning (Deve	lopment Management Procedure) (Wales) Or	der 2012 & Planning (Listed
certify/The applicant certifies that or wwner (owner is a person with a freeho	uildings and Conse	ervation Areas) (Wales) Regulations 2012 efore the date of this application nobody excepted interest with at least 7 years left to run) of an	ot myself/ the applicant was the
vhich the application relates.		Or signed - Agent:	Date (DD/MM/YYYY):
Signed - Applicant:		Of signed Age.	12/02/2015
В	untry Planning (Devouildings and Conso have/the applicant lation, was the owner	te Of Ownership - Certificate B velopment Management Procedure) (Wales) ( ervation Areas) (Wales) Regulations 2012 has given the requisite notice to everyone else ( (owner is a person with a freehold interest or least application relates.	as listed below) who, on the day chold interest with at least 7 years
Name of Owner		Address	Date Notice Served
Signed - Applicant:		Or signed - Agent:	Date (DD/MM/YYYY)
I certify/ The applicant certifies that: Neither Certificate A or B car All reasonable steps have be interest or leasehold interest to been unable to do so.	n be issued for this a	servation Areas) (Wales) Regulations 2012  pplication the names and addresses of the other owners ( eft to run) of the land or building, or of a part of it	owner is a person with a freehold t , but I have/ the applicant has
The steps taken were:			
Name of Owner		Address	Date Notice Served
		1500163F	
		45 11 100	O L
		1300	
			data (subjets assists and be explica-
Notice of the application has been (circulating in the area where the la	published in the fol and is situated):	lowing newspaper On the following than 21 days bef	date (which must not be earlier ore the date of the application):
			Date (DD/MM/YY)
Signed - Applicant:		Or signed - Agent:	Date (DD/MM/111
			\$Date:: 2013-01-07 #\$ \$Revision: 4679 \$

27. Ownership Certificates

27. Ownership Certificates (conti	nued)		
a will be a second of the Town and Country	Certificate Of Ownership - Certific	: Procedure) (Wales) Order 201	2 & Planning (Listed
Build	ings and Conservation Areas) (Wales) F	legulations 2012	
date of this application, was the or of any part of the land to which th	this application ken to find out the names and addresses o wner (owner is a person with a freehold inte is application relates, but I have/ the appl		21 days before the east 7 years left to run)
The steps taken were:			
Notice of the application has been publish (circulating in the area where the land is s	ned in the following newspaper	On the following date (which than 21 days before the date	must not be earlier of the application):
(Circulating in the area where the latter to			
	O Control Accepts		Date (DD/MM/YYYY):
Signed - Applicant:	Or signed - Agent:		
28. Agricultural Holdings			
	Agricultural Holding Certifica Planning (Development Management	ite Procedure) (Wales) Order 2012	<u>.</u>
<b>Town and Country</b> Agricult	tural Land Declaration - You Must Comple	te Either A or B	
(A) None of the land to which the applica			
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
Signed Applicants			12/02/2015
		trul line turbo on th	day 21 days
(B) I have/ The applicant has given the re before the date of this application, was a as listed below:	quisite notice to every person other than tenant of an agricultural holding on all o	r part of the land to which this ap	
Name of Tenant	Address		Date Notice Served
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
0.9	O. O. S.		

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29. Planning Application Requirements - Checklist	- A Succession State of Committee State of State
Please read the following checklist to make sure you have sent all the in information required will result in your application being deemed invalued he Local Planning Authority has been submitted.	
The original and 3 copies of a completed and dated	The correct fee:
application form:  The original and 3 copies of the plan which identifies	The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):
the land to which the application relates drawn to an dentified scale and showing the direction of North:	The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable):
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 Article 11 Certificate (Agricultural Holdings):
Depending on the type and scale of proposed development, your applacement accompanied by the following technical documents:	lication – in order to be validated - may also need to be
The guidance note available on the Planning Portal website (see "Loca Government Circular 002/2012 will assist you in determining whether	opted (Local Validation Requirements' for some major developments.
You should also note that your Local Planning Authority may have au Information on any "Local Validation Requirements" will be available	on the Local Planning Authority's Website.
I/we hereby apply for planning permission as described in this form a confirm that, to the best of my knowledge, any facts stated are true a persons giving them.  Signed - Applicant:  Or signed - Agent:	Date (DD/MM/YYYY):  12/02/2015 (date cannot be pre-application
31. Applicant Contact Details	32. Agent Contact Details
	Telephone numbers
Telephone numbers Extension	Extension
Country code: National number: number:	Country code: National number:
	029 20711000
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
Email address (optional):	Email address (optional):  d.covrtney antiworld.com
	Email address (optional):  d.coustney antiworld.com
33. Site Visit	d.courtney attworld.com
33. Site Visit  Can the site be seen from a public road, public footpath, bridleway	or other public land? Yes No
33. Site Visit  Can the site be seen from a public road, public footpath, bridleway  If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	or other public land? Yes No
33. Site Visit  Can the site be seen from a public road, public footpath, bridleway	or other public land? Yes No
33. Site Visit  Can the site be seen from a public road, public footpath, bridleway If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:  Contact name:	or other public land? Yes No  Agent Applicant Other (if different from the agent/applicant's details)
33. Site Visit  Can the site be seen from a public road, public footpath, bridleway  If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide:  Contact name:  HELLA STEADLING	or other public land? Yes No  Agent Applicant Other (if different from the agent/applicant's details)  Telephone number:
33. Site Visit  Can the site be seen from a public road, public footpath, bridleway lf the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:  Contact name:	or other public land? Yes No  Agent Applicant Other (if different from the agent/applicant's details)  Telephone number: