The Vale of Glamorgan Council Cyngor Bro Morgannwg

Dock Office, Barry Docks, Barry CF63 4RT Tel: 01446 700111 Fax: 01446 704847 Email: developmentcontrol@valeofglamorgan.gov.uk Ebost developmentcontrol@valeofglamorgan.gov.uk



ofglamorgan.gov.uk

Householder Application for Planning Permission for works or extension to a dwelling. 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 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. Applica	ant Name and Address	2. Agent Name and Address
Title:	MR First name: LEWIS	Title: First name:
Last name:	REES	Last name:
Company (optional):		Company (optional):
Unit:	House number: House suffix:	Unit: House number: House suffix:
House name:		House name:
Address 1:	WESTWARD RISE	Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	BARRY	Town: RECEIVED
County:	VALE OF GLAMORGAN	County: 1 7 FFB 2015
Country:	SOUTH WALES	Country:
Postcode:	CF62 6PP	Postcode:

3. Description of Proposed Works

Please describe the proposed works:

PROPOSED TWO STOREY EXTENSION TO BOAL OF EXISTING DOMESTIC DUELLING TO ROPLACE EXISTING GROUND FLOOR extension & consultatory

3. Description of Proposed Works (continued)					
Has the work already started? Yes No					
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)				
Has the work already been completed?					
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)				
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way				
Please provide the full postal address of the application site. Unit: House humber: House suffix:	Is a new or altered vehicle access proposed to or from the public highway? Yes Vo				
House name:	Is a new or altered pedestrian access proposed to or from the public highway? Yes No				
Address 1: WESTWARD RISE	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No				
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/				
Address 3:	drawing(s):				
Town: BARRY					
County: VALE OF GLAMORGAN					
Postcode (optional): CF62 6PP					
6. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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 possible: Officer name: Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? Yes No If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.				
8. Parking Will the proposed works affect existing car parking arrangements? If Yes, please describe:	9. 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 If Yes, please provide details of the name, relationship and role				

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	BLOCKWOLK WITH PEBBLE DASH PAINTED WHITE	AS EXISTING		
Roof	DARK GREY SLATE	AS EXISTING		
Windows	WHITE OPVC	AS EXISTING		
Doors	WHITE UPVE	AS EXISTING		
Boundary treatments (e.g. fences, walls)	15	0 0 1 5 5 FUL		
Vehicle access and hard-standing				
Lighting				
Others (please specify)			¥	
	ditional information on submitted plan(s)/drawing erences for the plan(s)/drawing(s)/design and acce	_	es	No

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1. Ownership Certificates				2.00
One Certificate A, B, C, or D, must	be completed, tog	ether with the Agricultural F	Holdings Certificate with th	is application form
	CERTIFICAT	E OF OWNERSHIP - CERTIFIC	ATE A	
Town and Country Pla	nning (General D	evelopment Procedure) Orde	er 1995 Certificate under A	rticle 7
certify/The applicant certifies that on wner (owner is a person with a freehold	tne day 21 days be Linterest or leasehol	fore the date of this application of interest with at least 7 years le	n nobody except myself/ the	e applicant was the
which the application relates.		a merest mar at reast r years re	retorary or any part of the to	ind or banding to
Signed		Or signed - Agent:		Date (DD/MM/YYYY):
				11/12/15
× d				× 101717
	CERTIFICATI	E OF OWNERSHIP - CERTIFIC	ATE B	
Town and Country Pla	nning (General D	evelopment Procedure) Orde	er 1995 Certificate under A	rticle 7
I certify/ The applicant certifies that I hat I had I	nave/the applicant	has given the requisite notice r (owner is a person with a freeh	to everyone else (as listed b	elow) who, on the day
eft to run) of any part of the land or bui	ilding to which this	application relates.	iola interest or leaseriola inter	est until at least 7 years
Name of Owner		Address		Date Notice Served
3 101 101 101 101 101 101				
				77.
15 to 3000000 WS5-15 U	+			
			1	
Signed - Applicapt.		Or signed - Agent:		Date (DD/MM/YYYY):
<u> </u>				
	CEDTIFICAT	E OF OWNEDSHIP - CEPTIEIC	ATEC	
Town and Country Pla		E OF OWNERSHIP - CERTIFIC evelopment Procedure) Orde		article 7
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 Certify/ The applicant certifies that: Neither Certificate A or B can l 	anning (General D	evelopment Procedure) Orde oplication	er 1995 Certificate under A	
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11. Ownership Certificates (continued)			
	ATE OF OWNERSHIP - CERTI		mbi al and
Town and Country Planning (Genera I certify/ The applicant certifies that:	Development Procedure) C	order 1995 Certificate under A	rticle
 Certificate A cannot be issued for this applicat 	ion		
 All reasonable steps have been taken to find o 	ut the names and addresses o	f everyone else who, on the day	21 days before the
date of this application, was the owner (owner of any part of the land to which this application	ris a person with a freehold inte In relates, but I have/the appli	rest or leasenedd interest with at le	east / years left to run)
The steps taken were:	riveraces, but mave, the apph	cant has been anable to do so.	
The steps taken were.			
Notice of the application has been published in the fo (circulating in the area where the land is situated):	llowing newspaper	On the following date (which than 21 days before the date	
(circulating in the area where the land is parated).			or the application).
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
12. Agricultural Holdings	AVE TWO	100000	a Steen of the
	T	CATE	
AGRICU Town and Country Planning (General	JLTURAL HOLDINGS CERTIFI Development Procedure)Or		icle 7
Agricultural Land De	claration - You Must Complete	Either A or B	
(A) None of the land to which the application relat	tes is, or is part of, an agricultu	ral holding.	
Signed - Aprel	Or signed - Agent:		Date (DD/MM/YYYY):
signed .	The state of the s		11/0/10
X Z			1 × (6/2/15)
(B) I have/ The applicant has given the requisite no	otice to every person other tha	an myself/ the applicant who or	the day 2 days
before the date of this application, was a tenant of an	agricultural holding on all or p	art of the land to which this app	olication relates,
as listed below:			·
Name of Tenant	Address		Date Notice Served
17	-		
			200
	- F F		UL
	10	,	
			202-2
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
13. Planning Application Requirements - (Checklist		
Please read the following checklist to make sure you h	nave sent all the information ir	support of your proposal. Failu	ire to submit all
information required will result in your application be	ing deemed invalid. It will not	be considered valid until all inf	ormation required by
the Local Planning Authority has been submitted. The original and 3 copies of a The	original and 3 copies of a	The correct fee:	· · · · · ·
completed and dated application form: des	ign and access statement whe	re	Ľ
The aviational and 3 continues for plan which pro	posed works fall within one of	The original and 3 co	oies of the
identifies the land to which the application	following designated areas:	Certificate	·
relates drawn to an identified scale 📝 🍨 🢆	ational Park te of special scientific interest	(A, B, C or D - as appli	icable):
• Co	onservation area	The original and 3 co	oies of the
	rea of outstanding natural bea	uty completed, dated Art	icle 7 Certificate
and drawings or information necessary to describe the subject of the application:	orld Heritage Site	(Agricultural Holding	s):
describe the subject of the application.			

14. Declaration	
I/we hereby apply for planning permission/consent as described in t information.	his form and the accompanying plans/drawings and additional
Signed - Applicant: Or signed - Agent	: Date (DD/MM/YYYY):
X E	× 16 2 15 (date cannot be pre-application)
15. Applicant Contact Details	16 . Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number: Extension number:
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):
][
17. Site Visit	
Can the site be seen from a public road, public footpath, bridleway c	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? (<i>Please select only one</i>)	Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	3
Contact name:	Telephone number:
Email address:	