



Application for Planning Permission.  
Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting  
[www.planningportal.co.uk/wales\\_en/applications](http://www.planningportal.co.uk/wales_en/applications)  
Mae'r ffurflen hon ar gael yn Gymraeg hefyd

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. Applicant Name and Address	2. Agent Name and Address
Title: <input type="text" value="MR + MRS"/> First name: <input type="text" value="ALAN + MICHELLE"/>	Title: <input type="text" value="MR."/> First name: <input type="text" value="CAROL A"/>
Last name: <input type="text" value="BAGSHAW"/>	Last name: <input type="text" value="TUCK"/>
Company (optional): <input type="text"/>	Company (optional): <input type="text" value="MERIDIAN BUILDING DESIGN"/>
Unit: <input type="text"/> House number: <input type="text" value="2"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text" value="41a"/> House suffix: <input type="text"/>
House name: <input type="text" value="WOOLESTON"/>	House name: <input type="text" value="THE RISE"/>
Address 1: <input type="text" value="2, STACEY ROAD"/>	Address 1: <input type="text" value="41a, HIGHTWALLS AVENUE"/>
Address 2: <input type="text"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="DINAS POWYS"/>	Town: <input type="text" value="DINAS POWYS"/>
County: <input type="text" value="VALE OF GLAM"/>	County: <input type="text" value="VALE OF GLAM"/>
Country: <input type="text"/>	Country: <input type="text"/>
Postcode: <input type="text" value="CF64 4AE"/>	Postcode: <input type="text" value="CF64 4AQ"/>

**3. Description of the Proposal**

Please describe the proposed development, including any change of use:

PROPOSED NEW STABLE BLOCK FOR STABLING HORSES

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Has the building, work or change of use already started?  Yes  No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):  (date must be pre-application submission)

Has the building, work or change of use been completed?  Yes  No

If Yes, please state the date when the building, work or change of use was 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:

#### 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?  Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No

Are there any new public roads to be provided within the site?  Yes  No

Are there any new public rights of way to be provided within or adjacent to the site?  Yes  No

Do the proposals require any diversions /extinguishments and/or creation of rights of way?  Yes  No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

#### 8. Neighbour and Community Consultation

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

If Yes, please provide details:

#### 5. 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. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No

If Yes, please provide details:

#### 9. Authority Employee / Member

With respect to the Authority, do any of these statements apply to you?  
a) a member of staff  Yes  No  
b) an elected member  Yes  No  
c) related to a member of staff  Yes  No  
d) related to an elected member  Yes  No

If Yes, please provide details of the name, relationship and role

### 10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	<input type="checkbox"/>	<input type="checkbox"/>
			Not	Not
			to	to
			be	be
			used	used
			for	for
			the	the
			work	work
			area	area
			or	or
			site	site
			as	as
			shown	shown
			on	on
			the	the
			plans	plans
			and	and
			drawings	drawings
			if	if
			applicable	applicable
Walls		S.W. TIMBER CLADDING NEXT BROWN	<input type="checkbox"/>	<input type="checkbox"/>
Roof		PROFILED ROOF SHEETS OLIVE GREEN	<input type="checkbox"/>	<input type="checkbox"/>
Windows			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doors		STAINED TIMBER NEXT BROWN	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting		PIR. SECURITY LIGHTING	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement:  Yes  No  
 If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

- DRAWING NUMBERS AMB 01a AND AMB 02b  
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### 11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	8 +	4	-4
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus) <del>HOUSE TRANSPORT</del>	2	2	0
Other (e.g. Bus)			

### 12. Foul Sewage

Please state how foul sewage is to be disposed of: **N/A**

- Mains sewer   
  Cess pit   
  Package treatment plant   
  Septic tank   
  Other

Are you proposing to connect to the existing drainage system?   
 Yes   
 No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

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### 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes on the Planning Portal website (see "Local level requirements and additional documentation"). The notes provide further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals. Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

- |  |   |  |
|--|---|--|
| <p>a) Protected and priority species:</p> <p><input type="checkbox"/> Yes, on the development site</p> <p><input type="checkbox"/> Yes, on land adjacent to or near the proposed development</p> <p><input checked="" type="checkbox"/> No</p> | <p>b) Designated sites, important habitats or other biodiversity features:</p> <p><input type="checkbox"/> Yes, on the development site</p> <p><input type="checkbox"/> Yes, on land adjacent to or near the proposed development</p> <p><input checked="" type="checkbox"/> No</p> | <p>c) Features of geological conservation importance:</p> <p><input type="checkbox"/> Yes, on the development site</p> <p><input type="checkbox"/> Yes, on land adjacent to or near the proposed development</p> <p><input checked="" type="checkbox"/> No</p> |
|--|---|--|

#### Supporting Information Requirements

Where a development proposal is likely to affect features of biodiversity or geological conservation interest, you will need to submit, with the application, sufficient information and assessments to allow the local planning authority to determine the 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.

Your Local Planning Authority will be able to advise on the content of any assessments that may be required.

### 14. Trees and Hedges

Are there trees or hedges on the proposed development site?   
 Yes   
 No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?   
 Yes   
 No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

### 15. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?   
 Yes   
 No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

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### 16. Residential Units (Including Conversion)

N/A

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 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"/>						
<b>Totals</b>							

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"/>						
<b>Totals</b>							

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"/>						
<b>Totals</b>							

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"/>						
<b>Totals</b>							

**Total proposed residential units**

#### 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"/>						
<b>Totals</b>							

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"/>						
<b>Totals</b>							

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"/>						
<b>Totals</b>							

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"/>						
<b>Totals</b>							

**Total existing residential units**

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

### 17. All Types of Development: Non-residential Floorspace

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

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

Use class/type of use	Not applicable	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"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>				
Offices	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>	N/A	N/A	96 m <sup>2</sup>	96 m <sup>2</sup>
HORSE STABLES	<input type="checkbox"/>				
Please Specify	<input type="checkbox"/>				
Total					

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

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

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### 18. Employment

Please complete the following information regarding employees: N/A

	Full-time	Part-time	Total full-time <sup>7</sup> equivalent
Existing employees			
Proposed employees			

### 19. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: N/A

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

**20. Site Area**

Please state the site area in hectares (ha)

If Yes, please complete the following information regarding public open space:

Does your proposal involve the construction of a new building which would result in the loss or gain of public open space?  Yes  No

	Open Space Lost	Open space gained
Area of Land (ha)		

**21. Assessment of Flood Risk**

Is the site within an area at risk of flooding? (Refer to the Welsh Government's Development Advice Maps website - <http://data.wales.gov.uk/apps/floodmapping/>)  Yes  No

If Yes, and you are proposing a new building or change of use, please add details of the proposal in the following table:

Floodplain Area	Residential (Number of units)	Non-residential (Area of land - hectares)
Floodplain C1		
Floodplain C2		

If the proposed development is within an area at risk of flooding you will need to consider whether it is appropriate to submit a flood consequences assessment. (Refer to Section 6 and 7 and Appendix 1 of TAN 15 - <http://wales.gov.uk/topics/planning/policy/tans/tan15/?lang=en>)

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  Soakaway  Main sewer  Existing watercourse  Pond/lake

**22. Existing Use**

Please describe the current use of the site:

VACANT FIELD  
PREVIOUSLY PART OF ST. ANDREWS  
GOLF CLUB.

Is the site currently vacant?  Yes  No

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

PREVIOUSLY PART OF ST. ANDREWS  
GOLF CLUB.

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

(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.

Does your proposal involve the construction of a new building?  Yes  No

If Yes, please complete the following information regarding the element of the site area which is in previously developed land or greenfield land:

	Previously Developed Land	Greenfield Land
Area of land (ha) proposed for new development		0.1322 ha

**23. Renewable and Low Carbon Energy**

Does your proposal involve the installation of a stand-alone renewable or low-carbon energy development?  Yes  No

If you have answered Yes to the question above please state the proposed energy output capacity in MegaWatts (MW):

Renewable Energy Type	Energy Capacity (MW)
Anaerobic digestion	
Biofuels Biomass	800221 FUL
Combined heat and power (CHP)	
District heating	
Fuel cells	
Geothermal	
Ground/water/air heat pumps	
Hydropower	
Solar	
Waste heat energy	
Wind	
Other low carbon or renewable energy (please specify below)	

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## 24. 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:

N/A

Is the proposal a waste management development?  Yes  No

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)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

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

Municipal	
Construction, demolition and excavation	
Commercial and industrial	1800221 FUL
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.

## 25. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?  Yes  No  Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes)	<input type="text"/>	Ethylene oxide (tonnes)	<input type="text"/>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <p>RECEIVED</p> <p>27 FEB 2018</p> <p>Phosgene (tonnes) <input type="text"/></p> <p>Regeneration and Plant</p> <p>Sulphur dioxide (tonnes) <input type="text"/></p> <p>Flour (tonnes) <input type="text"/></p> <p>Refined white sugar (tonnes) <input type="text"/></p> </div>
Ammonia (tonnes)	<input type="text"/>	Hydrogen cyanide (tonnes)	<input type="text"/>	
Bromine (tonnes)	<input type="text"/>	Liquid oxygen (tonnes)	<input type="text"/>	
Chlorine (tonnes)	<input type="text"/>	Liquid petroleum gas (tonnes)	<input type="text"/>	
Other:	<input type="text"/>	Other:	<input type="text"/>	

Amount (tonnes):

Amount (tonnes):



**26. Ownership 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 (Development Management Procedure) (Wales) Order 2012**

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 of any part of the land or building to which the application relates.

Signed - Applicant:  Or signed:  Date (DD/MM/YYYY):

**Certificate of Ownership – Certificate B**

**Town and Country Planning (Development Management Procedure) (Wales) Order 2012**

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 ( ) 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**

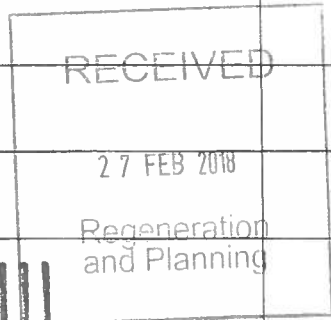
**Town and Country Planning (Development Management Procedure) (Wales) Order 2012**

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 ( ) 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:

Name of Owner	Address	Date Notice Served



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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):

**26. Ownership Certificates (continued)**

**Certificate of Ownership – Certificate D  
Town and Country Planning (Development Management Procedure) (Wales) Order 2012**

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 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):

**27. Agricultural Holdings**

**Agricultural Holding Certificate  
Town and Country Planning (Development Management Procedure) (Wales) Order 2012  
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

Date (DD/MM/YYYY):

13-2-18

(B) I have/ The applicant has given the requisite notice to every person 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:

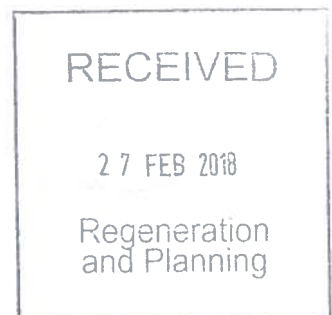
Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

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### 28. 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 a design and access statement, if required (see help text and guidance notes for details):

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):

The original and 3 copies of the completed, dated Article 11 Certificate (Agricultural Holdings):

Depending on the type and scale of proposed development, your application – in order to be validated - may also need to be accompanied by the following technical documents:

- Flood Consequences Assessment
- Biodiversity and Geological Conservation Assessment
- Tree Survey
- Coal Mining Risk Assessment
- Rural Enterprise Dwelling Appraisal
- Retail Impact Assessment
- Noise Assessment
- Transport Assessment

The guidance note available on the Planning Portal website (see "Local level requirements and additional documentation") and Welsh Government Circular 002/2012 will assist you in determining whether any of these assessments are necessary.

You should also note that your Local Planning Authority may have adopted 'Local Validation Requirements' for some major developments. Information on any "Local Validation Requirements" will be available on the Local Planning Authority's website.

### 29. Declaration

I/we hereby apply for planning permission as described in this form and the accompanying plans/drawings and additional information. I confirm that, to the best of my knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the persons giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):




(date cannot be pre-application)

### 30. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:




Country code:

Mobile number (optional):



Country code:

Fax number (optional):



Email address (optional):

### 31. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:




Country code:

Mobile number (optional):



Country code:

Fax number (optional):



Email address (optional):

### 32. 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?

 Agent

 Applicant

 Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

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27 FEB 2018

Regeneration and Planning

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