



Application for approval of details reserved by condition. Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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. Applicant Name and Address

Title:	Mr	First name:	Jorge
Last name:	DASCENCAO		
Company (optional):	CLUB CROWN		
Unit:	—	House number:	—
		House suffix:	—
House name:	THE NEW CROWN		
Address 1:	28 HIGH STREET		
Address 2:	—		
Address 3:	—		
Town:	MERTHYR TYDFIL		
County:	GLAM		
Country:	WALES		
Postcode:	CF47 8DP		

2. Agent Name and Address

Title:	Mr	First name:	Paul
Last name:	THOMAS		
Company (optional):	UTOPIA DESIGN		
Unit:	—	House number:	5
		House suffix:	—
House name:	—		
Address 1:	AMBERTON PLACE		
Address 2:	PENYDAREN		
Address 3:	—		
Town:	MERTHYR TYDFIL		
County:	GLAM		
Country:	WALES		
Postcode:	CF47 9HX		

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

9. 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 - App

[Redacted Signature]

Or signed - Agent:

25-09-22 [Signature]

Date (DD/MM/YYYY):

25-09-22

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. 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:

[Redacted Contact Name]

Telephone number:

[Redacted Telephone Number]

Email address:

[Redacted Email Address]

