



Llywodraeth Cymru
Welsh Government

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

Town and Country Planning Act 1990

If printed, please complete using BLOCK CAPITALS and BLACK ink.

1. Applicant Name and Address

Title:	Mr	First name:	Alun		
Last name:	Roberts				
Company (optional):	Merthyr Tydfil County Borough Council				
Unit:		House number:		House suffix:	
House name:					
Address 1:	Unit 5				
Address 2:	Triangle Business Park				
Address 3:	Pentrebach				
Town:	Merthyr Tydfil				
County:	Merthyr Tydfil				
Country:	Wales				
Postcode:	CF11 9EB				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site 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)

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site – for example “field to the North of the Post Office”.

Easting: Northing:

Description:

Non material amendment for a larger canopy

4. Pre-application Advice

Has pre-application advice been sought from the local planning 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 possible:



Officer name:

Kate Glover

Reference:

Trefechan Canopy

Date (DD/MM/YYYY): (must be pre-application submission)

5-2-26

Details of the pre-application advice received:

Advice on what type of planning application to submit for a larger canopy

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:

I am a building surveyor with the local authority

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:

Change of use of part of the building from a Youth Centre to a Flying Start facility and erection of a canopy on the rear elevation of the building (Full).

Reference number:

P/24/0242

Date of decision (DD/MM/YYYY):

13/12/2024

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:

Increasing the depth of the canopy from approximately 3200mm to 4500mm. The width of the canopy will remain the same.

Are you intending to substitute amended plans or drawings?

Yes



No

☐

If Yes, please complete the following:

Old plan/drawing number(s):

Drawing No: 01AP, 2AP and 3AP

New plan/drawing number(s):

Drawing No: 01AP, 1PP and 2AP

Please state why you wish to make this amendment:

The original size of the canopy was situated on top of the existing drainage line. This was causing an issue the drains and the foundations. It was decided to increase the size of the canopy in order to avoid the drainage line.

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.



10. 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:

AJR

Or signed – Agent:

Date (DD/MM/YYYY):
(date cannot be pre-application)

11-2-26

11. Applicant Contact Details

Telephone numbers:

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers:

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Email address (optional):

13. 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:

Telephone number:

Email address: