



**Application for removal or variation of a condition following grant of planning permission.
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:	LYNN
Last name:	HERITAGE		
Company (optional):			
Unit:		House number:	5
		House suffix:	
House name:	THE GABLES		
Address 1:	NORLAND WAY		
Address 2:	HROUGHER		
Address 3:	MERTHYR TYDFIL		
Town:	MERTHYR TYDFIL		
County:	MTCB		
Country:	WALES U.K.		
Postcode:	CF48 1SQ		

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 Address Details

Please provide the full postal address of the application site.

Postcode:	House number:	House suffix:
LAND TO THE REAR OF 5		
Address 1: WOODLAND WAY		
Address 2: HEDDERGRIE		
Address 3:		
Town: NORTHER TYPIC		
County: MIBC		
Postcode (optional): CF48 1SQ		
Description of location or a grid reference. (must be completed if postcode is not known):		
Easting: Northing:		
Description: FIELD BEHIND 5 WOODLAND WAY		

4. 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:

M FERREIRA PLANNING OFFICER

Reference:

P/17/0085

Date (DD/MM/YYYY):

(must be pre-application submission)

27/10/2016

Details of pre-application advice received?

ADVICE ON DEALING WITH THE LOCAL AUTHORITY

Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

VARY CONDITION 1 (TIME LIMIT) OF P/17/0085 TO EXTEND THE TIME PERIOD WITHIN WHICH TO COMMENCE DEVELOPMENT BY 5 YEARS. REMOVE CONDITION 9 OF P/17/0085 AS THIS CONDITION HAS BEEN DISCHARGED UNDER PLANNING PERMISSION P/18/0103

Reference number: P/17/0085 Date of decision (DD/MM/YYYY): 27/10/2016 (date must be pre-application submission)

Please state the condition number(s) to which this application relates:

1.	5 YEAR TIME LIMIT	6.	
2.		7.	
3.		8.	
4.		9.	REMEDIAL WORKS
5.		10.	

Has the development already started?

☐ Yes ☒ No

If Yes, please state when the development started (DD/MM/YYYY):

(date must be pre-application submission)

Has the development been completed?

☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

1 EXTEND TIME TO COMPLETE DEVELOPMENT
9 REMOVAL OF CONDITION 9

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

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 - Applicant:



Or signed - Agent:

Date (DD/MM/YYYY):

11/04/2018

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Extension number:

Country code: 01685 Mobile number (optional): 377911

Country code: 07899 Fax number (optional): 928646

Country code: N/A

Email address (optional): 

11. Agent Contact Details

Telephone numbers

Extension number:

Country code: National 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:

NPR LYNNA HADJIAN

Email address: 

