



Application for a non-material amendment following a grant of planning permission.
Town and Country Planning Act 1990

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:	JUSTIN
Last name:	MC CARTHY		
Company (optional):			
Unit:		House number:	33-35
		House suffix:	
House name:			
Address 1:	PONT MORLAIS		
Address 2:			
Address 3:			
Town:	MERTHYR TYDFIL		
County:			
Country:	UNITED KINGDOM		
Postcode:	CF47 8UN		

2. Agent Name and Address

Title:	MR	First name:	ANDREW
Last name:	KEMP		
Company (optional):	FERGUSON MANN ARCHITECTS		
Unit:		House number:	6
		House suffix:	
House name:			
Address 1:	KING STREET		
Address 2:			
Address 3:			
Town:	BRISTOL		
County:			
Country:	UNITED KINGDOM		
Postcode:	BS1 4EQ		

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	2	House suffix:	
House name:	MORLAIS BUILDINGS				
Address 1:	HIGH STREET				
Address 2:					
Address 3:					
Town:	MERTHYR TYDFIL				
County:					
Postcode (optional):	CF47 8UL				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northings:			
Description:					

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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

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

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:

REFURBISH EXISTING BUILDING TO INCLUDE NEW SHOPFRONT. CHANGE OF USE TO FLAT AT FIRST AND SECOND FLOOR, TO PROVIDE 2 NO. 1 BEDROOM FLATS. DEMOLISH GARAGE TO REAR TO PROVIDE NEW PARKING AREA (FULL)

Reference number:

P/20/ 0037

Date of decision (DD/MM/YYYY):

22/09/2020

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:

INCLUSION OF A METAL GATE AHEAD OF SHOP FRONT DOOR TO HIGH STREET. PRINCIPLE OF GATE ESTABLISHED BY RENOVATION TO NEXT DOOR 3 MOFLAIS BUILDINGS.

EXISTING PLANNING DRAWING NOT PREPARED BY FERGUSON MANN ARCHITECTS SO ADDITIONAL DRAWING INCLUDED TO SHOW GATE ON AGREED PROPOSED ELEVATION, AT A LARGER SCALE.

Are you intending to substitute amended plans or drawings?

☐ Yes ☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

NOT APPLICABLE

New plan/drawing number(s):

10647 - PL - 810

Please state why you wish to make this amendment:

GATE IS DESIRED TO CLOSE OFF ENTRANCE ALCOVE AT NIGHT.

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 consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

Alemp

16/11/2021

11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax 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: