



Merthyr Tydfil County Borough Council
Town Planning (Development Control)

Unit 5
Triangle Business Park
Pentrebach
Merthyr Tydfil
CF48 4TQ
Tel No. 01685 726213
www.merthyr.gov.uk

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:	MRS	First name:	
Last name:	DAVIES		
Company (optional):			
Unit:		House number:	11
House name:		House suffix:	
Address 1:	TREHARNE ROAD		
Address 2:			
Address 3:			
Town:	TREHARRIS		
County:	GLAMORGAN		
Country:	WALES		
Postcode:	CF46 5NY		

2. Agent Name and Address

Title:	MR	First name:	DAVID
Last name:	THOMAS		
Company (optional):	DUNRAVEN WINDOWS		
Unit:		House number:	
House name:		House suffix:	
Address 1:	ST DAVIDS HOUSE		
Address 2:	HEOL MOSTYN		
Address 3:	VILLAGE FARM IND EST		
Town:	BRIDGEND		
County:	MID GLAMORGAN		
Country:	WALES		
Postcode:	CF33 6BJ		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: // House suffix:

House name:

Address 1: TREHARNE RD

Address 2:

Address 3:

Town: TREHARNS

County: CLAMORGAN

Postcode (optional): CFK6 5NY

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: Northing:

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:

REBECCA OWENS

Reference:

P/20/0252

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

REMAINING WALLS

5. 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:

ERECTOR OF CONSERVATORY TO THE REAR ELEVATION (GRANTED)
ERECTOR OF REMAINING WALLS TO 3 ELEVATIONS.

Reference number:

P/20/0252

Date of decision:

24/11/2020

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

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

1.	STRUCTURAL CALCULATIONS OF NEW REMAINING WALLS MATERIALS.	6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started?

☐ Yes ☒ No

(date must be pre-application submission)

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

Has the development been completed?

☐ Yes ☒ No

(date must be pre-application submission)

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

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

FACE BRICK AND CONCRETE BLOCKS, REINFORCED CONCRETE Cavity AND FOUNDATIONS.

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition?

If Yes, please indicate which part of the condition your application relates to:

☐ Yes ☒ No

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.

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 options given are the genuine opinions of the persons giving them.

SECRET



(date cannot be pre-application)

Country code: _____ National number: _____ Extension number: _____

Mobile number (optional):

Fax number (optional):

Country code:	National number:	Extension number:

THE UNIVERSITY OF CHICAGO

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Can the site be seen from a public road, public footpath, bridleway or other public land?

☐ ~~Yes~~

☐ Agent

☒ Applicant☒ NO

Telephone number: _____

