



Llywodraeth Cymru
Welsh Government

Application for approval of details reserved by condition

Town and Country Planning Act 1990 Historic Environment (Wales) Act 2023

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

1. Applicant Name and Address

Title:	Mr	First name:	Angharad		
Last name:	Davies				
Company (optional):					
Unit:		House number:	13	House suffix:	
House name:					
Address 1:	Tyntaldwyn Road,				
Address 2:	Troedyrhiw				
Address 3:					
Town:	Merthyr Tydfil				
County:	Merthyr Tydfil				
Country:					
Postcode:	CF48 4NG				

2. Agent Name and Address

Title:	Mr	First name:	Philip		
Last name:	Harris				
Company (optional):	3dcadwales limited				
Unit:		House number:	5	House suffix:	
House name:	Ashlea Drive				
Address 1:	Thomaston				
Address 2:					
Address 3:					
Town:	Merthyr Tydfil				
County:	Merthyr Tydfil				
Country:	UK				
Postcode:	CF47 0NY				

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	17	House suffix:	
House name:					
Address 1:	Tyntaldwyn Road				
Address 2:	Troedyrhiw				
Address 3:					
Town:	Merthyr Tydfil				
County:					
Postcode: (optional)	CF48 4NG				

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:

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:

Reference:

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

Details of the pre-application advice received:

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:

Two storey rear extension and creation of parking area to the front with associated re-profiling and retaining works (Full)

Reference number:

P/25/0240

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

27th October 2025

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

1.	3	6.	
2.	4	7.	
3.	6	8.	
4.		9.	
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)

6. Discharge Of Condition

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

No 3 - Prior to the construction of the proposed parking area/driveway, the materials to be used in the construction of the external surfaces of the parking area/driveway shall be submitted to and approved in writing by the local planning authority. Development shall be carried out in accordance with the approved details.

No 4 - Prior to the construction of the parking area/driveway hereby approved, a plan indicating the positions, height, design, materials and type of boundary treatment to be erected shall be submitted to and approved by the local planning authority. The boundary treatment shall be completed as approved before the use of the parking/driveway area.

No 6 - No development shall take place until details, including structural calculations and facing materials, of any retaining wall which exceeds 1 metre in height have been submitted to and

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition?

Yes

☐

No

☒

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

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):
(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers:

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers:

Country code:

National number:

Extension number:

Country code:

Mobile 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:

Telephone number:

Email address: