



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:	Steve		
Last name:	Jarvis				
Company (optional):	St Tydfil's Dvelopments LLP				
Unit:		House number:	94	House suffix:	
House name:					
Address 1:	Heol Isaf				
Address 2:	Radyr				
Address 3:					
Town:	Cardiff				
County:	Cardiff				
Country:	United Kingdom				
Postcode:	CF15 8EA				

2. Agent Name and Address

Title:	Mr	First name:	Greg		
Last name:	Williams				
Company (optional):					
Unit:		House number:	12	House suffix:	
House name:					
Address 1:	Rowan Way				
Address 2:	Woodland View				
Address 3:					
Town:	Blaenavon				
County:	Torfaen				
Country:	United Kingdom				
Postcode:	NP4 9EE				

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:					
Address 1:	St Tydfil's Hospital Site				
Address 2:					
Address 3:					
Town:	Merthyr Tydfil				
County:	Merthyr Tydfil				
Postcode: (optional)	CF47 0SJ				

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:	305168	Northing:	206342
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Description:

Former Hospital Site.

The site is U shaped around the Old Cholera Cemetery (now a public open space) and is approximately 5 acres, orientated on a north-south axis. The existing road access is from Upper Thomas Street, to the south west of the site, with both listed buildings located in this access area. The site is relatively level, with a fall of just 3m from north to south and 7m east to west. However the eastern most section amongst the trees is up a steep cliff and lies some 8m above the rest of the site.

Other than the listed structures, all other buildings have been demolished in the last few years.

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:

Residential development consisting of the conversion and extension to a listed building to create 7 apartments and a dwelling, construction of 62 dwellings (including 31 affordable units), the demolition of existing buildings, landscaping, re-profiling of land, alterations to the existing access and other associated works (Full)

Reference number:

P/20/0199/c

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

17/12/2020

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

1.	15 - Piling or other foundation designs	6.	
2.	19 - Construction Method Statement	7.	
3.		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:

In relation to Condition 15 - Based on discussions with Spring Architects they have confirmed that there will only Strip and Raft foundations used throughout the development on this site with no penetrative requirements to be undertaken whatsoever.

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: