



## Application for Planning Permission. Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://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: DR First name:   
Last name: Waheed  
Company (optional):   
Unit:  House number:  House suffix:   
House name: Glyn Bargeod  
Address 1: Nursing Home  
Address 2: Glyn Bargeod  
Address 3: Close  
Town: Treharris  
County:   
Country:   
Postcode: CF466AA

### 2. Agent Name and Address

Title: Mr First name: John  
Last name: Payne  
Company (optional):   
Unit:  House number:  House suffix:   
House name: Cwmffynnon Cottage  
Address 1: Twrn Colledge  
Address 2:   
Address 3:   
Town: Newbridge  
County:   
Country:   
Postcode: NP113NR

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

New single storey entrance lobby.

Has the building, work or change of use already started?

☐ Yes

☒ No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

(date must be pre-application submission)

Has the building, work or change of use been completed?

☐ Yes

☒ No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

(date must be pre-application submission)

#### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting:  Northing:

Description:

#### 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? ☐ Yes ☒ No

Is a new or altered pedestrian access proposed to or from the public highway? ☐ Yes ☒ No

Are there any new public roads to be provided within the site? ☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way? ☐ Yes ☒ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

#### 8. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? ☐ Yes ☒ No

If Yes, please provide details:

#### 5. 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 (DD/MM/YYYY):   
(must be pre-application submission)

Details of pre-application advice received?

#### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☐ Yes ☐ No

If Yes, please provide details:

*As existing*

Have arrangements been made for the separate storage and collection of recyclable waste? ☐ Yes ☐ No

If Yes, please provide details:

*As existing*

#### 9. 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

**10. Materials**

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

|                                             | Existing<br>(where applicable) | Proposed          | Not<br>applicable                   | Don't<br>Know            |
|---------------------------------------------|--------------------------------|-------------------|-------------------------------------|--------------------------|
| Walls                                       | Painted<br>render              | Painted<br>render | <input type="checkbox"/>            | <input type="checkbox"/> |
| Roof                                        | Slate                          | grey flat roof    | <input type="checkbox"/>            | <input type="checkbox"/> |
| Windows                                     | white UPVC                     | white UPVC        | <input type="checkbox"/>            | <input type="checkbox"/> |
| Doors                                       | Timber                         | white UPVC        | <input type="checkbox"/>            | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) |                                |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         |                                |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                    |                                |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Others<br>(please specify)                  |                                |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☐ Yes

☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

Drawings 20-778-001 & 002

## 11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

| Type of Vehicle                                  | Total Existing | Total proposed (including spaces retained) | Difference in spaces |
|--------------------------------------------------|----------------|--------------------------------------------|----------------------|
| Cars                                             | 5              | 5                                          | 0                    |
| Light goods vehicles/<br>public carrier vehicles |                |                                            |                      |
| Motorcycles                                      |                |                                            |                      |
| Disability spaces                                |                |                                            |                      |
| Cycle spaces                                     |                |                                            |                      |
| Other (e.g. Bus)                                 |                |                                            |                      |
| Other (e.g. Bus)                                 |                |                                            |                      |

## 12. Foul Sewage

Please state how foul sewage is to be disposed of:

☒ Mains sewer ☐ Cess pit ☐ Package treatment plant ☐ Septic tank ☐ Other

Are you proposing to connect to the existing drainage system? ☐ Yes ☐ No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

## 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes on the Planning Portal website (see "Local level requirements and additional documentation"). The notes provide further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals. Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

b) Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

c) Features of geological conservation importance:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

### Supporting Information Requirements

Where a development proposal is likely to affect features of biodiversity or geological conservation interest, you will need to submit, with the application, sufficient information and assessments to allow the local planning authority to determine the 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.

Your Local Planning Authority will be able to advise on the content of any assessments that may be required.

## 14. Trees and Hedges

Are there trees or hedges on the proposed development site? ☐ Yes ☒ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☐ Yes ☒ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

## 15. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

## 16. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

☐ Yes

☒ No

### Proposed Housing

| Market Housing                       | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         |       |

| Social Rented                        | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         |       |

| Intermediate                         | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         |       |

| Key worker                           | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         |       |

Total proposed residential units (A + B + C + D) =

### Existing Housing

| Market Housing                       | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         |       |

| Social Rented                        | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         |       |

| Intermediate                         | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         |       |

| Key worker                           | Not known                | Number of Bedrooms |   |   |    |         | Total |
|--------------------------------------|--------------------------|--------------------|---|---|----|---------|-------|
|                                      |                          | 1                  | 2 | 3 | 4+ | Unknown |       |
| Houses                               | <input type="checkbox"/> |                    |   |   |    |         |       |
| Flats and maisonettes                | <input type="checkbox"/> |                    |   |   |    |         |       |
| Live-work units                      | <input type="checkbox"/> |                    |   |   |    |         |       |
| Cluster flats                        | <input type="checkbox"/> |                    |   |   |    |         |       |
| Sheltered housing                    | <input type="checkbox"/> |                    |   |   |    |         |       |
| Bedsit/studios                       | <input type="checkbox"/> |                    |   |   |    |         |       |
| Unknown type                         | <input type="checkbox"/> |                    |   |   |    |         |       |
| Totals (a + b + c + d + e + f + g) = |                          |                    |   |   |    |         |       |

Total existing residential units (E + F + G + H) =

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

## 17. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☐ No

If you have answered Yes to the question above please add details in the following table:

| Use class/type of use               | Not applicable           | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross internal floorspace proposed (including change of use)(square metres) | Net additional gross internal floorspace following development (square metres) |
|-------------------------------------|--------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| A1                                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Shops                               | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Net tradable area:                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A2                                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Financial and professional services | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A3                                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Restaurants and cafes               | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (a)                              | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Offices                             | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (b)                              | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Research and development            | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (c)                              | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Light industrial                    | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B2                                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| General industrial                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B8                                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Storage or distribution             | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C1                                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Hotels and halls of residence       | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C2                                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Residential institutions            | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D1                                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Non-residential institutions        | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D2                                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Assembly and leisure                | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| OTHER                               | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Please Specify                      | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Total                               |                          |                                                    |                                                                                     |                                                                                   |                                                                                |

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

| Use class      | Type of use              | Not applicable                      | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|----------------|--------------------------|-------------------------------------|----------------------------------------------------------|-------------------------------------------------|----------------------|
| C1             | Hotels                   | <input type="checkbox"/>            |                                                          |                                                 |                      |
| C2             | Residential institutions | <input checked="" type="checkbox"/> |                                                          |                                                 | /                    |
| OTHER          |                          | <input type="checkbox"/>            |                                                          |                                                 |                      |
| Please Specify |                          | <input type="checkbox"/>            |                                                          |                                                 |                      |

## 18. Employment

Please complete the following information regarding employees:

|                    | Full-time | Part-time | Total full-time equivalent |
|--------------------|-----------|-----------|----------------------------|
| Existing employees |           |           |                            |
| Proposed employees |           |           |                            |

## 19. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

| Use | Monday to Friday | Saturday | Sunday and Bank Holidays | Not known |
|-----|------------------|----------|--------------------------|-----------|
|     |                  |          |                          |           |
|     |                  |          |                          |           |
|     |                  |          |                          |           |

## 20. Site Area

Please state the site area in hectares (ha)

If Yes, please complete the following information regarding public open space:

Does your proposal involve the construction of a new building which would result in the loss or gain of public open space?

☐ Yes ☐ No

|                   | Open Space Lost | Open space gained |
|-------------------|-----------------|-------------------|
| Area of Land (ha) |                 |                   |

## 21. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Welsh Government's Development Advice Maps website - <http://data.wales.gov.uk/apps/floodmapping/>)

☐ Yes ☒ No

If Yes, and you are proposing a new building or change of use, please add details of the proposal in the following table:

| Floodplain Area | Residential (Number of units) | Non-residential (Area of land - hectares) |
|-----------------|-------------------------------|-------------------------------------------|
| Floodplain C1   |                               |                                           |
| Floodplain C2   |                               |                                           |

If the proposed development is within an area at risk of flooding you will need to consider whether it is appropriate to submit a flood consequences assessment. (Refer to Section 6 and 7 and Appendix 1 of TAN 15 - <http://wales.gov.uk/topics/planning/policy/tans/tan15/?lang=en>)

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

☐ Yes ☒ No

Will the proposal increase the flood risk elsewhere?

☐ Yes ☒ No

How will surface water be disposed of?

☐ Sustainable drainage system ☐ Soakaway ☐ Main sewer ☐ Existing watercourse ☐ Pond/lake

## 22. Existing Use

Please describe the current use of the site:

*Residential Nursing Home*

Is the site currently vacant? ☐ Yes ☐ No

If Yes, please describe the last use of the site:

When did this use end (if known)? (DD/MM/YYYY)

(date where known may be approximate)

Does the proposal involve any of the following:

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

Does your proposal involve the construction of a new building? ☐ Yes ☒ No

If Yes, please complete the following information regarding the element of the site area which is in previously developed land or greenfield land:

|                                                | Previously Developed Land | Greenfield Land |
|------------------------------------------------|---------------------------|-----------------|
| Area of land (ha) proposed for new development |                           |                 |

## 23. Renewable and Low Carbon Energy

Does your proposal involve the installation of a stand-alone renewable or low-carbon energy development? ☐ Yes ☒ No

If you have answered Yes to the question above please state the proposed energy output capacity in MegaWatts (MW):

| Renewable Energy Type                                       | Energy Capacity (MW) |
|-------------------------------------------------------------|----------------------|
| Anaerobic digestion                                         |                      |
| Biofuels                                                    |                      |
| Biomass                                                     |                      |
| Combined heat and power (CHP)                               |                      |
| District heating                                            |                      |
| Fuel cells                                                  |                      |
| Geothermal                                                  |                      |
| Ground/water/air heat pumps                                 |                      |
| Hydropower                                                  |                      |
| Solar                                                       |                      |
| Waste heat energy                                           |                      |
| Wind                                                        |                      |
| Other low carbon or renewable energy (please specify below) |                      |

## 24. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? ☐ Yes ☒ No

If the answer is Yes, please complete the following table:

|                                                                    | Not applicable           | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
|--------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Inert landfill                                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Non-hazardous landfill                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Hazardous landfill                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Energy from waste incineration                                     | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other incineration                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Landfill gas generation plant                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Pyrolysis/gasification                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Metal recycling site                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Transfer stations                                                  | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Material recovery/recycling facilities (MRFs)                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Household civic amenity sites                                      | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Open windrow composting                                            | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| In-vessel composting                                               | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Anaerobic digestion                                                | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Any combined mechanical, biological and/or thermal treatment (MBT) | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Sewage treatment works                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other treatment                                                    | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Recycling facilities construction, demolition and excavation waste | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Storage of waste                                                   | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other waste management                                             | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other developments                                                 | <input type="checkbox"/> |                                                                                                                                                                                                |                                                                             |

Please provide the maximum annual operational throughput of the following waste streams:

|                                         |  |
|-----------------------------------------|--|
| Municipal                               |  |
| Construction, demolition and excavation |  |
| Commercial and industrial               |  |
| Hazardous                               |  |

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 25. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☒ No ☐ Not applicable

If Yes, please provide the amount of each substance that is involved:

|                        |                      |                               |                      |                              |                      |
|------------------------|----------------------|-------------------------------|----------------------|------------------------------|----------------------|
| Acrylonitrile (tonnes) | <input type="text"/> | Ethylene oxide (tonnes)       | <input type="text"/> | Phosgene (tonnes)            | <input type="text"/> |
| Ammonia (tonnes)       | <input type="text"/> | Hydrogen cyanide (tonnes)     | <input type="text"/> | Sulphur dioxide (tonnes)     | <input type="text"/> |
| Bromine (tonnes)       | <input type="text"/> | Liquid oxygen (tonnes)        | <input type="text"/> | Flour (tonnes)               | <input type="text"/> |
| Chlorine (tonnes)      | <input type="text"/> | Liquid petroleum gas (tonnes) | <input type="text"/> | Refined white sugar (tonnes) | <input type="text"/> |

Other:

Other:

Amount (tonnes):

Amount (tonnes):

## 26. Ownership Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form  
Certificate of Ownership – Certificate A

### Town and Country Planning (Development Management Procedure) (Wales) Order 2012

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which the application relates.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

### Certificate of Ownership – Certificate B

#### Town and Country Planning (Development Management Procedure) (Wales) Order 2012

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which this application relates.

| Name of Owner | Address | Date Notice Served |
|---------------|---------|--------------------|
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

### Certificate of Ownership – Certificate C

#### Town and Country Planning (Development Management Procedure) (Wales) Order 2012

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

The steps taken were:

| Name of Owner | Address | Date Notice Served |
|---------------|---------|--------------------|
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |
|               |         |                    |

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 26. Ownership Certificates (continued)

### Certificate of Ownership – Certificate D

#### Town and Country Planning (Development Management Procedure) (Wales) Order 2012

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

|  |
|--|
|  |
|--|

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

|  |
|--|
|  |
|--|

On the following date (which must not be earlier than 21 days before the date of the application):

|  |
|--|
|  |
|--|

Signed - Applicant:

|  |
|--|
|  |
|--|

Or signed - Agent:

|  |
|--|
|  |
|--|

Date (DD/MM/YYYY):

|  |
|--|
|  |
|--|

## 27. Agricultural Holdings

### Agricultural Holding Certificate

#### Town and Country Planning (Development Management Procedure) (Wales) Order 2012

#### Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

|  |
|--|
|  |
|--|

Or signed - Agent:

|                   |
|-------------------|
| <i>John Payne</i> |
|-------------------|

Date (DD/MM/YYYY):

|          |
|----------|
| 15/02/24 |
|----------|

(B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

| Name of Tenant | Address | Date Notice Served |
|----------------|---------|--------------------|
|                |         |                    |
|                |         |                    |
|                |         |                    |
|                |         |                    |
|                |         |                    |

Signed - Applicant:

|  |
|--|
|  |
|--|

Or signed - Agent:

|  |
|--|
|  |
|--|

Date (DD/MM/YYYY):

|  |
|--|
|  |
|--|

## 28. 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 correct fee: ☐

The original and 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

☐ The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details): ☐

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☐

☐ The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable): ☐

☐ The original and 3 copies of the completed, dated Article 11 Certificate (Agricultural Holdings): ☐

Depending on the type and scale of proposed development, your application – in order to be validated - may also need to be accompanied by the following technical documents:

- Flood Consequences Assessment
- Biodiversity and Geological Conservation Assessment
- Tree Survey
- Coal Mining Risk Assessment
- Rural Enterprise Dwelling Appraisal
- Retail Impact Assessment
- Noise Assessment
- Transport Assessment

The guidance note available on the Planning Portal website (see "Local level requirements and additional documentation") and [Welsh Government Circular 002/2012](#) will assist you in determining whether any of these assessments are necessary.

You should also note that your Local Planning Authority may have adopted 'Local Validation Requirements' for some major developments. Information on any "Local Validation Requirements" will be available on the Local Planning Authority's website.

## 29. 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):

*John Payne*

15/02/21

(date cannot be pre-application)

## 30. Applicant Contact Details

Telephone numbers

|                      |                           |                      |
|----------------------|---------------------------|----------------------|
| Country code:        | National number:          | Extension number:    |
| <input type="text"/> | <input type="text"/>      | <input type="text"/> |
| Country code:        | Mobile number (optional): |                      |
| <input type="text"/> | <input type="text"/>      |                      |
| Country code:        | Fax number (optional):    |                      |
| <input type="text"/> | <input type="text"/>      |                      |

Email address (optional):

## 31. Agent Contact Details

Telephone numbers

|                      |                           |                      |
|----------------------|---------------------------|----------------------|
| Country code:        | National number:          | Extension number:    |
| <input type="text"/> | <input type="text"/>      | <input type="text"/> |
| Country code:        | Mobile number (optional): |                      |
| <input type="text"/> | 07172403351               |                      |
| Country code:        | Fax number (optional):    |                      |
| <input type="text"/> | <input type="text"/>      |                      |

Email address (optional):

*jopy389@aol.com*

## 32. 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:

*John Payne*

Telephone number:

07172403351

Email address:

*jopy389@aol.com*

