

**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 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:	SAMUEL		
Last name:	RODGE				
Company (optional):	PATRIZIA				
Unit:		House number:		House suffix:	
House name:					
Address 1:	166 SOME STREET				
Address 2:					
Address 3:					
Town:	LONDON				
County:					
Country:					
Postcode:	SW1X 9QF				

2. Agent Name and Address

Title:	MR	First name:	ANDREW		
Last name:	MILSEN				
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:	2 CAPITAL QUARTER				
Address 2:					
Address 3:					
Town:	CARDIFF				
County:					
Country:					
Postcode:	CF10 4BZ				

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 SHOPPING CENTRE				
Address 2:	PREVIOUS WILHO				
Address 3:	MENTHAR TYDFIL				
Town:					
County:					
Postcode (optional):	CF47 8ED				
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:

CAROLINE POLLEY

Reference:

Date of advice (DD/MM/YYYY):

21-10-19

Details of pre-application advice received:

REQUEST FOR NON
MATERIAL AMENDMENT
APPLICATION FOR REVISION
TO EXISTING PERMISSION
P/18/0355

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

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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:

INSTALLATION OF EXTERNAL STAIRCASE FROM NEW
EXTERNAL ESCAPE DOOR. INSTALL NEW ROLLER SHUTTER
DOOR WITHIN BASEMENT LEVEL ELEVATION.

Reference number:

P/18/0355

Date of decision (DD/MM/YYYY):

21st Dec 2018

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:

ALTERATION TO THE EXTERNAL STAIR CONFIGURATION
TO REDUCE IMPACT OF STAIRS.

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

B1702 PLANN 01, PLANN 02 A

New plan/drawing number(s):

B1757 PLANN 03, 19.389 103

Please state why you wish to make this amendment:

TO REDUCE THE IMPACT OF THE STAIRS TO THE
OPERATION OF THE RETAIL CENTRE.

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):

A. B. W.

31.10.19

11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

02077

613344

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:

02920

490499

Country code: Mobile number (optional):

07812 575999

Country code: Fax number (optional):

Email address (optional):

anilsen@lsh.co.uk

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: