Application for approval of details reserved by condition.
Town and Country Planning Act 1990, Planning (Listed Buildings and Conservation Areas) 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.
Incorrect completion will delay the processing of your application.

1. Applicant Name and Address

[redacted]

2. Agent Name and Address

Title: First Name: Last Name:

Company (optional):

Unit: House Number: House suffix:

House Name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House Number: House suffix:

House Name: LAND TO THE REAR OF CHURCH VIEW

Address 1: LLANTHEWIN

Address 2:

Address 3:

Town:

County: WALES

Postcode (optional): LL13 0AW

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

Easting: Northing:

Description:

4. Pre-application advice

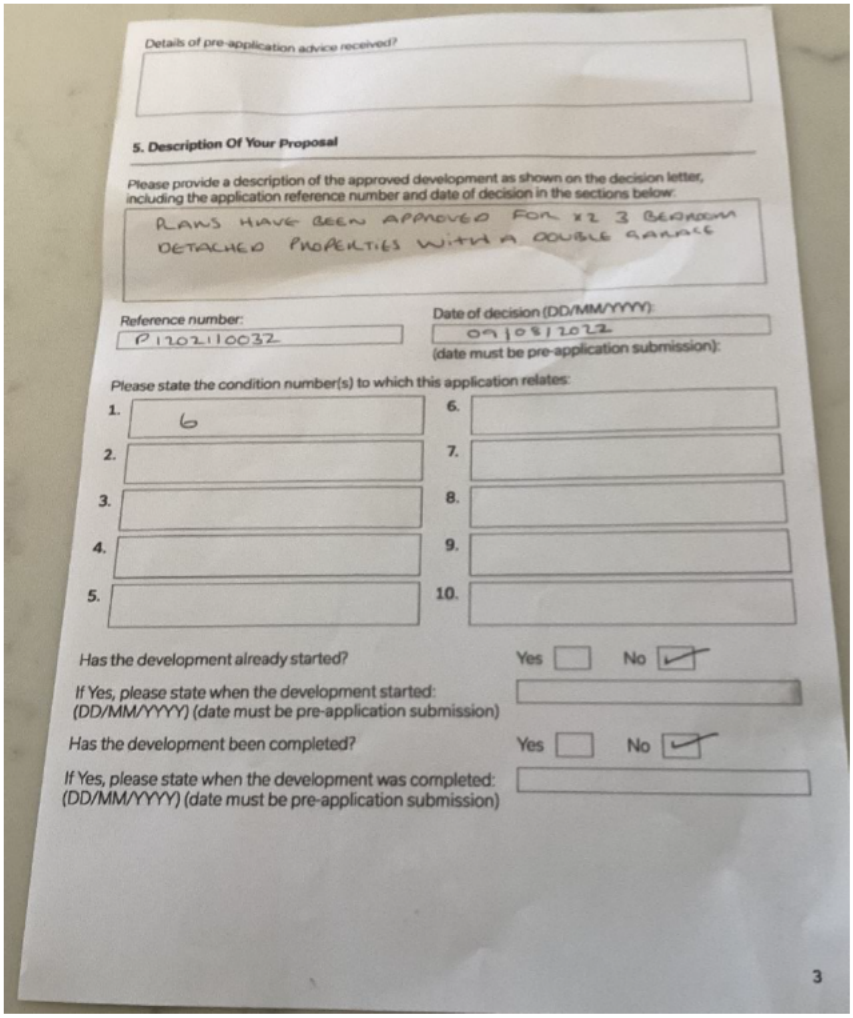
Has assistance or prior advice been sought from the local authority about this application? Yes ☐ No ☑

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: Reference:

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



Details of 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:

PLANS HAVE BEEN APPROVED FOR X2 3 BEDROOM DETACHED PROPERTIES WITH A DOUBLE GARAGE

Reference number: P/20211003Z

Date of decision (DD/MM/YYYY): 09/08/2022

(date must be pre-application submission):

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

1.	6	6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

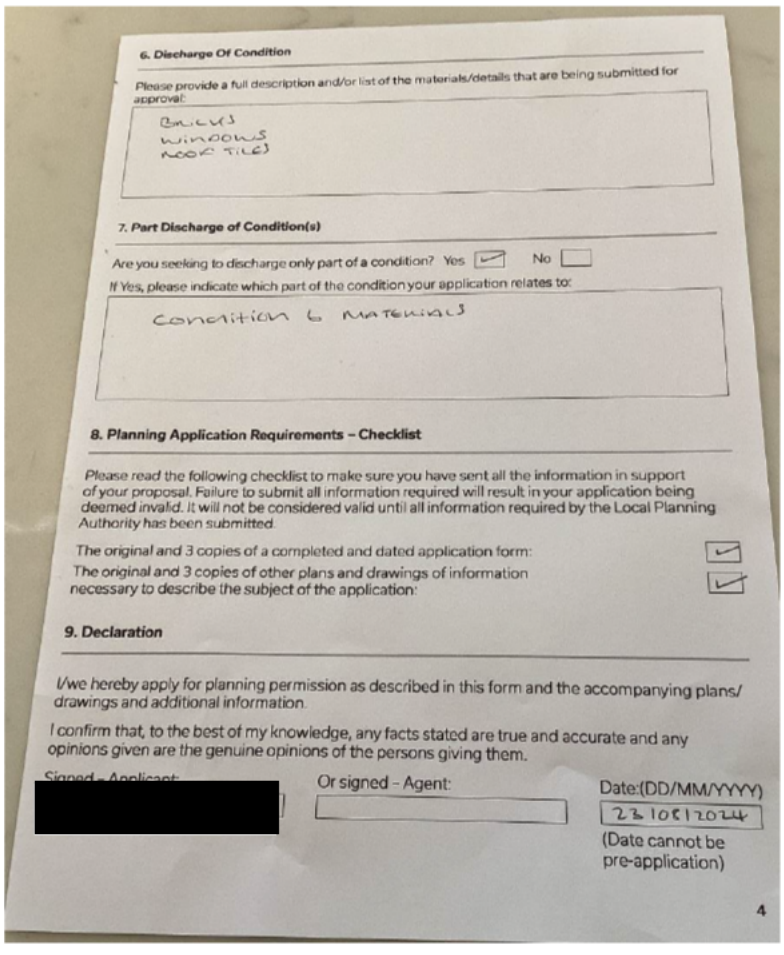
Has the development already started? Yes ☐ No ☑

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)

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6. Discharge Of Condition

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

BRICKS
WINDOWS
ROOF TILES

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:

CONDITION 6 MATERIALS

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 of 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: [redacted]

Or signed – Agent:

Date:(DD/MM/YYYY) 23/08/2024

(Date cannot be pre-application)

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10. Applicant Contact Details

Telephone Numbers

Country Code: [redacted]

National Number:

Extension Number:

Mobile Number [redacted]

Fax Number (optional):

Country Code:

Email address (optional):

SUZANNE.MCLOUGHLIN@[redacted].COM

11. Agent Contact Details

Telephone Numbers

Country Code:

National Number:

Extension Number:

Country Code:

Mobile Number (optional):

Fax 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:

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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