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.

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1. Applicant Name and Address

Title:

Last name:

Company (optional):

Unit:

House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

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:					

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Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:	35	House suffix:	

House name:	
Address 1:	Maesgwyn Road
Address 2:	
Address 3:	
Town:	Wrexham
County:	Wrexham
Postcode: (optional)	LL112AP

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: Mrs Angela Roberts

Reference:

Date (DD/MM/YYYY): (must be pre-application submission) 11/08/2025

Details of the pre-application advice received:

Advice concerning gas protection measures provided to the main property at time of building and to incorporate simular measures also a review of design methodology document accociated.

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:

35 MAESGWYN ROAD, WREXHAM, LL11 2AP

ESTYNIAD I GAREJ I FFURFIO ANECS
EXTENSION TO GARAGE TO FORM ANNEXE

Reference number: P/2024/1686

Date of decision (DD/MM/YYYY):
(Date must be pre-application submission) 05/03/2025

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

1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.	Gas Protection Measures	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:

Gas prtection measures design and methodology proposal

See attached document;
P_2024_1686_Cnd-5 Gas protection measures proposal_V0.1.pdf

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: [redacted]

Or signed – Agent:

Date (DD/MM/YYYY):
(date cannot be pre-application) 29/8/2025

10. Applicant Contact Details

Telephone numbers:

Country code: [redacted] National number: Extension number:

Country code: Mobile number (optional):

Email address (optional): [redacted]

11. Agent Contact Details

Telephone numbers:

Country code: National number: Extension number:

Country code: Mobile number (optional):

Email address (optional):