Llywodraeth Cymru
Welsh Government

Application for prior notification of proposed demolition

Town and Country Planning General Development Order 1995 – Schedule 2, Part 31

If printed, please complete using BLOCK CAPITALS and BLACK ink.

1. Applicant Name and Address

Title:		First name:			
Last name:					
Company (optional):	[redacted]				
Unit:		House number:		House suffix:	
House name:					
Address 1:	[redacted]				
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:	[redacted]				

2. Agent Name and Address

Title:		First name:	JORDAN		
Last name:	ANDREW				
Company (optional):	JHA PULMANN				
Unit:		House number:	18A	House suffix:	
House name:					
Address 1:	BRIDGE STREET				
Address 2:	MILNROW				
Address 3:	ROCHDALE				
Town:					
County:					
Country:					
Postcode:	OL16 3ND				

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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 Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	

House name:	TAN Y BONT
Address 1:	MAIN ROAD
Address 2:	OLD RHOSROBIN
Address 3:	RHOSROBIN
Town:	WREXHAM
County:	
Postcode (optional):	LL11 4RL

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:

DEMOLITION OF EXISTING SINGLE STOREY DWELLING, CAR PORT AND ASSOCIATED LANDSCAPING

4. Pre-application Advice

Has pre-application 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. Proposed Demolition Works

Please describe the building(s) to be demolished:

SINGLE STOREY DWELLING / CAR PORT

Please state why demolition needs to take place:

THE DWELLING IS IN A DELAPIDATED STATE

Please describe the proposed method of demolition:

Please provide details of the proposed restoration of the site:

THE SITE WILL BE BACK FILLED TO THE EXISTING FFL

Please state the expected date of commencement of works (DD/MM/YYYY):
DATE MUST BE POST SUBMISSION

01/02/2026

Please state the expected date of completion of works (DD/MM/YYYY):
DATE MUST BE POST SUBMISSION

28/02/2026

Are there any public rights of way within the site or immediately adjoining the site? Yes ☐ No ☒

Is redevelopment or rebuilding proposed at a later date? Yes ☐ No ☒

Does the proposal involve the felling or pruning of any tree(s)? Yes ☒ No ☐

If Yes, please show details on a plan and provide the reference number of the plan(s):

1.	M25-035-103 PROPOSED SP	4.	
2.		5.	
3.		6.	

Please describe how and where spoil/rubble would be disposed:

AT A MANNAGED RECYCLING FACILITY

6. 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 a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: ☑

A statement that a site notice has been posted in accordance with A.2 (b) (iii) of Part 31 of Schedule 2 to the General Permitted Development Order 1995: ☑

The correct fee: ☑

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7. 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: JORDAN

Date (DD/MM/YYYY):
(date cannot be pre-application) 13/01/2026

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8. Applicant Contact Details

Telephone numbers:

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

Country code: Mobile number (optional):

Email address (optional):

9. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
0161	427 9111	

Country code:	Mobile number (optional):

Email address (optional):

10. 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: