Application for prior notification of proposed demolition.

Town and Country Planning General Development Order 1995 Schedule 2, part 31.

Llywodraeth Cymru
Welsh Government

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

Title:	First Name:	Last Name:
Mr	Adam	Humphreys

Company (optional):

Unit: | House Number: | House suffix:

House Name:

Address 1:

Address 2: Ruthin Road

Address 3:

Town:

County:

Country:

Postcode: LL11 7TU

2. Agent Name and Address

Title:	First Name:	Last Name:
Mr	Adam	Humphreys

Company (optional):

Unit: | House Number: | House suffix:

House Name:

Address 1: Ruthin Road

Address 2:

Address 3:

Town:

County:

Country:

Postcode: LL11 7TU

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House Number: House suffix:

House Name: Adjacent to No.1 The Arowry, Whitchurch

Address 1:

Address 2:

Address 3:

Town: Wrexham

County:

Postcode (optional): SY13 3EL

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 [X]

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:

6 Garages

Please state why demolition needs to take place:

Unsafe - Health & Safety Issues

Please describe the proposed method of demolition:

Roof to be removed by WCBC Contractor
Wall to be collapsed internally using 3T excavator

Please provide details of the proposed restoration of the site:

Garage base to be excavated and the surfaced for use as a car park for local Housing Estate

Please state the expected date of commencement of works (DD/MM/YYYY):

30/11/2026 DATE MUST BE POST SUBMISSION

Please state the expected date of completion of works (DD/MM/YYYY):

04/12/2026 DATE MUST BE POST SUBMISSION

Are there any public rights of way within the site or immediately adjoining the site?	Yes		No	X
Is redevelopment or rebuilding proposed at a later date?	Yes		No	X
Does the proposal involve the felling or pruning of any tree(s)?	Yes		No	X

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

1.		4.	
2.		5.	
3.		6.	

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

Roof to be removed and disposed of to an appropriate tip site by WCBC contractors

Brickwork/rubble to be taken away by contractor and then disposed of at an appropriate tip site

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:	x
The correct fee:	x
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:	x
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:	

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:	Or signed – Agent:	Date:(DD/MM/YYYY)
[redacted]		19/10/2026
		(Date cannot be pre-application)

8. Applicant Contact Details

Telephone Numbers

Country Code:

National Number:

Extension Number:

Country Code:

Mobile Number (optional):

Fax Number (optional):

Email address (optional):

[redacted]

9. Agent Contact Details

Telephone Numbers

Country Code:

National Number:

Extension Number:

Country Code:

Mobile Number (optional):

Fax Number (optional):

Email address (optional):

[redacted]

10. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

Yes [X] No [ ]

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

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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