

21/00133/MNR

Development Management / Rheoli Datblygu
City of Cardiff Council / Gyngor Dinad Caerdydd
County Hall / Dinas y Sir
Cardiff / Caerdydd
www.cardiff.gov.uk/dc
Email / E-bost: developmentcontrol@cardiff.gov.uk
Telephone / Ffôn: 029 22330800

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

'ublication of applications on planning authority websites

lease 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.

lease complete using block capitals and black ink.

is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applic	ant Name and Address	2. Agent Name and Address			
Title:	MR First name: PEAN	Title:	MR	First name:	ANDREW
Last name:	CHOPM	Last name:	PARI	4512	_
Company (optional):	P. M.S.	Company (optional):	AME	DREWA	ARKER ASSOCIATE
Unit:	House number: 3 House suffix:	Unit:		House number:	House suffix:
House name:		House name:	THE	GREAT	T BARN
Address 1:	ST JAMES CRESCENT	Address 1:	12601	سلمسر آ	CIPID
Address 2:		Address 2:			
Address 3:		Address 3:			
Town:	BARRY	Town:	(80 01)	LLOTOR	Æ
County:	JUTCE OF GLAMORGAN	County:	UMCE	OFG	LAMORSHY
Country:		Country:			
Postcode:	CF626FP	Postcode:	CFS	GTR	

3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?				
unit: number: suffix:					
House name: BETHANIA ROW	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: OLD ST MELLONS	application more efficiently). Please tick if the full contact details are not				
Address 2:	known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: COARDIFF	Reference:				
County:					
Postcode (optional):	Date (DD/MM/YYYY):				
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?				
Easting: Northing:	Secure of pre-application durine received.				
Description:	-111				
	_]][
5. Description Of Your Proposal					
	own on the decision letter, including the application reference number				
PROPOSED S PEDROOM DI	WELLING IN GARREN OF				
FYISTTAIL PROPERTY A	PROPOSED ALTERATIONS TO WAS KITCHENEXTENSON) & RECONFESSION				
Reference number: (9/1390/14x/12 Date of decision	n: 26-11-2032 (Date must be pre-application OF FARE submission) (DD/MM/YYYY) FLOS				
Please state the condition number(s) to which this application rel					
1.	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/N	(date must be pre-application submission)				
5. Discharge Of Condition					
Please provide a full description and/or list of the materials/detail	s that are being submitted for approval:				
SEE LETTER 7.01.2021	P.				
z p . pt. l ota . bez . e.					
7. Part Discharge Of Condition(s)	□ v 157 u				
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application.	Yes No				

	ing Authority has been submitted.	
completed and	d & copies of a I dated application form:	The original and ₹ copies of other plans and drawings or information necessary to describe the subject of the application:
9. Declarati /we hereby apponism that, to persons giving Signed - Applic	ply for planning permission as described in the best of my knowledge, any facts stated them.	this form and the accompanying plans/drawings and additional information. I I are true and accurate and any opinions given are the genuine opinions of the
Date (DD/MM/	YYYY); (date cannot be pre-applic	ation)
10. Applicar	nt Contact Details	11. Agent Contact Details
Telephone num	nbers	Telephone numbers
Country code:		tension umber: Extension number: Extension number:
Country code:	Mobile number (optional):	Country code: Mobile number (optional):
Country code:	Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (ontional):
12. Site Visit	1	
Can the site be s	seen from a public road, public footpath, br	idleway or other public land? 🔀 Yes 🔲 No
	authority needs to make an appointment to whom should they contact? <i>(Please select on</i>	Carry — Other (if different from the
	n selected, please provide:	
Contact name:		Telephone number: