

Application for approval of details reserved by condition.  
Town and Country Planning Act 1990  
Planning (Listed Buildings and Conservation Areas) Act 1990

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Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

**Local Planning Authority details:**



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

**Publication on Local Planning Authority websites**

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

**1. Applicant 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:

**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:

### Address Details

Please provide the full postal address of the application site.

House number: **4** House suffix:

House name:

Address 1: **BETHANIA ROW**

Address 2: **ST MELLONS**

Town: **CARDIFF**

County:

Postcode (optional): **CF35UP**

If you cannot provide a postcode, the description of the 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 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:

**PROPOSED 3 BEDROOM DWELLING IN GARDEN OF EXISTING PROPERTY AND PROPOSED ALTERATIONS TO EXISTING DWELLING INCLUDING KITCHEN EXTENSION AND RE-CONFIGURATION OF FIRST FLOOR**

Reference number: **19/01390/MNR** Date of decision:  (Date must be pre-application submission) (DD/MM/YYYY)

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

1.		6.	<b>FINISHES</b>
2.		7.	<b>LANDSCAPE DETAILS 721/P30</b>
3.		8.	<b>LANDSCAPE IMPLEMENTATION</b>
4.		9.	<b>DRAINAGE 721/P30</b>
5.	<b>SEE 721/P/30</b>	10.	<b>11, 12. (721/P/30)</b>

Has the development already started?  Yes  No

If Yes, please state when the development started (DD/MM/YYYY): **11 MARCH 21** (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:

**SEE LETTER 25 OCT 21**

### 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:

## Application Requirements - Checklist

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:

Date (DD/MM/YYYY):

(date cannot be pre-application)



### 10. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Email address (optional):

### 11. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (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: