

Monmouthshire County Council PO Box 106, Caldicot, **NP26 9AN** Cyngor Sir Fynwy

Blwch SP 106, Cily-Coed,

NP26.9AN

Tel/Ff8n: 01633 644880

E-Mail/Ebost: planning@monmouthshire.gov.uk Web/Gwefan: www.monmouthshire.gov.uk

## Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

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

## 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.

It 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: JASON	Title: MR First name: JEFF		
Läst name:	LEWIS	Last name: MURRAY		
Company (optional):		Company (optional): SWIMEX ENCLOSURES		
Unit:	House number; 35 House suffixe	Unit: 2 House number: House suffix:		
House name:		House THE COURTHOUSE		
Address 1:	ST. HELENS CRESCENT	Address 1: MILL ROAD		
Address 2:	LLANELLEN	Address 2:		
Address 3:		Address 3:		
Town: .	ABERGAVENNY	Town: OUNDLE		
County:	MONMODINSHIRE	County: NORTHAMPTONSHIRE		
Country:	WALES	Country: ENGLAND		
Postcode:	NPT 9HN	Postcode: PES 4XA		

## 3. Description of Proposed Works

Please describe the proposed works:

GLAZED ENCLOSURE TO BE ATTACHED TO THE REARWALL OF HOOSE, LEAN TO STYLE, IN DRDER TO ALLOW SWIMMING 365DATS A YEAR AS A FORM OF THERAPY, FOR THE YOUNG DAUGHTER WHO HAS A DISABILITY AND HAS BEEN ADVISED THAT THIS IS THE BEST FORM OF THERAPY TO HELP HER WITH THE DISABILITY\_ SWIMMING IN HOR OWN SWIMMING POOL AT HERONN HOME, WHATEVER ME WEATHER.

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	is a new or altered vehicle access
Unit: House suffix: House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House hame:	proposed to or from the public highway? Yes No  Do the proposals require any diversions,
Address 1: ST. HELD'S CRESCENT	extinguishments and/or creation of public rights of way? Yes No
Address 2: LLANELLEN	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: ABERGAVENNY	
County: WANES	
Postcode (optional): NP7 9HN	][]
authority about this application?  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:  Reference:  Date (DD MM YYYY);  (must be pre-application submission)  Details of the pre-application advice received:	are within falling distance of your boundary? Yes No  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:  NO TREES ARE WITHIN FALLING DISTANCE OF ME PROPOSAL.  TREES AROUND THE BOUNDARY ARE NARRED ABC DEFCHAR ON UKFUNDING MAP TREEMAP Z  Will any tree's or hedges need to be removed or pruned in order to carry out your proposal?  If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale.  BUSHEN REE WHICH WILL BE REMOVED IN ORDER TO CHRIST OUT THE PROPOSAL ARE MARKED 123 A SU ON UK PLANWING MAP
8. Parking Will the proposed works affect existing car parking arrangements? Yes No If Yes, please describe:	9. Authority Employee / Member With respect to the Authority, I am: a) a member of staff b) an elected member c) related to a member of staff d) related to an elected member  If Yes, please provide details of the name, relationship and role

	the following question	ns refer to the guidance note		rtal website (see "Local level rec		
biodiversity or geologic Having referred to the	cal conservation featu guidance notes, is the	ires may be present or nearb ere a reasonable likelihood of	y and whether they a the following being	asonable likelihood that any im are likely to be affected by your affected adversely or conserved	propos	
enhanced within the a a) Protected and priori	105	and adjacent to or near the a b) Designated sites, import	ant habitats or	Features of geological conser	vation	
Yes, on the deve	elopment site		other biodiversity features: importance:  Yes, on the development site Yes, on the development site			3
Yes, on the development site Yes, on land adjacent to or near the			Yes, on land adjacent to or near the Yes, on land adjacent to			
☐ proposed development ☐ proposed development ☐ proposed development ☐ No ☐ No						
Supporting Informati	on Requirements	OAC .		4		
		fect features of biodiversity of ssessments to allow the local		ation interest, you will need to	submit	t, with
Failure to submit all inf information required b	formation required will by the Local Planning A		eing deemed invalid. J.	It will not be considered valid	until al	II
11. Materials	ite what materials are	to be used externally. Includ	le type, colour and na	ame for each material:		
Поррисовного поставления	Existing (where applicable)	,	Proposed		Not applicable	Don't Know
Walls .	-		ALL FRAMES ALUMINIUM IN NITH HOD	PONDERCOATED  1 INNHITE TOBLEND USE WINDOWS		
Roof			LEXAN TW	IN WALL ICARBONATE	<u>.</u>	
Windows			CLEAR PLA	:XIGLASS		
Doors			FRAMES WHITE ALVENDIUM, PLEXIGN	EPOWDER CONTED GLAZEDWITH HSS		
Boundary treatments (e.g. fences, walls)					Z	
Vehicle access and hard-standing			-	# # # # # # # # # # # # # # # # # # #	Z	
Lighting			SWIMMING HOD	POOL LIGHTS AND SELIGHTS		
Others (please specify)		* 4			V	
Are you supplying add	itional information or	n submitted plan(s)/drawlng(	s)/design and access	statement? Yes		No
If Yes, please state refe	rences for the plan(s)	/drawing(s)/design and acces	ss statement:			
(In	*					

2. Ownership Certificates	200 320 320 300 300 300 300 300 300 300	1010M100001 V010 V080	X	
Town and Cou certify/The applicant certifies that or	be completed, together with the Agricult Certificate of Ownership – Certi ntry Planning (Development Managemen the day 21 days before the date of this app	ificate A at Procedure) (Wales) O lication nobody except n	rder 2012 nyself/ the applicant was the	
wner (owner is a person with a freehof hich the application relates. Igned - Applicant:	d interest or leasehold interest with at least 7 y  Or signed - Agent:	ears sent to run) or any pa	Date (DD/MM/YYYY):	
4			19/07/2021	
certify/ The applicant certifies that I I days before the date of this applica	Certificate of Ownership – Certintry Planning (Development Managemen have/the applicant has given the requisite retion, was the owner (owner is a person with a silding to which this application relates.	t Procedure) (Wales) Or notice to everyone else (a	as listed below) who, on the day	
Name of Owner	Address		Date Notice Served	
	20		3	
		4		
£ .	E .			
igned - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):	
Neither Certificate A or B can All reasonable steps have bee interest or leasehold interest w been unable to do so. The steps taken were:	en taken to find out the names and addresse: ith at least 7 years left to run) of the land or bu	s of the other owners (ov uilding, or of a part of it ,	vner is a person with a freehold but I have/ the applicant has	
			Date Notice Served	
Name of Owner	Address	Address		
· 1		- M		
			W 1	
Notice of the application has been pu circulating in the area where the land			e (which must not be earlier the date of the application):	
igned - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):	
пунес - Аррисанс	Or signed - Agent.	1	Date (DD/NWW/TTT).	

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		14/07/2021 (date cannot b
16. Applicant Contact Details Telephone numbers		17 . Agent Contact Details Telephone numbers
Country code: National number:	Extension humber:	Country code: National number: Extension number:
Country code: Mobile number (optional	b	Country code: Mobile number (optional):
Country code: Fax number (optional):		Country code: Fax number (optional):
Email address (optional):		Emall address (optional):
18. Site Visit Can the site be seen from a public road, pul	olic footpath; bridleway or	other public land? Yes No
f the planning authority needs to make an out a site visit, whom should they contact? f Other has been selected, please provide:	appointment to carry (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
Contact name:		Telephone number:

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12. Ownership Certificates (co				
Town and Courtertify/ The applicant certifies that:  Certificate A cannot be issued	ntry Planning (De		fficate D it Procedure) (Wales) Order	2012
<ul> <li>All reasonable steps have bee date of this application, was the of any part of the land to whice</li> </ul>	n taken to find out ne owner <i>(owner is</i>	t the names and addresses a person with a freehold in	iterest or leasehold interest wit	th at least 7 years left to run)
The steps taken were:		2011 22 000 010000 11000 1000 1000		
1				
Notice of the application has been pul circulating in the area where the land	blished in the folic is situated):	owing newspaper	On the following date (v than 21 days before the	which must not be earlier date of the application):
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
13. Agricultural Holdings  Town and Count	ry Planning (Dev	cultural Holding Certifica relopment Management	Procedure) (Wales) Order 2	2012
Agric (A) None of the land to which the	ultural Land Decia application relates		te Either A or B tural holding.	
Signed - Applicant:		Or signed - Agent:	0.	Date (DD/MM/YYYY):
		- Fire	war	19/07/2021
(B) I have/The applicant has given before the date of this application, was as listed below:	the requisite noti a tenant of an ag	ice to every person other t ricultural holding on all or	han myself/ the applicant when part of the land to which this	is application relates,
Name of Tenant		Address		Date Notice Served
		ŕ		
Signed - Applicant:		Or signed - Agent;		Date (DD/MM/YYYY):
14. Planning Application Requipments read the following checklist to a permission in Wales must be accompainformation please refer to Welsh Gow to submit all information required will required by the Local Planning Author	nake sure you hav nied by certain ad ernment Circular V result in your app	ve sent all the information iditional supporting docur NGC 002/2012 and the gui ilication being deemed inv	nents if they exceed certain t idance available on the Plant valid. It will not be considere	thresholds. For detailed ning Portal website. Fallure d valid until all information
The original and 3 copies of a completed and dated application form	The or design	riginal and 3 copies of a n and access statement wh used works fall within one o	of The original and	3 copies of the
The original and 3 copies of a plan whi identifies the land to which the applica telates drawn to an identified scale and showing the direction of North:	the fol	llowing designated areas: onal Park of special scientific interes	compléted, date Certificate (A.B. C. or D as	d Ownership
and snowing the direction of North:  The original and 3 copies of other plan and drawlings or information necessar describe the subject of the application	◆ Cons • Area y to ✓ • Worl	servation area a of outstanding natural be Id Heritage Site	The original and	d Article 7 Certificate