



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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Please be aware that once you have downloaded this form, Planning Portal and Welsh Government will have no access to the form of the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

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:**



**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	2. Agent Name and Address
Title: <input type="text" value="MR"/> First name: <input type="text" value="GERAINT"/>	Title: <input type="text"/> First name: <input type="text"/>
Last name: <input type="text" value="JONES"/>	Last name: <input type="text"/>
Company (optional): <input type="text" value="RR JONES + SONS"/>	Company (optional): <input type="text"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text" value="GLYNHAFREN"/>	House name: <input type="text"/>
Address 1: <input type="text" value="OLD HALL"/>	Address 1: <input type="text"/>
Address 2: <input type="text"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="LLANIOLLOES"/>	Town: <input type="text"/>
County: <input type="text" value="POWYS"/>	County: <input type="text"/>
Country: <input type="text"/>	Country: <input type="text"/>
Postcode: <input type="text" value="SY18 6PS"/>	Postcode: <input type="text"/>

### 3. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Town:

County:

Postcode (optional):

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:

DEMOLITION OF EXISTING BUNGALOW, ERECTION OF A REPLACEMENT DWELLING - EXTENSION OF RESIDENTIAL CURTICAGE AND ASSOCIATED WORKS. BRYNTEG, OLD HALL, LLANIDLOES.

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

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

1.	THE DEVELOPMENT TO WHICH THIS PERMISSION <del>IS</del> <input checked="" type="checkbox"/> RELATES SHALL BE BEGUN NO LATER THAN THE EXPIRATION OF FIVE YEARS FROM THE DATE OF THIS PERMISSION
2.	THE DEVELOPMENT SHALL BE CARRIED OUT STRICTLY IN ACCORDANCE WITH THE PLANS STAMPED AS APPROVED ON 30/01/2017 (DRAWINGS NOS SK01 REV3 SK02 REV3 SK10 REV3)
3.	THE DEVELOPMENT SHALL BE CARRIED OUT IN ACCORDANCE WITH APPROVED DETAILS. PRIOR TO THE CONSTRUCTION OF THE DWELLING HEREBY APPROVED DETAILS AND SAMPLES OF MATERIALS TO BE USED IN THE CONSTRUCTION OF THE EXTERNAL SURFACES OF THE DWELLINGS SHALL BE SUBMITTED TO AND APPROVED IN WRITING BY THE LOCAL PLANNING AUTHORITY. DEVELOPMENT SHALL BE CARRIED OUT IN ACCORDANCE WITH APPROVED DETAILS.

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/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:

SPANISH EDGE/GREY SLATE  
CEDAR CLADDING  
RED/ORANGE BRICK

### 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: