



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**

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:

### 3. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name: SUNACH HOUSE

Address 1: NEWBRIDGE ON USK

Address 2: TREDUNNOCK

Town: USK

County: MONMOUTHSHIRE

Postcode (optional): NP15 14

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:

A timber frame single storey garage and summer room at Sunach House, Newbridge Lane, Newbridge on Usk, Monmouthshire NP15 14 in accordance with the terms of the application Ref. DC/2017/100697 - Decision on appeal DC/2017/100697

Reference number: APP/E6840/D/17/3/8/2017 Date of decision: 06.12.17 (Date must be pre-application submission) (DD/MM/YYYY) 6.12.17

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

1.	<u>1.3) Samples of materials to be used</u>	6.	
2.	<u>of external surfaces to be submitted and approved in writing + development</u>	7.	
3.	<u>Carried out in accordance with approved details</u>	8.	
4.		9.	
5.		10.	

Has the development already started?  Yes  No

If Yes, please state when the development started (DD/MM/YYYY): 19/8/2020 (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:

- Douglas Fir wood  
- Slates for roof.

### 7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition?

If Yes, please indicate which part of the condition your application relates to:  Yes  No

### 8. 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:

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:

[Redacted Signature]

Or signed - Agent:

[Redacted Signature]

Date (DD/MM/YYYY):

15/4/2023

(date cannot be pre-application)

### 10. Applicant Contact Details

Telephone numbers

Extension

[Redacted Contact Details]

### 11. Agent Contact Details

Telephone numbers

Extension number:

Country code:

National number:

114

[Redacted National Number]

[Redacted Extension Number]

Country code:

Mobile number (optional):

[Redacted Country Code]

[Redacted Mobile Number]

Email address (optional):

[Redacted Email Address]

### 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:

[Redacted Contact Name]

Telephone number:

[Redacted Telephone Number]

Email address:

[Redacted Email Address]