



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:



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="GARETH"/>	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="/"/>	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="LOWER ROCK"/>	House name: <input type="text"/>
Address 1: <input type="text" value="LLANLLWCHNAIRN"/>	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="NEWTOWN"/>	Town: <input type="text"/>
County: <input type="text" value="POWYS"/>	County: <input type="text"/>
Country: <input type="text" value="UK"/>	Country: <input type="text"/>
Postcode: <input type="text" value="SY16 3BM"/>	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: LOWER ROCK

Address 1: LLANLLWCHAIARN

Address 2:

Town: NEWTOWN

County: Powys

Postcode (optional): SY16 3BN

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: 312320 Northing: 292372

Description:

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~~
~~BIO DIVERSITY ENHANCEMENT PLAN~~, Erection of a dwelling (outline)
~~COMMUNITY SAFETY (EXT LIGHTING)~~

Reference number: P2016/0921 Date of decision: 15/12/2016 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates: 15/12/2016

1.	CONDITION 6	6.	
2.	CONDITION 7.	7.	
3.	CONDITION 8.	8.	
4.		9.	
5.		10.	

Has the development already started? Yes No

If Yes, please state when the development started (DD/MM/YYYY): 31/08/2021 (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 ATTACHED.

CONDITION 6 - CONNECTION TO MAINS SEWER - HAAREN DYRDWY APPLICATION.
CONDITION 7 - BIO DIVERSITY ENHANCEMENT PLAN.
CONDITION 8 - COMMUNITY SAFETY (EXT LIGHTING).

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:

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:

