



Application for removal or variation of a condition following grant of planning permission.  
Town and Country Planning Act 1990.  
Planning (Listed Buildings and Conservation Areas) Act 1990

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On 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:**

|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Neath Port Talbot</b><br><b>Castell-nedd Port Talbot</b><br><small>County Borough Council - Cyngor Bwrdeistref Sirol</small><br><i>Making a difference Gwahaniaeth er gwell</i><br>The Quays, Brunel Way, Baglan Energy Park, Neath SA11 2GG<br>Y Ceiau, Flordd Brunel, Parc Ynni Baglan, Castell-nedd SA11 2GG | <b>For Office Use Only</b><br><div style="border: 1px solid black; height: 40px; width: 100%;"></div><br>Tel Ffôn 01639 686868<br>Fax Ffacs 01639 686101 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

**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 further clarification, please contact the Local Planning Authority directly.

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:              | <input type="text"/>                               | First name:   | <input type="text"/>           |
| Last name:          | <input type="text"/>                               |               |                                |
| Company (optional): | <input type="text" value="CKS SUPERMARKETS LTD."/> |               |                                |
| Unit:               | <input type="text"/>                               | House number: | <input type="text" value="1"/> |
|                     |                                                    | House suffix: | <input type="text"/>           |
| House name:         | <input type="text"/>                               |               |                                |
| Address 1:          | <input type="text" value="EMBANKMENT ROAD"/>       |               |                                |
| Address 2:          | <input type="text" value="MORFA."/>                |               |                                |
| Address 3:          | <input type="text"/>                               |               |                                |
| Town:               | <input type="text" value="LLANELLI"/>              |               |                                |
| County:             | <input type="text"/>                               |               |                                |
| Country:            | <input type="text"/>                               |               |                                |
| Postcode:           | <input type="text" value="SA15 2BT"/>              |               |                                |

**2. Agent Name and Address**

|                     |                                           |               |                                       |
|---------------------|-------------------------------------------|---------------|---------------------------------------|
| Title:              | <input type="text" value="MR"/>           | First name:   | <input type="text" value="BENJAMIN"/> |
| Last name:          | <input type="text" value="DAVIES"/>       |               |                                       |
| Company (optional): | <input type="text" value="ATEB CONSULT"/> |               |                                       |
| Unit:               | <input type="text"/>                      | House number: | <input type="text"/>                  |
|                     |                                           | House suffix: | <input type="text"/>                  |
| House name:         | <input type="text" value="42 GURNOS RD"/> |               |                                       |
| Address 1:          | <input type="text"/>                      |               |                                       |
| Address 2:          | <input type="text"/>                      |               |                                       |
| Address 3:          | <input type="text"/>                      |               |                                       |
| Town:               | <input type="text" value="YSTALYFERA"/>   |               |                                       |
| County:             | <input type="text" value="NPT"/>          |               |                                       |
| Country:            | <input type="text" value="WALES."/>       |               |                                       |
| Postcode:           | <input type="text" value="SA9 2HY"/>      |               |                                       |

#### 3. Site Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:  CKSUPERMARKET

Address 1:  Crwaen - cae - Gurnwen.

Address 2:

Town:  AMMANFORD.

County:  NPT

Postcode (optional):  SA18 1HB

If you cannot provide a postcode, the description of 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:

To convert the planning conditions imposed on a cafe, into a takeaway sales restaurant. Also, to vary condition 4, of the approval notice P/2020/0285. To allow sale from the cafe of food for consumption off premises.

Reference number:  P/2020/0285 Date of decision (DD/MM/YYYY):  19/06/2020 (date must be pre-application submission)

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

|    |   |     |  |
|----|---|-----|--|
| 1. | 4 | 6.  |  |
| 2. |   | 7.  |  |
| 3. |   | 8.  |  |
| 4. |   | 9.  |  |
| 5. |   | 10. |  |

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. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

To be varied to allow off site of prepared meals off the menu, for consumption at home / away from the premises. Thus providing a service to local residents who are often unable to collect / eat in-store due to COVID-19. Thus providing community service.

If you wish the existing condition to be changed, please state how you wish the condition to be varied: