



Application for approval of reserved matters following outline approval.

Article 21, Town and Country Planning (Development Management Procedure) (Wales) Order 2012

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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:



Neath Port Talbot
Castell-nedd Port Talbot
County Borough Council Cynghor Bwrdeistref Sirol

Making a difference Gwahaniaeth er gwell

The Quays, Brunel Way, Baglan Energy Park, Neath SA11 2GG
Y Ceiau, Ffordd Brunel, Parc Ynni Baglan, Castell-nedd SA11 2GG

For Office Use Only

Tel Ffôn 01639 686868
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 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:	MR	First name:	C.
Last name:	Lee		
Company (optional):			
Unit:		House number:	
House name:	TY MAES Y COED		
Address 1:	DUNRAVEN PLACE		
Address 2:			
Address 3:			
Town:	PORT TALBOT		
County:	NEATH PORT TALBOT		
Country:	WALES		
Postcode:	SA13 3DA		

2. Agent Name and Address

Title:	MAR	First name:	P.
Last name:	JOHNSON		
Company (optional):	ARCHITECTURAL DESIGN SERVICE		
Unit:		House number:	3
House name:	HAWTHORNE VILLA		
Address 1:	3 GLANY MOR LANE		
Address 2:	LOUGHOR		
Address 3:			
Town:	SWANSEA		
County:	WEST GLAMORGAN		
Country:	WALES		
Postcode:	SA4 6PW		

3. Site 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 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. Development Description

Please indicate which reserved matter(s) you require to be determined under this application:

☒ Access ☒ Appearance ☒ Landscaping ☒ Layout ☒ Scale

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision:

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

Please provide a description of the reserved matters for which you are seeking consent:

Has the development already started? ☐ Yes ☒ No

If Yes, please state when the development was started (DD/MM/YYYY): (date must be pre-application submission)

Has the work been completed? ☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? ☒ Yes ☐ No

If Yes, please provide details:

7. Authority Employee / Member

With respect to the Authority, I am: Do any of these statements apply to you?
a) a member of staff ☐ Yes ☒ No
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

8. Supporting Information

Please provide the following information:

List of all relevant drawings, including reference numbers, that were approved as part of the original decision:

Drawing	Reference Number
Location Plan	
Site Layout	
Floor Plans	
Proposed Elevations	
Landscape Features	
Bat & Bird Housing Features	

List of drawing numbers submitted with this application for approval:

Drawing Number
001
002
003
004
005
006

Reasons for any changes to the original drawings (if applicable):