



## Application for Planning Permission. Town and Country Planning 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:



Neath Port Talbot  
Castell-nedd Port Talbot  
Neath Port Talbot Council Cyngor Bwrdeistref Sirol

*Making a difference Gwahaniaeth ar 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

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|--|

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:   |  |               |  |
| Last name:          | BHARAT SODHA          |               |  |               |  |
| Company (optional): |                       |               |  |               |  |
| Unit:               |                       | House number: |  | House suffix: |  |
| House name:         | SWN Y MOR CARE CENTRE |               |  |               |  |
| Address 1:          | SCARLET AVENUE        |               |  |               |  |
| Address 2:          |                       |               |  |               |  |
| Address 3:          | SANDFIELDS            |               |  |               |  |
| Town:               | PORT TALBOT           |               |  |               |  |
| County:             | GLAMORGAN             |               |  |               |  |
| Country:            | WALES                 |               |  |               |  |
| Postcode:           | SA12 7PH              |               |  |               |  |

### 2. Agent Name and Address

|                     |                      |               |       |               |  |
|---------------------|----------------------|---------------|-------|---------------|--|
| Title:              | MR                   | First name:   | DAVID |               |  |
| Last name:          | THOMAS               |               |       |               |  |
| Company (optional): | DUNRAVEN WINDOWS     |               |       |               |  |
| Unit:               |                      | House number: |       | House suffix: |  |
| House name:         | ST DAVIDS HOUSE      |               |       |               |  |
| Address 1:          | HEOL MOSTYN          |               |       |               |  |
| Address 2:          | VILLAGE FARM IND EST |               |       |               |  |
| Address 3:          | PYLE                 |               |       |               |  |
| Town:               | BRIDGEND             |               |       |               |  |
| County:             | MID GLAMORGAN        |               |       |               |  |
| Country:            | WALES                |               |       |               |  |
| Postcode:           | CF33 6BJ             |               |       |               |  |

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

ERECT A VISITORS - RESIDENTS  
SAFE POD SUN - LOUNGE CONSERVATORY

Has the building, work or change of use already started?

☐ Yes

☒ No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

(date must be pre-application submission)

Has the building, work or change of use been completed?

☐ Yes

☒ No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

(date must be pre-application submission)

### 4. Site Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name: SWIN 4 MOR CARE CENTRE

Address 1: SCARLET AVENUE

Address 2: SANDFIELDS

Town: PORT TALBOT

County: GLAMORGAN

Postcode (optional): SA12 7PH

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:

SWIN

### 5. 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?

SWIN

#### 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle or pedestrian access proposed to or from the public highway?

☐ Yes ☒ No

Are there any new public roads to be provided within the site?

☐ Yes ☒ No

Are there any new public rights of way to be provided within or adjacent to the site?

☐ Yes ☒ No

Do the proposals require any diversions /extinguishments and/or creation of rights of way?

☐ Yes ☒ No

Please show details of any existing or proposed rights of way on or adjacent to the site, as well as any alterations to pedestrian and vehicle access, on your plans or drawings.

#### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste and have arrangements been made for the separate storage and collection of recyclable waste?

☐ Yes ☒ No

If Yes, please provide details:

#### 8. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal?

☐ Yes ☒ No

If Yes, please provide details:

#### 9. Authority Employee / Member

With respect to the Authority, I am:

a) a member of staff

b) an elected member

c) related to a member of staff

d) related to an elected member

Do any of these statements apply to you?

☐ Yes ☒ No

If Yes, please provide details of the name, relationship and role

## 10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

|                                             | Existing<br>(where applicable)     | Proposed                                                                    | Not<br>applicable                   | Don't<br>Know            |
|---------------------------------------------|------------------------------------|-----------------------------------------------------------------------------|-------------------------------------|--------------------------|
| Walls                                       | FACE BRICK<br><u>GREY CLADDING</u> | MATCHING<br>FACE BRICK<br><u>UNDER D.P.C</u>                                | <input type="checkbox"/>            | <input type="checkbox"/> |
| Roof                                        | <u>CONCRETE TILES</u>              | ROOF BARS: WHITE UPZ<br>ROOF GLAZING: ULTRA<br>ELEMENT BLUE<br><u>GLASS</u> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Windows                                     | <u>WHITE UPZ</u>                   | <u>WHITE UPZ</u>                                                            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Doors                                       | <u>WHITE UPZ</u>                   | <u>WHITE UPZ</u>                                                            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Boundary treatments<br>(e.g. fences, walls) |                                    |                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vehicle access and<br>hard-standing         |                                    |                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lighting                                    |                                    |                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Others<br>(please specify)                  |                                    |                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

☒ Yes

☐ No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

### 11. Vehicle Parking

Is vehicle parking relevant to this proposal? ☐ Yes ☒ No

If Yes, please provide information on the existing and proposed number of on-site parking and cycling spaces on your plans.

### 12. Foul Sewage

Please state how foul sewage is to be disposed of: N/A

☒ Mains sewer ☐ Cess pit ☐ Package treatment plant ☐ Septic tank ☐ Other

Are you proposing to connect to the existing drainage system? ☒ Yes ☐ No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

STORM WATER DRAINAGE NETWORK.  
(NO SEWAGE NETWORK)

### 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes on the Planning Portal website (see "Local level requirements and additional documentation"). The notes provide further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals. Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

b) Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

c) Features of geological conservation importance:

- ☐ Yes, on the development site  
☐ Yes, on land adjacent to or near the proposed development  
☒ No

#### Supporting Information Requirements

Where a development proposal is likely to affect features of biodiversity or geological conservation interest, you will need to submit, with the application, sufficient information and assessments to allow the local planning authority to determine the 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.

Your Local Planning Authority will be able to advise on the content of any assessments that may be required.

### 14. Trees and Hedges

Are there trees or hedges on the proposed development site? ☐ Yes ☒ No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? ☐ Yes ☒ No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

### 15. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

### 16. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? ☐ Yes ☒ No

If you answered "Yes" to the question above, please specify the existing and proposed number of market and affordable dwellings on the attached plans.

## 17. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☒ No

If you have answered Yes to the question above please add details in the following table:

| Use class/type of use                  | Not applicable                      | Existing gross internal floorspace (square metres) | Gross internal floorspace to be lost by change of use or demolition (square metres) | Total gross internal floorspace proposed (including change of use)(square metres) | Net additional gross internal floorspace following development (square metres) |
|----------------------------------------|-------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| A1 Shops                               | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Net tradable area:                     | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A2 Financial and professional services | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A3 Restaurants and cafes               | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (a) Offices                         | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (b) Research and development        | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (c) Light industrial                | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B2 General industrial                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B8 Storage or distribution             | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C1 Hotels and halls of residence       | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C2 Residential institutions            | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D1 Non-residential institutions        | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D2 Assembly and leisure                | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| OTHER                                  | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Please Specify                         | <input checked="" type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Total                                  |                                     |                                                    |                                                                                     |                                                                                   |                                                                                |

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

| Use class      | Type of use              | Not applicable           | Existing rooms to be lost by change of use or demolition | Total rooms proposed (including changes of use) | Net additional rooms |
|----------------|--------------------------|--------------------------|----------------------------------------------------------|-------------------------------------------------|----------------------|
| C1             | Hotels                   | <input type="checkbox"/> |                                                          |                                                 |                      |
| C2             | Residential Institutions | <input type="checkbox"/> |                                                          |                                                 |                      |
| OTHER          |                          | <input type="checkbox"/> |                                                          |                                                 |                      |
| Please Specify |                          | <input type="checkbox"/> |                                                          |                                                 |                      |

## 18. Employment

Please complete the following information regarding employees:

|                    | Full-time | Part-time | Total full-time equivalent |
|--------------------|-----------|-----------|----------------------------|
| Existing employees |           |           |                            |
| Proposed employees |           |           |                            |

## 19. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

| Use | Monday to Friday | Saturday | Sunday and Bank Holidays | Not known |
|-----|------------------|----------|--------------------------|-----------|
|     |                  |          |                          |           |
|     |                  |          |                          |           |
|     |                  |          |                          |           |

## 20. Site Area

Please state the site area in hectares (ha)

Does your proposal involve the construction of a new building which would result in the loss or gain of public open space?

☐ Yes ☒ No

If Yes, please complete the following information regarding public open space:

|                   | Open Space Lost | Open space gained |
|-------------------|-----------------|-------------------|
| Area of Land (ha) |                 |                   |

## 21. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Welsh Government's Development Advice Maps website - <http://data.wales.gov.uk/apps/floodmapping/>)

☐ Yes ☒ No ZONE A

If Yes, and you are proposing a new building or change of use, please add details of the proposal in the following table:

| Floodplain Area | Residential (Number of units) | Non-residential (Area of land - hectares) |
|-----------------|-------------------------------|-------------------------------------------|
| Floodplain C1   |                               |                                           |
| Floodplain C2   |                               |                                           |

If the proposed development is within an area at risk of flooding you will need to consider whether it is appropriate to submit a flood consequences assessment. (Refer to Section 6 and 7 and Appendix 1 of TAN 15 - <http://wales.gov.uk/topics/planning/policy/tans/tan15/?lang=en>)

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

☐ Yes ☒ No

Will the proposal increase the flood risk elsewhere?

☐ Yes ☒ No

**From 7 January 2019, all new developments of more than 1 dwelling house or where the construction area is 100 square metres or more, require Sustainable Drainage Systems (SuDS) for surface water designed and built in accordance with the Welsh Ministers' Statutory SuDS Standards. SuDS Schemes must be approved by your local authority acting in its SuDS Approving Body (SAB) role. Please contact your local authority for details of how to apply.**

How will surface water be disposed of?

☐ Sustainable drainage system ☒ Soakaway ☐ Main sewer ☐ Existing watercourse ☐ Pond/lake

## 22. Existing Use

Please describe the current use of the site:

CARE HOME

Is the site currently vacant?

☐ Yes

☒ No

If Yes, please describe the last use of the site:

When did this use end (if known)? (DD/MM/YYYY)

(date where known may be approximate)

Does the proposal involve any of the following:

Land which is known or suspected to be contaminated for all or part of the site

☐ Yes

☒ No

A proposed use that would be particularly vulnerable to the presence of contamination?

☐ Yes

☒ No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

Does your proposal involve the construction of a new building?

☐ Yes

☒ No

If Yes, please complete the following information regarding the element of the site area which is in previously developed land or greenfield land:

|                                                | Previously Developed Land | Greenfield Land |
|------------------------------------------------|---------------------------|-----------------|
| Area of land (ha) proposed for new development |                           |                 |

## 23. Renewable and Low Carbon Energy

Does your proposal involve the installation of a stand-alone renewable or low-carbon energy development? ☐ Yes ☒ No

If you have answered Yes to the question above please state the proposed energy output capacity in MegaWatts (MW):

| Renewable Energy Type                                       | Energy Capacity (MW) |
|-------------------------------------------------------------|----------------------|
| Anaerobic digestion                                         |                      |
| Biofuels                                                    |                      |
| Biomass                                                     |                      |
| Combined heat and power (CHP)                               |                      |
| District heating                                            |                      |
| Fuel cells                                                  |                      |
| Geothermal                                                  |                      |
| Ground/water/air heat pumps                                 |                      |
| Hydropower                                                  |                      |
| Solar                                                       |                      |
| Waste heat energy                                           |                      |
| Wind                                                        |                      |
| Other low carbon or renewable energy (please specify below) |                      |
|                                                             |                      |

## 24. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? ☐ Yes ☒ No

If the answer is Yes, please complete the following table:

|                                                                    | Not applicable                      | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operational throughput in tonnes (or litres if liquid waste) |
|--------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Inert landfill                                                     | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Non-hazardous landfill                                             | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Hazardous landfill                                                 | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Energy from waste incineration                                     | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other incineration                                                 | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Landfill gas generation plant                                      | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Pyrolysis/gasification                                             | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Metal recycling site                                               | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Transfer stations                                                  | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Material recovery/recycling facilities (MRFs)                      | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Household civic amenity sites                                      | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Open windrow composting                                            | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| In-vessel composting                                               | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Anaerobic digestion                                                | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Any combined mechanical, biological and/or thermal treatment (MBT) | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Sewage treatment works                                             | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other treatment                                                    | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Recycling facilities construction, demolition and excavation waste | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Storage of waste                                                   | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other waste management                                             | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |
| Other developments                                                 | <input checked="" type="checkbox"/> |                                                                                                                                                                                                |                                                                             |

Please provide the maximum annual operational throughput of the following waste streams:

|                                         |  |
|-----------------------------------------|--|
| Municipal                               |  |
| Construction, demolition and excavation |  |
| Commercial and industrial               |  |
| Hazardous                               |  |

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 25. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☒ No ☒ Not applicable

If Yes, please provide the amount of each substance that is involved:

|                        |                      |                               |                      |                              |                      |
|------------------------|----------------------|-------------------------------|----------------------|------------------------------|----------------------|
| Acrylonitrile (tonnes) | <input type="text"/> | Ethylene oxide (tonnes)       | <input type="text"/> | Phosgene (tonnes)            | <input type="text"/> |
| Ammonia (tonnes)       | <input type="text"/> | Hydrogen cyanide (tonnes)     | <input type="text"/> | Sulphur dioxide (tonnes)     | <input type="text"/> |
| Bromine (tonnes)       | <input type="text"/> | Liquid oxygen (tonnes)        | <input type="text"/> | Flour (tonnes)               | <input type="text"/> |
| Chlorine (tonnes)      | <input type="text"/> | Liquid petroleum gas (tonnes) | <input type="text"/> | Refined white sugar (tonnes) | <input type="text"/> |

Other:

Other:

Amount (tonnes):

Amount (tonnes):