



Application for prior notification of proposed demolition. Town and Country Planning General Development Order 1995 Schedule 2 Part 31

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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:



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:	SIMON
Last name:	BRENNAN		
Company (optional):	NEATH PORT TALBOT COUNCIL		
Unit:	House number:	House suffix:	
House name:	HEAD OF PROPERTY & REGISTRATION		
Address 1:	THE QUAYS		
Address 2:	BRUNEL WAY		
Address 3:	NEATH		
Town:			
County:	NEATH PORT TALBOT		
Country:	WALES		
Postcode:	SA11 2GG		

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 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:

DISUSED/DERELICT BRICKWORK
TOILET BLOCK TO LHS OF CENTRE.

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. Proposed Demolition Works

Please describe the building(s) to be demolished:

TOILET BLOCK ON DRG F20340 (SUPPLIED WITH APPLICATION)

Please state why demolition needs to take place:

DERELICT/DISUSED. HEALTH & SAFETY REASONS.

Please describe the proposed method of demolition:

REFER TO OUTLINE METHOD STATEMENT ATTACHED.

Please provide details of the proposed restoration of the site:

ALL SUBS TAKEN UP. LEFT LEVEL WITH SURROUNDING TOPOGRAPHY.
TOPSOIL & SEEDED.

Please state the expected date of commencement of works (DD/MM/YYYY): DATE MUST BE POST SUBMISSION

Please state the expected date of completion of works (DD/MM/YYYY): DATE MUST BE POST SUBMISSION

Are there any public rights of way within the site or immediately adjoining the site? ☐ Yes ☒ No

Is redevelopment or rebuilding proposed at a later date? ☐ Yes ☒ No

Does the proposal involve the felling or pruning of any tree(s)? ☐ Yes ☒ No

If Yes, please show details on a plan and provide the reference number of the plan(s):

1.		4.	
2.		5.	
3.		6.	

Please describe how and where spoil/rubble would be disposed:

ALL REMOVED OFF SITE. SEE OUTLINE METHOD STATEMENT.