



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:



Neath Port Talbot
Castell-nedd Port Talbot
County Borough Council Cyngor 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:	MRS	First name:	ELAINE
Last name:	HUNTER		
Company (optional):			
Unit:		House number:	13
		House suffix:	
House name:			
Address 1:	13 RHUWLAS		
Address 2:			
Address 3:			
Town:	NEATH		
County:	WEST GLAMORGAN		
Country:			
Postcode:	SA10 7RB		

2. Agent Name and Address

Title:	MR	First name:	JOHN
Last name:	BLAKE		
Company (optional):			
Unit:		House number:	
		House suffix:	
House name:			
Address 1:	BRYN AWEL FARM CRYNANT		
Address 2:			
Address 3:			
Town:	NEATH		
County:	WEST GLAMORGAN		
Country:			
Postcode:	SA10 8PU		

3. Site Address 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 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:

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:

PELLING OF ONE SYCAMORE TREE COVERED BY TREE PRESERVATION ORDER T276/T9

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

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

1.	CONDITION 1.	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. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

REPLACEMENT PLANTING OF 1 ALDER TREE - LOCATION SHOWN ON THE ATTACHED PLAN. PLEASE ALSO SEE ATTACHED STATEMENT

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: