



Application for a non-material amendment following a grant of planning permission. Town and Country Planning Act 1990

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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
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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:	JONATHAN		
Last name:	GETHIN				
Company (optional):					
Unit:		House number:	2	House suffix:	
House name:					
Address 1:	DOL WERDD				
Address 2:	WAUNCEIRCH				
Address 3:					
Town:	NEATH				
County:	NEATH PORT TALBOT				
Country:	WALES				
Postcode:	SA10 7GX				

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:

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 of advice (DD/MM/YYYY):

Details of pre-application advice received:

5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?

☒ Yes ☐ No

If you have answered No to this question, you cannot apply to make a non-material amendment.

6. 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

7. Description Of Your Proposal

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

SINGLE STORY REAR EXTENSION AND FIRST FLOOR SIDE EXTENSION. WORKS INCLUDE THE DEMOLITION OF AN EXISTING CONSERVATORY AND THE PARTIAL CONVERSION OF AN EXISTING GARAGE. AN ADDITIONAL BEDROOM CREATED ON THE FIRST FLOOR ABOVE THE CURRENT GARAGE.

Reference number:

P2021/0472

Date of decision (DD/MM/YYYY):

22/06/21

For the purpose of calculating fees, which of the following best describes the original application type?

Householder development: development to an existing dwelling-house or development within its curtilage ☒

Other: anything not covered by the above category ☐

8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

REMOVAL OF A WINDOW AT THE REAR OF THE FIRST FLOOR BEDROOM ABOVE THE EXISTING GARAGE.

Are you intending to substitute amended plans or drawings?

☒ Yes

☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

New plan/drawing number(s):

Please state why you wish to make this amendment:

LAYOUT OPTIONS WITHIN THE BEDROOM