



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:



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:		First name:	Nicola		
Last name:	Pearce				
Company (optional):	Neath Port Talbot CBC				
Unit:		House number:		House suffix:	
House name:					
Address 1:	The Quays				
Address 2:	Brunel Way				
Address 3:	Baglan				
Town:	Port Talbot				
County:					
Country:	United Kingdom				
Postcode:	SA11 2GG				

2. Agent Name and Address

Title:		First name:	Tim		
Last name:	Edwards				
Company (optional):	Neath Port Talbot CBC				
Unit:		House number:		House suffix:	
House name:					
Address 1:	The Quays				
Address 2:	Brunel Way				
Address 3:	Baglan				
Town:	Port Talbot				
County:					
Country:	United Kingdom				
Postcode:	SA11 2GG				

3. Site Address Details

Please provide the full postal address of the application site.

Unit:

House number:

House suffix:

House name:

Address 1:

Margam Crematorium

Address 2:

Longlands Lane

Town:

Margam

County:

Neath Port Talbot

Postcode (optional):

SA13 2NR

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:

279530

Northings:

185572

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:

Delyth Lewis

Reference:

Heritage Officer, NPTCBC

Date (DD/MM/YYYY):

17/01/2024

(must be pre-application submission)

Details of pre-application advice received?

Review of requirements for Condition 3, Method Statement

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:

Installation of additional air conditioning at Margam crematorium

Reference number:

P2023/0779

Date of decision:

16/01/2024

(Date must be pre-application submission) (DD/MM/YYYY)

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

1.		6.	
2.		7.	
3.	Method Statement	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:

Copy of Method Statement for Installation of Additional Air Conditioning at Margam Crematorium

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:

8. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your 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.

The original and 3 copies of a completed and dated application form: ☒

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: ☒

9. Declaration

I/we hereby apply for planning permission as described in this form and the accompanying plans/drawings and additional information. I confirm that, to the best of my knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the persons giving them.

Signed - Applicant:

Or signed - Agent:

Tim Edwards

Date (DD/MM/YYYY):

26th March 2024

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Email address (optional):

12. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☒ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? *(Please select only one)*

☒ Agent

☐ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: