

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

## Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Welsh Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and other relevant items of primary and subordinate legislation.

Please be aware that once you have downloaded this form, Planning Portal and Welsh Government will have no access to the form of the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

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:              | <input type="text"/> | First name:   | RACHEL |               |                      |
| Last name:          | TEAGUE SANSOM        |               |        |               |                      |
| Company (optional): | <input type="text"/> |               |        |               |                      |
| Unit:               | <input type="text"/> | House number: | 1      | House suffix: | <input type="text"/> |
| House name:         | <input type="text"/> |               |        |               |                      |
| Address 1:          | CHAPEL HOUSE         |               |        |               |                      |
| Address 2:          | LLOYDS TERRACE       |               |        |               |                      |
| Address 3:          | CYMMER               |               |        |               |                      |
| Town:               | PORT-TALBOT          |               |        |               |                      |
| County:             | WEST GLAMORGAN       |               |        |               |                      |
| Country:            | WALES                |               |        |               |                      |
| Postcode:           | SA13 3HY             |               |        |               |                      |

## 2. Agent Name and Address

|                     |                      |               |         |               |                      |
|---------------------|----------------------|---------------|---------|---------------|----------------------|
| Title:              | MR.                  | First name:   | TERENCE |               |                      |
| Last name:          | MORGAN               |               |         |               |                      |
| Company (optional): | <input type="text"/> |               |         |               |                      |
| Unit:               | <input type="text"/> | House number: | 2       | House suffix: | <input type="text"/> |
| House name:         | <input type="text"/> |               |         |               |                      |
| Address 1:          | GETHIN STREET        |               |         |               |                      |
| Address 2:          | <input type="text"/> |               |         |               |                      |
| Address 3:          | BRITON FERRY         |               |         |               |                      |
| Town:               | NEATH                |               |         |               |                      |
| County:             | WEST GLAMORGAN       |               |         |               |                      |
| Country:            | WALES                |               |         |               |                      |
| Postcode:           | SA11 2LH             |               |         |               |                      |

### 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:

RETROSPECTIVE PLANNING CONSENT FOR HARDSTANDING AREA WITH ACCESS STEPS, METAL FENCE PANELS AND ASSOCIATED RETAINING WORKS

Reference number:

P 2023 / 0103

Date of decision (DD/MM/YYYY):

19 / 04 / 23

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:

NON-MATERIAL AMENDMENT, APPLICATION TO AMENDED THE APPROVED BOUNDARY TREATMENT AND TO ALTER THE WORDING OF CONDITION 3 TO CHANGE THE REQUIRED PERIOD FOR THE ERECTION OF THE BIRD-BOX OF APPLICATION P 2023 / 0103 FOR RETROSPECTIVE PLANNING CONSENT FOR HARDSTANDING AREA WITH ACCESS STEPS, METAL 'FIXED' FENCE PANELS AND ASSOCIATED RETAINING WORKS, AND GRANTED ON 19/04/23.

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):

R1 20/05/2025 ; P. 2025 / 0417 04/06/25

Please state why you wish to make this amendment:

ORIGINAL REQUIREMENTS : STORAGE / DELIVERY AREA 'REFUSED' BY HIGHWAYS - 2023

### 9. 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 not being accepted. It will not be accepted 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:



The correct fee:

£35 PAID MON 9<sup>th</sup> JUNE '25



### 10. Declaration

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

Signed - Applicant:



Or signed - Agent:



Date (DD/MM/YYYY):

09/06/2025

### 11. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

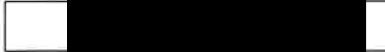






Country code: Mobile number (optional):





Email address (optional):



### 12. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

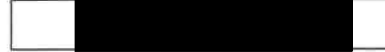




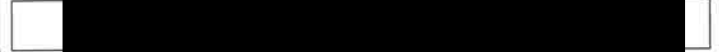


Country code: Mobile number (optional):





Email address (optional):



### 13. 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:

