Application for issuing a Certificate of Conformity

Ammanford / Carmarthen Town Centre

Local Development Order (LDO)

Town and Country Planning Act 1990

Publication on Local Planning Authority websites

Information provided on this form and in supporting documents will 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 us directly.

If printed, please complete using block capitals and black ink.

Incorrect completion will delay the processing of your application.

1. Applicant Name and Address

Title:	First Name:	Last Name:
Company (op	otional):	
Unit:	House Number:	House suffix:
House Name	:	
Address 1:		
Address 2:		
Address 3:		
Town:		
County:		
Country:		
Postcode:		
2. Agent Naı	me and Address	

Title:	First Name:	Last Name:
Company (op	tional):	
Unit:	House Number:	House suffix:
House Name	:	
Address 1:		
Address 2:		
Address 3:		



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Town:

County:

Country:

Postcode:

3. Site Address Details

Please provide the full			
Please provide the till	nostal address	of the applicatio	n site.

Unit:	Property Number:	Property Suffix:
Name:		
Address 1:		
Address 2:		
Address 3:		
Town:		
County:		
Postcode:		

4. Ownership

Please indicate your interest in the application site:			
Owner	Lessee	Occupier	Other
If you are not application sit		se provide the nam	ne and address of the current owner of the
Title:	First Name:		Last Name:
Company (op	tional):		
Unit:	House Number:		House suffix:
House Name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

5. Description of Your Proposal

Please describe the proposed change of use (eg: change of use from 'X' to 'Y')

6. On which floor(s) would the proposed use(s) take place?

Floor	Existing/Previous Use (if known) Description and Use Class	Proposed Use (if known) Description and Use Class	Number of Residential Units created and number of bedrooms per unit
Ground			
First			
Second			
Third			
Fourth			
Fifth			
Cirth			

Sixth

8. For Non-Residential proposals:

Can you confirm that existing ground-floor windows and shop fronts will not be obscured, either internally or externally, by paint, whitewash, film, curtains or any other opaque material?

Yes

9. Conditions and notes:

Have you read and understood the conditions and notes attached to the Llanelli Town Centre Local Development Order?

Yes

10. Commencement:

Do you understand that irrespective of whether a Certificate of Conformity is issued, your proposal cannot commence until a Commencement Notice Approval is issued by the Council?

Yes

11. 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.

- completed and dated application form:

- the correct fee of £90

- site / location plan (scale 1:1250) including a north arrow and a red line that shows the application site boundary $% \left(\frac{1}{2}\right) =0$

12. Declaration

I/we hereby apply for a certificate of conformity 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:	Date:(DD/MM/YYYY)
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13. Applicant Contact Details

Telephone Numbers		
Country Code:	National Number:	Extension Number:
Country Code:	Mobile Number (optional):	
Email address (optional):		

14. Agent Contact Details

Telephone Numbers		
Country Code:	National Number:	Extension Number:
Country Code:	Mobile Number (optional):	
Email address (optional):		