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## HAZARDOUS SUBSTANCES CONSENT APPEAL

If you need this document in large print, on audio tape, in Braille or in another language, please contact our Helpline on 0303 444 5940. **To help you fill in this form correctly please refer our Procedural guide for Wales.**

**WARNING:** **Your appeal must reach The Planning Inspectorate within 6 months of the date of the Hazardous Substances Authority's decision** (*NOTE: If any of the "Essential supporting documents" listed in Section I are not received by us within the appeal period, the appeal will not be accepted*)

**PLEASE PRINT CLEARLY IN CAPITALS USING BLACK INK**

**A. APPELLANT** – The name of the person(s) making the appeal **must** appear as an applicant on the application form. **If this is not the case the appeal cannot be registered.**

Name	
Organisation Name (if applicable)	

**B. AGENT (if any) FOR THE APPEAL**

Name	
Organisation Name (if applicable)	
Reference	

**C. HAZARDOUS SUBSTANCES AUTHORITY (HSA)**

Name of the HSA	
HSA's reference number	
Application form dated	
Date of HSA's decision (if issued)	

## D. APPEAL SITE ADDRESS

Address	
Postcode	

	YES*	NO
Are there any health and safety issues at, or near the site which the Inspector would need to take into account when visiting the site? <i>*If yes, please explain in your full statement of case (section G)</i>		

	YES*	NO
Could the Inspector see the relevant parts of the appeal site sufficiently to judge the proposal from public land?		
Is it essential for the Inspector to enter the site to check measurements or other relevant facts?     * <i>If the answer is 'YES' please explain below</i>		

**NOTE: The Inspector will usually visit the site unaccompanied by either party. But, If the relevant part of the site cannot be seen from a road or other public land, or it is essential for the Inspector to enter the site to check measurements or other relevant facts, we will contact you to arrange access for the Inspector.**

	YES	NO
Does the works affect the setting of a listed building?		
Is the appeal site within an Area of Outstanding Natural Beauty?		
Does the site lie within a conservation area?		
Does the site lie within a green belt/green wedge?		

## E. REASON FOR THE APPEAL

This appeal is against the decision of the HSA to:

Please tick which applies

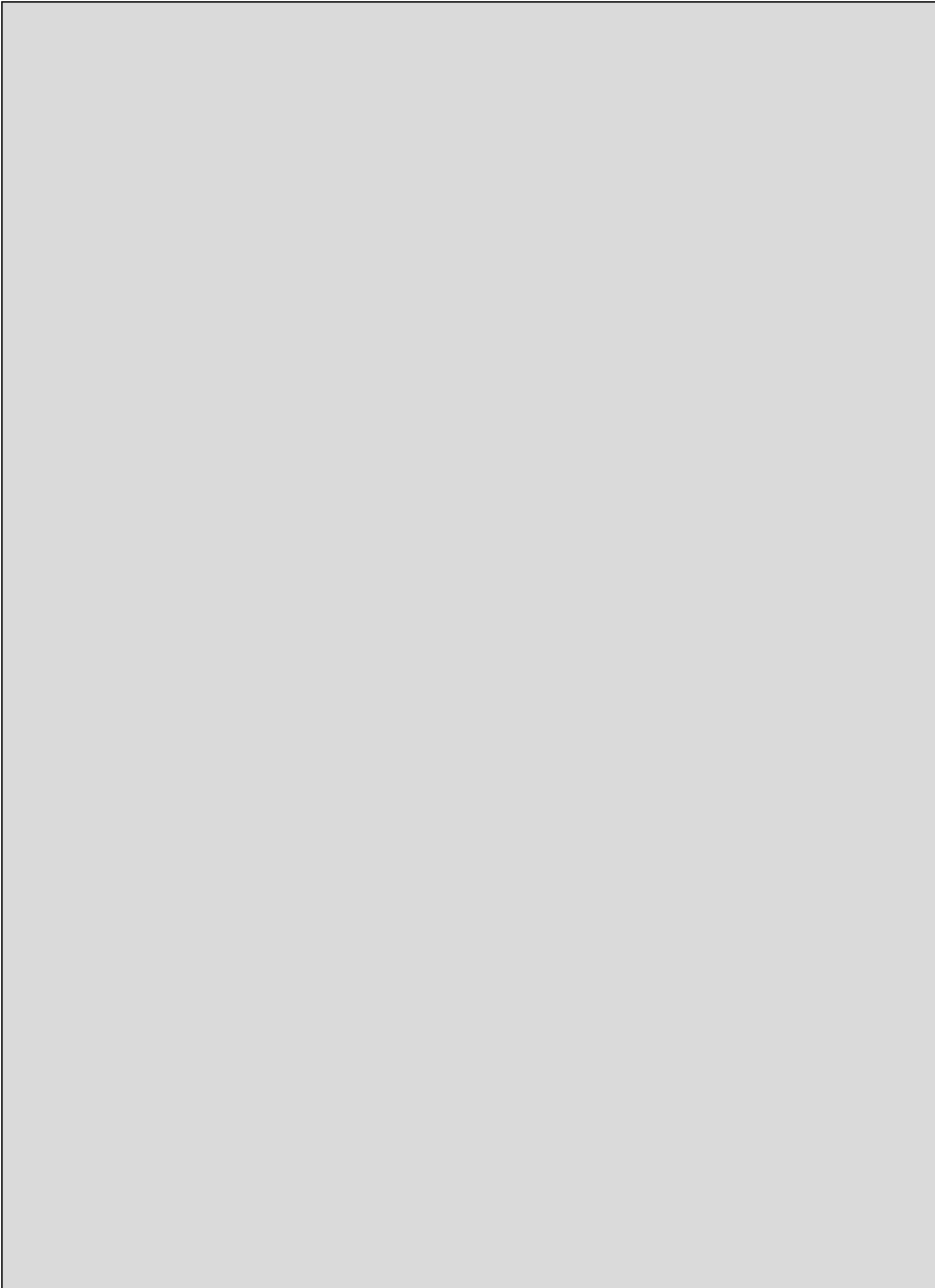


1.	Refuse Hazardous Substances consent	<input type="checkbox"/>
2.	Refuse to remove or vary condition(s) attached to a Hazardous Substances consent	<input type="checkbox"/>
3.	Refusing to give any consent, agreement or approval required by a condition attached to a previous Hazardous Substances consent	<input type="checkbox"/>
4.	Refuse a continuation of Hazardous Substances consent applied for under section 17	<input type="checkbox"/>
5.	Failure of the HSA to give notice of their decision within the appropriate period on an application for permission or approval	<input type="checkbox"/>

## F. FULL STATEMENT OF CASE

This is your **only** opportunity to make your case in connection with the reason for the appeal as indicated in section E. Therefore please provide your **FULL** statement of case. To do this, you need to go through the reasons for the decision, and explain why you disagree. Only the reasons within the HSA's decision and the reasons put forward by you at application stage should be included on your appeal form. You should not introduce any new reasons for the appeal. Please refer to our Procedural Guide for Wales for further information.

*Please continue on a separate sheet if necessary*



**G. PROCEDURE (see guidance for further information)**

Appeals dealt with under Part 4 of The Town and Country Planning (Referred Applications and Appeals Procedure) (Wales) Regulations 2017 can be considered on the basis of written representation, a hearing, an inquiry or combined proceedings. In accordance with the Town and Country Planning (Determination of Procedure) (Wales) Order 2017 the Planning Inspectorate must make a determination as to the procedure. Therefore we will take into consideration your views when determining the procedure. If insufficient reasons are given for a hearing or inquiry, we may adopt the written representations procedure.

***Please tick one box only***

I consider the written representations procedure is appropriate.	
I do not consider that the written representations procedure is appropriate for the reasons given in the box below. I accept that it will be the Inspectorate's discretion as to whether a hearing, inquiry or combination will take place.	

**If you feel that a hearing or inquiry is needed please provide your full reasons below, including the likely number of days you feel that the event will last and how many witnesses you intend to call.**

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**H. COSTS (see guidance for further information)**

	YES	NO
<b>Do you intend to submit a costs application with this appeal?</b> <i>If yes, please provide your case below</i>		

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**Please continue on a separate sheet if necessary**

## I. ESSENTIAL SUPPORTING DOCUMENTS

Depending on the type of appeal, the documents listed below, **must** be sent with your appeal form. If we do not receive all your appeal documents by the end of the appeal period, we will not deal with it.

*Please tick the boxes to show which documents you are enclosing.*



<b>1</b>	The application form made to the HSA	<input type="checkbox"/>
<b>2</b>	The HSA's decision (if any)	<input type="checkbox"/>
<b>3</b>	The notice and appropriate certificate provided to the HSA in accordance with Regulation 6 of the 1992 Regulations	<input type="checkbox"/>
<b>4</b>	The certificate submitted to the HSA in accordance with Regulation 7	<input type="checkbox"/>
<b>5</b>	The appropriate Regulation 13 certificate for this appeal. You should also enclose a copy of the Notice if you have completed certificate B or C (see Annex A attached). Any relevant correspondence with the LPA	<input type="checkbox"/>
<b>6</b>	Each of the plans, drawings and documents sent to the HSA as part of the application	<input type="checkbox"/>
<b>7</b>	All other relevant correspondence with the HSA	<input type="checkbox"/>
<b>8</b>	A plan showing the site, marked RED, in relation to two named roads (preferably on an extract from the relevant 1: 10,000 OS Map)	<input type="checkbox"/>

**Personal Details** (these will not *be made publicly available*)

1. Appellant personal details		
Address		
Postcode		
Daytime Telephone		
E-mail		
	English	Welsh
<b>Language Preference</b>		
	E-mail	Post
<b>I prefer to be contacted by</b>		
2. AGENT PERSONAL DETAILS (if any)		
Address		
Postcode		
Daytime Telephone		
E-mail		
	English	Welsh
<b>Language Preference</b>		
	E-mail	Post
<b>I prefer to be contacted by</b>		



The gathering and subsequent processing of the personal data supplied by you in this form, is in accordance with the terms of our registration under the Data Protection Act 1998. Further information about our Data Protection Policy can be found on our website under "Privacy Policy" ([http://planninginspectorate.wales.gov.uk/privacy\\_policy](http://planninginspectorate.wales.gov.uk/privacy_policy))

**Please sign the form on Page 8**

**PLEASE SIGN BELOW (signed forms with all supporting documents must be received by us within the appeal period)**

I confirm that I have sent a copy of this appeal form and all relevant documents to the HSA (if you do not your Appeal will not normally be accepted).

I confirm that all sections have been fully completed to the best of my knowledge.

I understand that you may use the information I have given for official purposes in connection with the Town and Country Planning Act 1990 and details including my name, the site description and my statement of case may appear online. By submitting this form I am agreeing to the use of the information I provide in this way.

Signature:

Name (in capitals)

Date

On behalf of (if applicable)

**SEND**

**1 COPY to us at:**

The Planning Inspectorate  
Crown Buildings  
Cathays Park  
CARDIFF  
CF10 3NQ

E-mail: [wales@pins.gsi.gov.uk](mailto:wales@pins.gsi.gov.uk)

Helpline: 0303 444 5940

**1 COPY to the HSA**

Send a copy of the appeal form to the address from which the decision notice was sent (or to the address shown on any letters received from the HSA).

There is no need to send them all the supporting documents again; only send them any supporting documents not previously sent as part of the application.

**Please keep a copy for your records**

**When we receive your appeal form, we will write to you letting you know if your appeal is valid, who is dealing with it and what happens next.**

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**CERTIFICATES TO BE SUPPLIED UNDER REGULATION 13**

In making an appeal, you will need to complete a fresh certificate relating to ownership, as the position may have changed since the application was made. The notice to be served on an owner is attached together with the certificates (A) to (D). **Only ONE** of the certificates (A) to (D) will meet the circumstances of the case and will need to be completed.

'Owner' means a person having a freehold interest or a tenancy the unexpired term of which is not less than 7 years.

- If you are **the sole owner** of all the land to which the appeal relates, please complete and return **certificate A**.
- If you are **not the sole owner of all the land**, one of the following courses should be taken:
  - if the names and addresses of **all** the owners (or other owners, if you own part of the land) are known, you should give them notice in the form shown in the attached NOTICE OF APPEAL UNDER REGULATION 13(5). Please complete and return **certificate B**, together with a copy of the Notice under Regulation 13(5).
  - if the names and addresses of some, but **not all** of the owners are known, you should complete and return **certificate C**, together with a copy of the Notice under Regulation 13(5).
  - if the names and addresses of none of the owners of the land are known, please complete **certificate D**.

Where you have to give notice to owners, and their names and addresses are known, the Notice can be served by handing it to them personally, leaving it at their address, or sending it by registered post or recorded delivery service. If the notice has to be served on a company or other incorporated body, it must be addressed to the company secretary or clerk at their registered or principle office, by any of the three methods above.

**Any person who knowingly or recklessly issues a certificate which contains any statement which is false or misleading in a material particular is liable on conviction to a fine.**

**THE PLANNING (HAZARDOUS SUBSTANCES) ACT 1990  
THE PLANNING (HAZARDOUS SUBSTANCES) REGULATIONS 1992**

**NOTICE OF APPEAL UNDER REGULATION 13(5)**

**Notice to be served on an owner** ('owner') means a person having a freehold interest or a tenancy, the expired term of which is not less than 7 years).

**I give notice that:**

**(a)**.....

having applied to the **(b)**.....

for Hazardous Substances Consent/the continuation of Hazardous Substances Consent\* to

**(c)**.....

at **(d)**.....

.....  
.....  
is appealing to the Welsh Minsters \*against the decision of

**(b)**.....

\*or the failure of **(b)** .....  
to give notice of decision.

If you wish to make representations about this appeal, please write to the Planning Inspectorate, Crown Buildings, Cathays Park, Cardiff CF10 3NQ, **within 21 days of the date of service of this notice.**

**Signed:** .....

**\*on behalf of:** ..... **Date:** .....

\*delete as appropriate

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**NOTES**

- (a) Appellant's name
- (b) Name of HSA to whom the application was made
- (c) Brief details of the consent being sought
- (d) Address or location of the application site

**THE PLANNING (HAZARDOUS SUBSTANCES) ACT 1990  
THE PLANNING (HAZARDOUS SUBSTANCES) REGULATIONS 1992  
CERTIFICATE UNDER REGULATION 13(4)**

**CERTIFICATE A**

**I certify that:**

At the beginning of the period of 21 days ending with the date of the accompanying appeal, no one, except the appellant, was the owner (a) of any part of the land to which the appeal relates.

**Signed:** .....

**\*on behalf of:** ..... **Date:** .....

\* Delete as appropriate

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**NOTE**

(a) 'owner' means a person having a freehold interest or a tenancy, the unexpired term of which is not less than 7 years.

**THE PLANNING (HAZARDOUS SUBSTANCES) ACT 1990  
THE PLANNING (HAZARDOUS SUBSTANCES) REGULATIONS 1992  
CERTIFICATE UNDER REGULATION 13(4)**

**CERTIFICATE B**

**I certify that:**

I have/The appellant has\* given the required notice to everyone else who, at the beginning of the period of 21 days ending with the date of the accompanying appeal, was the owner (a) of any part of the land to which the appeal relates, as listed below.

**Name of Owner(s) and address on which notice served:**

.....  
.....  
.....  
.....  
.....  
.....  
.....

**Date on which notice served:** .....

**Signed:** .....

**\*on behalf of:** ..... **Date:** .....  
\*delete as appropriate



**NOTE**

(a) 'owner' means a person having a freehold interest or a tenancy, the unexpired term of which is not less than 7 years.

**THE PLANNING (HAZARDOUS SUBSTANCES) ACT 1990  
THE PLANNING (HAZARDOUS SUBSTANCES) REGULATIONS 1992  
CERTIFICATE UNDER REGULATION 13(4)**

**CERTIFICATE C**

**I certify that:**

I/The appellant\* cannot issue a Certificate A or B in respect of the accompanying appeal. I have/The appellant has\* given the required notice to the persons specified below, being persons who at the beginning of the period of 21 days ending with the date of the appeal, were owner(s) of any part of the land to which the appeal relates.

**Name(s) of Owner(s) and address at which the notice was served:**

.....  
.....  
.....  
.....  
.....  
.....  
.....

**Date on which notice was served:** .....

I have/The appellant has\* taken all reasonable steps open to me/him/her\* to find out the names and addresses of other owners (a) of the land, or of a part of it, but have/has\* been unable to do so. These steps were as follows (b):

.....  
.....  
.....  
.....

**Signed:** .....

\* **On behalf of:** ..... **Date:** .....

\* delete as appropriate

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**NOTES**

- (a) 'owner' means a person having a freehold interest or a tenancy the unexpired term of which is not less than 7 years.
- (b) Insert description of steps taken.

**THE PLANNING (HAZARDOUS SUBSTANCES) ACT 1990  
THE PLANNING (HAZARDOUS SUBSTANCES) REGULATIONS 1992  
CERTIFICATE UNDER REGULATION 13(4)**

**CERTIFICATE D**

**I certify that:**

I/The appellant\* cannot issue a Certificate A in respect of the accompanying appeal.  
I/The appellant have/has taken all reasonable steps open to me/him/her\* to find out the names and addresses of everyone else who, at the beginning of the period of 21 days ending with the date of the appeal, were owners (a) of any part of the land to which the appeal relates, but have/has\* been unable to do so. These steps were as follows:

(b).....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Signed:** .....

**\* on behalf of:** ..... **Date:** .....  
\*delete where appropriate



**NOTES**

- (a) 'owner' means a person having a freehold interest or a tenancy, the unexpired term of which is not less than 7 years.
- (b) insert description of the steps taken.