

Further information about us is available on the Welsh Government website at http://gov.wales/topics/planning/appeals/?lang=en

SUSTAINABLE DRAINAGE (SuDS) ENFORCEMENT NOTICES 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.

WARNING:

Your appeal must be received by The Planning Inspectorate within 4 weeks, beginning with the day you were given the Notice by the SuDS Approving Body or Local Planning Authority. (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 <u>must</u> be a person who has been served with the Notice. 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)
Organisation Name (ii applicable)
Reference
C. SuDS APPROVAL BODY (SAB) / LOCAL PLANNING AUTHORITY (LPA)
Name of the SAB or LPA
Type of Notice
(Temp Stop / Enforcement / Stop)
Date of issue of the Notice
Date Notice takes effect
Reference number on the Notice

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? *If yes, please explain	r	
Owner Tenant	Deve	loper
What is your/the appellant's interest in the land?		юрел
If none of those apply did you /the appellant occupy the land under a written	YES	NO*
If none of these apply did you/the appellant occupy the land under a written or oral licence BOTH on the date the Enforcement Notice was issued AND or the date of making the appeal?		
If "NO", what is your/the appellant's involvement in the land?		

E. GROUND AND FACIS	
Please tick which of the following grounds of appear	apply to your case and give facts in
support of each ground chosen.	Name tiek which applies M
a That the SAB's decision to give the notice w	Please tick which applies
a That the SAB's decision to give the notice w	vas based on an error of fact
	Please tick which applies
b That the decision to give the notice was w	rong in law

E. GROUNDS AND FACTS (continued)	
	Please tick which applies 🗹
c That the decision to give the notice was unreasonable	
	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approve	Please tick which applies
d That there is no breach of the requirement for approve	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies
d That there is no breach of the requirement for approva	Please tick which applies

F. PROCEDURE

The procedures for appeals is set out in the Sustainable Drainage (Enforcement) (Wales) Order 2018, and as such 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. We will take in to consideration your views when determining the procedure.

Please tick one box only

do not consider that the written representations procedure is appropriate. do not consider that the written representations procedure is appropriate for the easons given in the box below. I accept that it will be the Inspectorate's discretion is 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. G. APPLICATION FOR AN AWARD OF COSTS YES NO Do you intend to submit a costs application with this appeal? If you feel that a hearing or inquiry is needed please provide your full reasons to the place of th
easons given in the box below. I accept that it will be the Inspectorate's discretion is 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. G. APPLICATION FOR AN AWARD OF COSTS YES NO Do you intend to submit a costs application with this appeal?
easons given in the box below. I accept that it will be the Inspectorate's discretion is 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. G. APPLICATION FOR AN AWARD OF COSTS YES NO Do you intend to submit a costs application with this appeal?
if you feel that a hearing or inquiry is needed please provide your full reasons pelow, including the likely number of days you feel that the event will last and how many witnesses you intend to call. G. APPLICATION FOR AN AWARD OF COSTS YES NO Do you intend to submit a costs application with this appeal?
S. APPLICATION FOR AN AWARD OF COSTS Oo you intend to submit a costs application with this appeal?
S. APPLICATION FOR AN AWARD OF COSTS YES NO Do you intend to submit a costs application with this appeal?
S. APPLICATION FOR AN AWARD OF COSTS Oo you intend to submit a costs application with this appeal?
G. APPLICATION FOR AN AWARD OF COSTS YES NO Do you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
YES NO you intend to submit a costs application with this appeal?
Do you intend to submit a costs application with this appeal?
yes, please explain below. Please continue on a separate sheet if hecessary

H. PLAN	NING PERMISSION		
		Yes	No
Is plannir	ng permission required for the development?		
_	e details regarding the status of any related planning application/ appeal, number, if known.	includ	ing
	TIAL SUPPORTING DOCUMENTS		
	ments listed below must be sent with your appeal form. If we do r ppeal documents by the end of the appeal period, we will not deal		
Please tic	k the boxes to show which documents you are enclosing.		
1 A C	opy of the enforcement notice and plan issued by the SAB/LPA.		
	opy of any related stop notice or temporary stop notice issued by the B/LPA.		
3 A C	opy of any other relevant correspondence with the SAB/LPA.		

Personal Details (these will not be made publicly available)

1. Appellant pers	onal details	
Address		
Postcode		
Daytime Telephone		
Daytime relephone		
E-mail		
	English	Welsh
Language Preferer	ice	
	E-mail	Post
I prefer to be cont		1 050
2		
2. Agent persona	i details (if any)	
Address		
Postcode		
rusicode		
Daytime Telephone		
Daytime Telephone		
Daytime Telephone		
Daytime Telephone E-mail	English	Welsh
Daytime Telephone		Welsh
Daytime Telephone E-mail		Welsh



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)

PLEASE SIGN BELOW $\overline{\mathsf{V}}$ Please tick all boxes I confirm that all sections have been fully completed to the best of my knowledge and all the supporting documents are enclosed with this form. I confirm that I have sent a copy of this appeal form and all relevant documents to the SAB/LPA (if you do not your Appeal will not normally be accepted). I understand that you may use the information I have given for official purposes in connection with the Flood and Water Management Act 2010 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@planninginspectorate.gov.uk

Helpline: 0303 444 5940

Please keep a copy for your records

1 COPY to the SAB/LPA

Send a copy of the appeal form to the address from which the Enforcement Notice was sent (or to the address shown on any letters received from the SAB/LPA).

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.

© Crown copyright 2019

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit http://www.nationalarchives.gov.uk/doc/open-government-licence/ or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or e-mail: psi@nationalarchives.gsi.gov.uk. Any enquiries regarding this document/publication should be sent to us at the address above or e-mail: wales@planninginspectorate.gov.uk