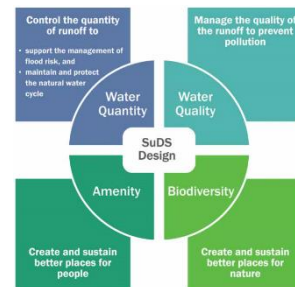




Flood & Water Management Act 2010

Schedule 3 Sustainable Drainage

SuDS Scheme Application for SuDS Approving Body (SAB) Approval – Wales



Application form for approval of details required by Conditions, in accordance with The Sustainable Drainage (Approval and Adoption Procedure) (Wales) Regulations 2018

(To complete & return)

This form is based on the requirements provided by Welsh Government for the sole purpose of submitting information to the SuDS Approving Body (SAB) in accordance with the legislation referred to in in [Guidance on Making SuDS Applications for SAB Approval](#), 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 SAB in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the SAB to inform you of its obligations in regard 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.

We will process the information you provide so that we can deal with your application. We may also process or release the information to offer you documents or services relating to environmental matters and consult the public, public organisation and other organisations; provide information from the public register to anyone who asks or prevent anyone from breaking environmental law, investigate cases where environmental law may have been broken and take any action that is needed, and respond to requests for information under the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 (if the Data Protection Act allows).

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 SAB directly.

If printed, please complete using block capitals and black ink prior to submitting to the SAB.

ALL sections of this form MUST be fully completed

- 1. Applicant Details**
- 2. Description of Your Proposal**
- 3. Pre-Advice**
- 4. Discharge of Condition(s)**
- 5. Application Checklist**
- 6. Declaration**

When you have completed the application form please convert it to pdf and submit the form and associated documents to:

Electronically: sab@monmouthshire.gov.uk

**Postal: SuDS Approving Body, Monmouthshire County Council, County Hall,
The Rhadyr, Usk, NP15 1GA**

If you are not sure about anything contained in the application form, please contact us.

1. Applicant Details

Applicant Name and Address

Title and Name		
Company		
Suffix (unit/name/number)		
Address line 1		
Address line 2		
Address line 3		
Town		
County		
Postcode		
Phone number	Mobile	
	Works	
	Home	
e-mail address		

Agent Name and Address

Title and Name		
Company		
Suffix (unit/name/number)		
Address line 1		
Address line 2		
Address line 3		
Town		
County		
Postcode		
Phone number	Mobile	
	Works	
	Home	
e-mail address		
Preferred contact	Applicant	Agent

2. Description of Your Proposal

Please provide a description of the SAB approved development as shown on the decision letter, including the application reference number and date of the decision, in the sections below:					
Reference number		Date	DD	MM	YYYY
Please state the condition number(s) to which this application relates:					
Has the development already started?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If "Yes", please state the date development started		DD	MM	YYYY	
Has the development been completed?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If "Yes", please state the date the development was completed		DD	MM	YYYY	

3. Pre-Advice

Has any prior advice been sought from the SAB about this application?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If Yes, please complete the following information about the advice you were given.					
Officer Name					
Reference number		Date	DD	MM	YYYY
Details of pre-application advice received					

4. Discharge of Condition(s)

Please provide a full description and/or list of materials/details that are being submitted for approval below:

5. Application Checklist

Please complete the following checklist and make sure you have read the Guidance on Making SuDS Applications for SAB Approval, and provided all the necessary information in support of your application:	
Completed and dated Application form.	Yes <input type="checkbox"/>
Necessary plans and drawings to be submitted in support of this application.	Yes <input type="checkbox"/>
Specific information and evidence in support of this application.	Yes <input type="checkbox"/>

6. Declaration

I/ we hereby apply for approval of details reserved by condition(s) as described in this form, and the accompanying plans/drawings and additional information. I confirm that I have read and complied with the [Statutory National Standards for Sustainable Drainage Systems \(SuDS\) for Wales](#), and, to the best of my knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person giving them.

Form completed by	
Signature	
Qualification of person responsible for signing off this application	
Company	
On behalf of (Client's details)	
Date	

Disclaimer

Information provided on this form and in supporting documents may be published on the SABs SuDS register and website and be made publicly available.