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HAZARDOUS SUBSTANCES CONTRAVENTION NOTICE 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 before the date on which the Hazardous Substances Authority has stated the Contravention Notice will take effect. We have no power to extend the deadline (*NOTE: If any of the "Essential supporting documents" listed in Section 1 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** be a person who has been served with the Contravention 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)	
Reference	

C. HAZARDOUS SUBSTANCES AUTHORITY (HSA)

Name of the HSA	
HSA's reference number	
Date of the Contravention Notice	
Date Contravention Notice takes effect	

D. APPEAL SITE ADDRESS

Address	
Postcode	

What is your interest in the land?

Owner

Occupier

Tenant

Lessee

	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 F)</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 on the following grounds:

Please tick which applies



1.	The matters alleged to constitute a contravention of hazardous substances control have not occurred	
2.	Those matters (if they occurred) do not constitute a breach of hazardous control	
3.	Copies of the hazardous substances notice were not served as required by section 24 of the Planning (Hazardous Substance) (Wales) Act 1990	
4.	The steps required by the notice to be taken exceed what is necessary to remedy any breach of contravention of hazardous substances control stated in the notice	
5.	The period specified in the notice (to comply with the steps to be taken) falls short of what should reasonably be allowed	

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 reason(s) for given in the Notice, and explain why you disagree. Please refer to our Procedural Guide for Wales for further information.

Please continue on a separate sheet if necessary

Large empty grey rectangular area for providing information or comments.

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.

Large empty grey rectangular area for providing reasons for a hearing or inquiry.

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H. COSTS (see guidance for further information)

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

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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.

1	Contravention Notice issued by the HSA	<input type="checkbox"/>
2	All other relevant correspondence with the HSA	<input type="checkbox"/>
3	Any other documents, material and evidence you wish to reply on	<input type="checkbox"/>

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

1. Appellant personal details

Address	
Postcode	
Daytime Telephone	
E-mail	

	English	Welsh
Language Preference		

	E-mail	Post
I prefer to be contacted by		

2. AGENT PERSONAL DETAILS (if any)

Address	
Postcode	
Daytime Telephone	
E-mail	

	English	Welsh
Language Preference		

	E-mail	Post
I prefer to be contacted by		

 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 the form on Page 7

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

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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