



## Application for Planning Permission. Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://www.planningportal.gov.uk/apply)

### Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

### 1. Applicant Name and Address

Title:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

### 2. Agent Name and Address

Title:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

PROPOSED RESIDENTIAL DEVELOPMENT COMPRISING 222 No. DWELLINGS AND ASSOCIATED INFRASTRUCTURE, LANDSCAPING AND BOUNDARY TREATMENTS, TOGETHER WITH NEW AND REVISED PARKING FACILITIES FOR THE TRINITY MEDICAL CENTRE AND ST. GEORGE'S MEDICAL CENTRE, STOPPING UP OF EXISTING HIGHWAYS AND PROPOSED NEW BUS LAY-BY ON WESTERN APPROACH

South Tyneside Council  
Planning Group  
Received 23/01/13  
ST/0081/13/FUL

Has the building, work or change of use already started?  Yes  No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):  (date must be pre-application submission)

Has the building, work or change of use been completed?  Yes  No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):  (date must be pre-application submission)

#### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference.  
(must be completed if postcode is not known):

Easting:  436093 Northing:  566083

Description:

TRINITY SOUTH, BORDERED BY LAYGATE, ELDON STREET, REED STREET AND WESTERN APPROACH, TO INCLUDE SOUTHERN SECTION OF FREDERICK STREET AND PART NEW GEORGE STREET

#### 5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?  Yes  No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name:

HELEN LYNCH

Reference:

Date (DD/MM/YYYY):  
(must be pre-application submission)

29/11/2012

Details of pre-application advice received?

MEETING WITH HELEN LYNCH AND HELEN KELLY ON 29 NOVEMBER 2012

#### 6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?  Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No

Are there any new public roads to be provided within the site?  Yes  No

Are there any new public rights of way to be provided within or adjacent to the site?  Yes  No

Do the proposals require any diversions /extinguishments and/or creation of rights of way?  Yes  No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

REFER SITE LAYOUT, DRAWING NO. M90:136/SL002 AND STOPPING UP PLAN, DRAWING NO.M90:136/PL006

#### 7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No

If Yes, please provide details:

REFER SITE LAYOUT, DRAWING NO. M90:136/SL002 FOR LOCATION OF WHEELIE BINS AND COLLECTION AREAS WHERE REQUIRED

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No

If Yes, please provide details:

AS ABOVE

#### 8. Authority Employee / Member

With respect to the Authority, I am: (a) a member of staff  
(b) an elected member  
(c) related to a member of staff  
(d) related to an elected member

Do any of these statements apply to you?  Yes  No

If Yes, please provide details of the name, relationship and role

## 9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	BRICK (FREDERICK STREET)	FACING BRICKS, RENDER AND WEATHER BOARDING - REFER TO ATTACHED SCHEDULE	<input type="checkbox"/>	<input type="checkbox"/>
Roof	SLATE / CONCRETE TILE (FREDERICK STREET)	CONCRETE ROOFING TILES - SLATE GREY AND TERRACOTTA	<input type="checkbox"/>	<input type="checkbox"/>
Windows	TIMBER / UPVC (FREDERICK STREET)	UPVC - GREY	<input type="checkbox"/>	<input type="checkbox"/>
Doors	DITTO	REFER TO ATTACHED SCHEDULE	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	WALLING / FENCING (FREDERICK STREET)	REFER DRAWING NUMBERS M90:136/BT001 AND BT002	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing	PART FREDERICK STREET	REFER DRAWING NO. M90:136/SL002 AND SOUTHERN GREEN DRAWING NUMBERS 692_003 REV A AND 692_004 REV A	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	DITTO	LIGHTING TO SOUTH TYNESIDE COUNCIL ADOPTION STANDARDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

Yes

No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

REFER TO SCHEDULES OF FACING MATERIALS, FACING MATERIALS KEY PLAN AND ROOFING STRATEGY PLAN  
FACING MATERIALS ALSO SHOWN IN HOUSE TYPE DRAWINGS AND STREETSCAPES

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	UNKNOWN	TOTAL 434, TO INCLUDE ON PLOT, VISITORS PARKING AND GARAGES	
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces		ON PLOT PROVISION	
Other (e.g. Bus)			
Other (e.g. Bus)			

### 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer  Cess pit  
 Septic tank  Other  
 Package treatment plant

Are you proposing to connect to the existing drainage system?  Yes  No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

REFER TO ATTACHED CORRESPONDENCE FROM NWL

### 12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

- Yes  No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  No

Will the proposal increase the flood risk elsewhere?  Yes  No

How will surface water be disposed of?

- Sustainable drainage system  Existing watercourse  
 Soakaway  Pond/lake  
 Main sewer

### 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

c) Features of geological conservation importance:

- Yes, on the development site  
 Yes, on land adjacent to or near the proposed development  
 No

### 14. Existing Use

Please describe the current use of the site:

MOSTLY VACANT, (FORMER FACTORY SITE), PART RETAIL ON FREDERICK STREET AND PARKING AREAS FOR DOCTORS SURGERIES (NEW GEORGE STREET)

Is the site currently vacant? (PART)  Yes  No

If Yes, please describe the last use of the site:

FORMER FACTORY SITE

When did this use end (if known)?  
DD/MM/YYYY   
(date where known may be approximate)

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated?  Yes  No

Land where contamination is suspected for all or part of the site?  Yes  No

**REFER TO SITE INVESTIGATION**

A proposed use that would be particularly vulnerable to the presence of contamination?  Yes  No

### 15. Trees and Hedges

Are there trees or hedges on the proposed development site?  Yes  No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?  Yes  No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to construction - Recommendations'.

### 16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?  Yes  No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

### 17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:


 No

#### Proposed Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>		40	119	19		178
Flats and maisonettes	<input type="checkbox"/>		24				24
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a + b + c + d + e + f + g) =</b>							A

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>		12	6	2		20
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a + b + c + d + e + f + g) =</b>							B

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a + b + c + d + e + f + g) =</b>							C

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a + b + c + d + e + f + g) =</b>							D

**Total proposed residential units (A + B + C + D) =** 222

#### Existing Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a + b + c + d + e + f + g) =</b>							E

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a + b + c + d + e + f + g) =</b>							F

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a + b + c + d + e + f + g) =</b>							G

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a + b + c + d + e + f + g) =</b>							H

**Total existing residential units (E + F + G + H) =**

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):** 222

### 18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?  Yes  No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	Shops	<input type="checkbox"/>				
	Net tradable area:	<input type="checkbox"/>				
A2	Financial and professional services	<input type="checkbox"/>				
A3	Restaurants and cafes	<input type="checkbox"/>				
A4	Drinking establishments	<input type="checkbox"/>				
A5	Hot food takeaways	<input type="checkbox"/>				
B1 (a)	Office (other than A2)	<input type="checkbox"/>				
B1 (b)	Research and development	<input type="checkbox"/>				
B1 (c)	Light industrial	<input type="checkbox"/>				
B2	General industrial	<input type="checkbox"/>				
B8	Storage or distribution	<input type="checkbox"/>				
C1	Hotels and halls of residence	<input type="checkbox"/>				
C2	Residential institutions	<input type="checkbox"/>				
D1	Non-residential institutions	<input type="checkbox"/>				
D2	Assembly and leisure	<input type="checkbox"/>				
OTHER		<input type="checkbox"/>				
Please Specify		<input type="checkbox"/>				
Total						

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please Specify		<input type="checkbox"/>			

### 19. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

### 20. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

### 21. Site Area

Please state the site area in hectares (ha)

## 22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development?  Yes  No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?  Yes  No  Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>

Other:

Other:

Amount (tonnes):

Amount (tonnes):

## 24. Ownership Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form

### CERTIFICATE OF OWNERSHIP - CERTIFICATE A

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which the application relates.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):




### CERTIFICATE OF OWNERSHIP - CERTIFICATE B

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/ The applicant certifies that I have/ the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which this application relates.

Name of Owner	Address	Date Notice Served
HEAD OF ASSETS MANAGEMENT AND ESTATE AND VALUATIONS MANAGER	SOUTH TYNESIDE COUNCIL - TOWN HALL AND CIVIC OFFICES WESTOE ROAD, SOUTH SHIELDS, TYNE AND WEAR NE33 2RL	23/01/2013
TRINITY MEDICAL CENTRE	SEE ATTACHED LIST	23/01/2013
ST. GEORGE'S MEDICAL CENTRE	SEE ATTACHED LIST	23/01/2013
OWNERS OF PROPERTIES ON PART FREDERICK STREET	SEE ATTACHED LIST	23/01/2013

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):




### CERTIFICATE OF OWNERSHIP - CERTIFICATE C

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

The steps taken were:

Name of Owner	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):



## 24. Ownership Certificates (continued)

### CERTIFICATE OF OWNERSHIP - CERTIFICATE D

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 25. Agricultural Land Declaration

### AGRICULTURAL LAND DECLARATION

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

23/01/2013

(B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

## 26. Planning 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.

The original and 3 copies of a completed and dated application form:



The correct fee:



The original and 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:



The original and 1 copy of a design and access statement, if required (see help text and guidance notes for details):



The original and 1 copy of other plans and drawings or information necessary to describe the subject of the application:



The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable):



Together with a CD containing all of the information submitted

The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):



### 27. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Date (DD/MM/YYYY):

23/01/2013

(date cannot be pre-application)

### 28. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

### 29. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:  
 0191 261 4442

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

jane.massey@idpartnership-northern.com

### 30. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?



Yes

No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)



Agent

Applicant

Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: