

Planning Group

South Tyneside Council, Town Hall & Civic Offices, Westoe Road, South Shields, Tyne and Wear, NE33 2RL Email: planningapplications@southtyneside.gov.uk Tel: 0191 424 7421

Application for a non-material amendment following a grant of planning permission. **Town and Country Planning Act 1990**

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			2. Agent Name	and Address
Title:	MR First name: STEVE.		Title:	First name:
Last name:	RUTHERFORD.		Last name:	
Company (optional):			Company (optional):	
Unit:	House number: House suffix:		Unit:	House number:
House name:	1		House name:	
Address 1:	EUSON ST.		Address 1:	
Address 2:	HEBBURN		Address 2	and the state of t
Address 3:			Address 3:	
Town:	HEBBURN.		fown:	
County:	TYNE & WEAR.		County:	
Country:	·		Country:	
Postcode:	NESTIBW	$\ $	Postcode;	

go	14444
Title:	First name:
Last name:	
Company (optional):	
Unit:	House suffix:
House name:	
Address 1:	
Address 2	
Address 3:	
fown:	
County:	
Country:	
ostcode;	

3. Site Address Details		4. Pre-application Advice						
Please provide the full postal address	s of the application site.	Has assistance or prior advice bee authority about this application?	"					
Unit: House number:	House suffix:	authority about this application	Yes V No					
House name:	J SUITA.	If Yes, please complete the follow you were given. (This will help the	ing information about the advice					
Address 1: EUSON	S I	application more efficiently).						
Address 2:		Please tick if the full contact detail known, and then complete as mu	ls are not ch as possible:					
Address 3:		Officer name:						
Town: HEBBJ	RN	Reference:						
County:	The state of the s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Postcode N 2 1 1 0 1 1	promise and a second a second and a second and a second and a second and a second a		^^^					
(optional): OVI Description of location or a grid reference	oneo.	Date of advice (DD/MM/YYYY):						
(must be completed if postcode is no	it known):	Details of pre-application advice received:						
	orthing:							
Description:								
5. Eligibility								
and the state of t								
Do you, or the person on whose bena-	Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates? Yes No							
have an interest in the part of the land		If you have answered No to this question, you cannot apply to make a non-material amendment.						
have an interest in the part of the land	is question, you cannot	apply to make a non-materia	il amendment.					
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7. Description Of Your Proposal
Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:
BUILD ABOVE EXISTING GARAGE.
BRING GARAGE FORWARD.
Reference number: Date of decision (DD/MM/YYYY):
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') HOUSEHOUGE.
For the purpose of calculating fees, which of the following best describes the original application type?
Householder development: development to an existing dwelling-house or development within its curtilage
Other: anything not covered by the above category
8. Non-Material Amendment(s) Sought
Please describe the non-material amendment(s) you are seeking to make:
NOT TO CONTEMPORE THE CONTROL GOOD
NOT TO CONSTRUCT THE GROUND FLOOR PART OF THE PROPOSED EXTENSION.
PARCE OF THE PROPOSED EXTENSION.
Are you intending to substitute amended plans or drawings?
If Yes, please complete the following:
Old plan/drawing number(s):
164 EUISON ST. AI PLANS.
New plan/drawing number(s):
164 GUISON ST AT PLANS REVA.
Please state why you wish to make this amendment:
Cost.

9. 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 not being accepted. It will not be accepted 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 original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:					
The correct fee:					
10. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 25/01/15					
	(42 Front Contact Potalic				
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):				
13. Site Visit Can the site be seen from a public road, public footpath, bridleway or other public land? 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:				

Emall address: