

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 approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting 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		2. Agent Name and Address	
Title:	MR First name: TERRY	Title:	MR First name
Last name:	SHAW	Last name:	BRAIM
Company (optional):	MUSE DEVELOPMENTS	Company (optional):	THE HARPIS P
Unit:	House number: 4 House suffix:	Unit:	House number:
House name:	FOUNTAIN HOUSE	House name:	ST JOHNS N
Address 1:	SOMTH PALADE	Address 1:	ST JOHNS N
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	LEEDS	Town:	MAKEPIEUD
County:	WEST YORKSHIPE	County:	WEST YORKS
Country:	ENGLAND.	Country:	ENGLAND
Postcode:	LSI SQX	Postcode:	WFI 3QA

Title:	MR First name: CARL		
Last name:	BRAIM		
Company (optional):	THE HARPIS PARTNERSHIP		
Unit:	House number: 2 House suffix:		
House name:	ST JOHNS NOLTH		
Address 1:	ST JOHNS NOLTH		
Address 2:			
Address 3:			
Town:	WAKEFIELD		
County:	WEST YORKSHIPE		
Country:	ENGLAND		
Postcode:	WFI 3QA		

3. Site Address Details	4. Pre-application Advice			
Please provide the full postal address of the application site. Unit: House House	Has assistance or prior advice been sought from the local authority about this application?			
House suffix:	If Yes, please complete the following information about the advice			
name:	you were given. (This will help the authority to deal with this			
Address 1: MAPKET PLACE	application more efficiently). Please tick if the full contact details are not			
Address 2: CHURCH WAY	known, and then complete as much as possible:			
Address 3:	Officer name: CHRIS MATTEN			
Town: SOUTH SHIELDS	Reference:			
County: TYNE AND WEAR	_			
Postcode (optional):	Date (DD/MM/YYYY): (must be pre-application submission)			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?			
Easting: 436068 Northing: 567127	ONGOING PLANNING CONSULTATION.			
Description:				
5. Description Of Your Proposal				
Please provide a description of the approved development as shown and date of decision in the sections below: REMODELLING OF MAPKET PLACE AND				
CANOPY STRUCTURE				
Reference number: 5T/0651/14/LAA Date of decision: 02/10/2014 (Date must be pre-application submission) (DD/MM/VVVV)				
Reference number: ST 0651 14 LAA Date of decision: Please state the condition number(s) to which this application relate	submission) (DD/MM/YYYY)			
1. CONDITION 4.	6.			
2.	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application			
If Ves, please state when the development was completed (DD/MM/VVVV). (date must be pre-application				
submission)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details that are being submitted for approval:				
ARCHAEOLOGICAL EVALUATION FOR THE MARKET SQUARE PREPARED BY PRE-LONSTRUCT ARCHAEOLOGY				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:				

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposai. 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:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:				
The correct fee:					
9. 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):					
04.62.2015 (date cannot be pre-application)					
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: Extension number: Ol924 291 800 Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):				
12. Site Visit Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Email address:	other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:				