

Area Planning Group

2. Agent Name and Address

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

Householder Application for Planning Permission for works or extension to a dwelling. 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

Publication of applications on planning authority websites

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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.

First name:

1. Applicant Name and Address

Title:

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

Last name TAYLOR	Last name: HOKTON
Company (optional):	Company (optional):
Unit: House number: 154 House suffix:	Unit: House House suffix:
House name:	House name:
Address 1: TALBOT ROAD	Address 1: 62 GARDEN LANE
Address 2:	Address 2:
Address 3:	Address 3:
Town: GOUTH SHIELDS	Town: SOUTH SHIELDS
County: TYNE & WEAR	County: TYNE & WEAR
Country: ENGLAND	Country: ENGLANP
Postcode: NE34 OLG	Postcode: NE33 1PS
3. Description of Proposed Works	
Please describe the proposed works:	
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JULIET BALCONY TO F	
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South 1	
6	-5 FEB 2015
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AR	EAPLANNING
	\$Date:: 2010-09-10#\$ \$Revision: 2998 \$

3. Description of Proposed Works (continued)	
Has the work already started?	
f Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
f Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site. Unit: House number: 154 House suffix:	Is a new or altered vehicle access proposed to or from the public highway? Yes No
House name:	Is a new or altered pedestrian access proposed to or from the public highway? Yes No
Address 1: TALBOT ROAD	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: SOUTH SHIELDS	
County: TYNE & WEAR	
Postcode (optional): NE34 ORG	
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 possible: Officer name:	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Reference:	Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No
Date (DD MM YYYY): (must be pre-application submission)	order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s).
Details of the pre-application advice received:	drawing(s) and indicate the scale.
8. Parking	9. Authority Employee / Member
Will the proposed works affect existing car parking arrangements? Yes No	With respect to the Authority, I am: (a) a member of staff (b) an elected member Do any of these statements apply to you?
If Yes, please describe:	(c) related to a member of staff (d) related to an elected member
	If Yes, please provide details of the name, relationship and role

	Existing (where applicable)	Proposed	Not applicable	Do Kn
Walls	PARIC REP FACING BRICKS	N/A		E
Roof	CREY QUARRY SLATE	N/A		E
Windows	PAINTER TIMBER	WHITE UPVC		
Doors	PAINTER TIMBEL	WHITE UPVC		
Boundary treatments (e.g. fences, walls)	BRIEK WALLS	~/A		L
Vehicle access and hard-standing	CONCLETE	NIA		
Lighting	ELECTRIC	ELECTRIC		
Others (please specify)	~/A	N/A		E
If Yes, please state refe	itional information on submitted plan(s)/drawing(rences for the plan(s)/drawing(s)/design and access 2015-003, \$HEET	s statement	Yes [

	Agricultural Land Declaration completed, together with the Agricultural Holdings Certi	ficate with this application form
	CERTIFICATE OF OWNERSHIP - CERTIFICATE A	incace with this application form
certify/The applicant certifies that on the wner (owner is a person with a freehold in which the application relates, and that no IOTE: You should sign Certificate B, C of application relates but the land is, or is "owner" is a person with a freehold interes	velopment Management Procedure) (England) Order 2019 ed by 21 days before the date of this application nobody excepterest or leasehold interest with at least 7 years left to run) of any one of the land to which the application relates is, or is part of the land to which the application relates is, or is part of the land of the l	ept myself/ the applicant was the y part of the land or building to , an agricultural holding** or building to which the
igned - Applicant:	Or signed -Agent:	Date (DD/MM/YYYY)
		3-2-2015
pplication relates. "owner" is a person with a freehold interes * "agricultural tenant" has the meaning giv	st or leasehold interest with at least 7 years left to run. even in section 65(8) of the Town and Country Planning Act 1990	
Name of Owner / Agricultural Tenant	Addroice	Date Notice Served
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Name of Owner / Agricultural Tenant		Date Notice Served
Name of Owner / Agricultural Tenant		Date Notice Served
Name of Owner / Agricultural Tenant		Date Notice Served
Name of Owner / Agricultural Tenant		Date Notice Served
Name of Owner / Agricultural Tenant Signed - Applicant:		Date Notice Served Date (DD/MM/YYYY)

 Neither Certificate A or B can be iss All reasonable steps have been taken 	CERTIFICATE OF OWNERSHIP - CE lopment Management Procedure) (I ued for this application en to find out the names and address it, but I have/ the applicant has to	RTIFICATE C England) Order 2010 Certifies es of the other owners* and/ unable to do so.	
Name of Owner/ Agricultural Tenant	Address		Date Notice Served
			1.00
Notice of the application has been publishe (circulating in the area where the land is situ	d in the following newspaper vated):	On the following date (than 21 days before the	which must not be earlier date of the application):
7			
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
Town and Country Planning (Develor certify/ The applicant certifies that: Certificate A cannot be issued for this All reasonable steps have been taken date of this application, was the own have/ the applicant has been unable "owner" is a person with a freehold interest or "agricultural tenant" has the meaning given if the steps taken were:	s application In to find out the names and addresses Items and/or agricultural tenant** of an	of everyone else who, on the sy part of the land to which t	
Notice of the application has been published circulating in the area where the land is situa	in the following newspaper ated):	On the following date (w than 21 days before the	which must not be earlier date of the application):
igned - Applicant:	Or signed - Agent:	<u> </u>	Date (DD/MM/YYYY):
			Date (DD/MIN/TTT).
he original and 3 copies of a plan which dentifies the land to which the application elates drawn to an identified scale	ure you have sent all the information i	The correct fee: The original and a completed, dates	Il information required by If copies of the downership for D - as applicable):
lescribe the subject of the application:		completed, dated (Agricultural Hold	Article 12 Certificate

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Signed - Applicant:	Or signed - Agept:		Date (DD/MM/YYY	
		· -	- 3-2-201	(date cannot b
14. Applicant Contact Details		15. Agent Co	ontact Details	
Telephone numbers		Telephone num	bers	
Country code: National number:	Extension number:	Country code:	National number:	Extension number:
Country code: Mobile number (cartians	D:	Country code:	Mobile number (optional):	
Country code: Fax number (optional):		Country code:	Fax number (optional):	
Email address (optional):		Email address (d	optional): 🛒	
16. Site Visit Can the site be seen from a public road, p	ublic footpath, bridleway o	r other public land	? √Yes □ No	
f the planning authority needs to make arout a site visit, whom should they contact	appointment to carry (Please select only one)	Agent	Applicant Other ((if different from the applicant's details)
f Other has been selected, please provide Contact name:		Telephone num	ber:	