

## **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 prior notification of proposed demolition.

Town and Country Planning (General Permitted Development) Order 1995 Schedule 2 Part 31

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:	First name:	Title: MR First name: PAUL
Last name:		Last name: QUINN
Company (optional):	SOUTH TYNESIDE COUNCIL	Company (optional): SOUTH TYNESIDE COUNCIL
Unit:	House number: House suffix:	Unit: House number: House suffix:
House name:	TOWN HALL & CIVIC OFFICE	House name: MAWTHORNE HOUSE
Address 1:	WESTOR ROAD	Address 1: ROLLING MILL ROAD
Address 2:		Address 2: VIKING IND. PARK
Address 3:		Address 3:
Town:	SOUTH SHIELDS	Town: JARROW
County:	TYNE & WEAR	County: TYNE AND WEAR
Country:	UK	Country: VK
Postcode:	NE33 2RL	Postcode: NE32 3DA

3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?				
Unit: House House suffix:	authority about this application?				
House name: KELLY HOUSE,	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address : PROBATION OFFICE, &	application more efficiently).  Please tick if the full contact details are not				
Address 2: ADULT TRAING CENTRE,	known, and then complete as much as possible:				
Address 3: CAMPBELL RARK RD	Officer name:				
Town: HEBBURN	Deference				
County: TYNE AND WEAR	Reference:				
Postcode (optional): NE31 25N, NE31 2ST	Date (DD/MM/YYYY):				
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)				
Easting: Northing:	Details of pre-application advice received?				
Description:					
COMMERCIAL PROPERTIES					
PROVIDING BOCIAL CARE SERVICES, PROBATION SERVICES					
AND ADULT TRAINING SERVICES					
5. Proposed Demolition Works					
Please describe the building(s) to be demolished:	PINTIONS LITTLE				
Please describe the building(s) to be demolished:  SINGLE & TWO STOREY FRAME	CONSTRUCTION WITH				
MASONRY AND GLAZED INK	DOX CONSTRUCTION.				
BUILDINGS SUPPLUS TO P	RAVIREMENTS AND TO				
MAKE WAY FOR AREA RE.	-DEUELOPMENT				
Please describe the proposed method of demolition:					
SEQUENTAL DISMANTLINE	G TECHNIQUES USING				
HAND TOOLS, MECHANICAL 1	FOOLS AND A 360° EXCAVATOR				
Please provide details of the proposed restoration of the site:					
BUILDING PLOTS TO BE TOF	SOILED AND GRASS SEEDA				
WITH A PERIMETER TIMBER BIRDS	MOUTH KNEE PATT FENCING				
Please state the expected date of commencement of works (DD/MM/YYYY): 16.03-2015 DATE MUST BE POST SUBMISSION					
Please state the expected date of completion of works (DD/MM/YYYY): 30.06.2015 DATE MUST BE POST SUBMISSION					
Are there any public rights of way within the site or immediately adjoining the site?					
Is redevelopment or rebuilding proposed at a later date?					
Does the proposal involve the felling or pruning of any tree(s)?					
If Yes, please show details on a plan and provide the reference num	ber of the plan(s):				
1.0	4.				
2.	5.				
3.	6.				
Please describe how and where spoil/rubble would be disposed:					
Please describe how and where spoil/rubble would be disposed:  ALL ARISING MATERIALS ARE SORTED FOR  RE-CYCLING AND RE-USE. NON-RECYABLES WILL  BE SENT TO LAND FILL.					
RE-CUILING AND RE-USE, NON-RECYABLES WILL					
BE SENT TO LAND FILL.					

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6. Planning Application Requirements - Checklist			
Please read the following checklist to make sure you have sent all the information required will result in your application being deemed in the Local Planning Authority has been submitted.	ne information in support of your proposal. Failure to submit all novalid. It will not be considered valid until all information required by		
The original and 3 copies of a completed and dated application form	n: The correct fee:		
The original and 3 copies of a plan which identifies the land to which application relates drawn to an identified scale and showing the dire	h the ection of North:		
7. Declaration  I/we hereby apply for planning permission/consent as described in a information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.	this form and the accompanying plans/drawings and additional by facts stated are true and accurate and any opinions given are the		
Signed - Applicant:	Or signed - Agent:		
Date (DD/MM/YYYY):	700%		
17.02.2015 (date cannot be pre-application)			
8. Applicant Contact Details	9. Agent Contact Details		
Telephone numbers	Telephone numbers		
Country code: National number: Extension number:	Country code: National number: Extension number:		
	0191424 7633 7633		
Country code: Mobile number (optional):	Country code: Mobile number (optional):		
	07831510713		
Country code: Fax number (optional):	Country code: Fax number (optional):		
Email address (optional):	Email address (optional):		
Email address (epitema)	paul-grinnesouthtyneside.gov.		
10. Site Visit Can the site be seen from a public road, public footpath, bridleway or	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  agent/applicant's details)			
Contact name:	Telephone number:		

Email address:

