



Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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.

1. Applicant Name, Address and Contact Details

Title: First name: Surname:

Company name:

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number:

Country Code	National Number	Extension Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile number:

Country Code	National Number	Extension Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fax number:

Country Code	National Number	Extension Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address:

Are you an agent acting on behalf of the applicant? Yes No

2. Agent Name, Address and Contact Details

Title: First Name: Surname:

Company name:

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number:

Country Code	National Number	Extension Number
<input type="text"/>	<input type="text" value="01642 712684"/>	<input type="text"/>

Mobile number:

Country Code	National Number	Extension Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fax number:

Country Code	National Number	Extension Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email address:

3. Site Address Details

Full postal address of the site (including full postcode where available)

Description:

House:	<input type="text"/>	Suffix:	<input type="text"/>
House name:	South Tyneside District Hospital		
Street address:	Harton Lane		
Town/City:	South Shields		
County:	South Tyneside		
Postcode:	NE34 0PL		

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

Easting:	436700
Northing:	564300

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes No

5. Description of Proposal

Please provide a description of the approved development as shown on the decision letter:

Demolition of existing single storey estates building and construction of two storey Integrated Care Service Hub with vehicle access and car parking from McAnany Avenue. Additional parking area for staff from existing Harton Lane access. Boundary wall to be replaced with railings.

Application reference number: Date of decision:

Please state the condition number(s) to which this application relates:

Condition number(s):

Has the development already started? Yes No If Yes, please state when the development was started:

Has the development been completed? Yes No

6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

Details of proposed boundary treatments.
Hard and soft landscaping details.
Acoustic details for the proposed external plant.

7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition?

Yes No

8. 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)

The agent The applicant Other person

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.

Date