



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 2015 Schedule 2, Part 11

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

Title: First name:

Last name:

Company (optional): SOUTH TYNESIDE COUNCIL

Unit: House number: House suffix:

House name: TOWN HALL & CIVIC OFFICES

Address 1: WESTOE ROAD

Address 2:

Address 3:

Town: SOUTH SHIELDS

County: TYNE AND WEAR

Country: UK

Postcode: NE33 2RL

2. Agent Name and Address

Title: MR First name: PAUL

Last name: QUINN

Company (optional): SOUTH TYNESIDE COUNCIL

Unit: House number: House suffix:

House name: TOWN HALL & CIVIC OFFICES

Address 1: WESTOE ROAD

Address 2:

Address 3:

Town: SOUTH SHIELDS

County: TYNE AND WEAR

Country: UK

Postcode: NE33 2RL



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3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: MOUNT BATTEN MEDICAL CENTRE

Address 1: 12 VICTORIA ROAD WEST

Address 2:

Address 3:

Town: HEBBURN

County: TYNE AND WEAR

Postcode (optional): NE31 1LD

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

Easting: Northing:

Description:

SINGLE STOREY STRUCTURE. FORMER MEDICAL CENTRE.

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

If Yes, please complete the following information about the advice 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 as possible:

Officer name:

Reference:

Date (DD/MM/YYYY): (must be pre-application submission)

Details of pre-application advice received?

5. Proposed Demolition Works

Please describe the building(s) to be demolished:

SINGLE STOREY STRUCTURE WITH MASONRY CAVITY WALLS, TIMBER DOUBLE GLAZED WINDOWS, FLAT ROOF AND MONO-PITCH ROOF AREAS.

Please state why demolition needs to take place:

BUILDING SURPLUS TO REQUIREMENTS AND TO MAKE WAY FOR AREA RE-DEVELOPMENT.

Please describe the proposed method of demolition:

SEQUENTIAL DISMANTLING TECHNIQUES USING HAND TOOLS, MECHANICAL TOOLS AND A 360° EXCAVATOR.

Please provide details of the proposed restoration of the site:

BUILDING PLOT TO BE TOP SOILED AND SEEDED WITH A BIRDSMOUTH KNEE RAIL FENCE TO VACANT PLOT.

Please state the expected date of commencement of works (DD/MM/YYYY): 02/11/2015 DATE MUST BE POST SUBMISSION

Please state the expected date of completion of works (DD/MM/YYYY): 18/12/2015 DATE MUST BE POST SUBMISSION

Are there any public rights of way within the site or immediately adjoining the site? Yes No

Is redevelopment or rebuilding proposed at a later date? Yes No

Does the proposal involve the felling or pruning of any tree(s)? Yes No

If Yes, please show details on a plan and provide the reference number of the plan(s):

1.	A1	4.	
2.		5.	
3.		6.	

Please describe how and where spoil/rubble would be disposed:

ALL ARISING MATERIALS ARE SORTED FOR RE-CYCLING AND RE-USE. NON-RECYCABLES WILL BE SENT TO LAND FILL

6. Planning 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 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:

The correct fee:

The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

A statement that a site notice has been posted in accordance with B.2 (b) (iv) of Part 11 of Schedule 2 to the General Permitted Development Order 2015:

In cases where the building is not a community asset and is used for a purpose falling within Class A4 (drinking establishments) of the Schedule to the Use Classes Order, a written request to the local planning authority as to whether the building has been nominated:

7. 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):

(date cannot be pre-application)

8. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

9. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

10. 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)

Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

