

Planning Group

2. Agent Name and Address

MR

First name:

NORMAN

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

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

MS

Title:

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

Last name:	GLEENWOOD	Last name:	SCHOLOGIEZ				
Company (optional):		Company (optional):					
Unit: [House number: 129 House suffix:	Unit:	House number: 38 House suffix:				
House [Leverking axiv to existab grade) comission	House name:	the more principles to be a laborate a section of				
Address 1:	GREENSIDE DRIFT	Address 1:	FINCHALE TORRACE				
Address 2:	WESTOE CLOWN VILLAGE	Address 2:	LOW SIMONSIDE				
Address 3:		Address 3:	9/36/17/20				
Town:	SOUTH SHIEZDS	Town:	JARROW				
County: [Liberar 20,016 10 250 B (05) A baming of beyometer	County:					
Country: [Country:	moschneum nobedikjas-and ad sz				
Postcode: [NE 33 3ND	Postcode:	NE 3237X				
3. Descri	3. Description of Proposed Works						
Please descr	ribe the proposed works:		(121(2) 1 = -1 = 2:				
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		CAPL	ALL CONTRACTOR OF THE PARTY OF				

o. Description of Liphosen Mores (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	Tomas Whomas Francis William
Has the work already been completed?	(date must be pre-application submission)
If 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.	Is a new or altered vehicle access
Unit: House number: 35 House suffix:	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
	Do the proposals require any diversions,
Address 1: THE BROADWAY	extinguishments and/or creation of public rights of way?
Address 2:	If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town: SOUTH SHIELDS	Applicant Wans and Address
County:	L woods ON
Postcode (optional): NE 33 3NH	(The Later Sensor)
(optional): NE 33 3NH	
f Yes, please complete the following information about the advice rou 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:	development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Reference:	The State of the S
Val.	Will any trees or hedges need
Date (DD MM YYYY):	to be removed or pruned in order to carry out your proposal?
must be pre-application submission) Details of the pre-application advice received:	If Yes, please show on your plans which trees by giving them
socials of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale.
3. Parking	Cascription of Proposed Works It so describe the proposed works Cascription of Proposed works Cascription of Proposed works Advisory of the Proposed works Cascription of Proposed Wo
Will the proposed works affect	9. Authority Employee / Member With respect to the Authority, I am:
existing car parking arrangements? Yes No	(a) a member of staff Do any of these (b) an elected member statements apply to you?
f 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

One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or s part of, an agricultural holding**

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.
** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)
I days before the date of this application oplication relates. "owner" is a person with a freehold intere	CERTIFICATE OF OWNERSHIP - CERTIFICATE B evelopment Management Procedure) (England) Order 2015 Ce eve/the applicant has given the requisite notice to everyone else ton, was the owner* and/or agricultural tenant** of any part of the est or leasehold interest with at least 7 years left to run. everyone in section 65(8) of the Town and Country Planning Act 1990	ertificate under Article 14 (as listed below) who, on the da he land or building to which th
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Ma Mas NewHAM	35 THE BROADWAY SOUTHSHIELDS	30/09/2015
110/1/21		
1010 - 2634533704	10 C13 C15	910
igned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)
	The second secon	30/09/2015
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CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application
All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: Name of Owner / Agricultural Tenant **Date Notice Served Address** Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): **CERTIFICATE OF OWNERSHIP - CERTIFICATE D** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the applicant has been unable to do so. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: votice of the application has been published in the following newspaper On the following date (which must not be earlier circulating in the area where the land is situated): than 21 days before the date of the application): Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 12. Planning Application Requirements - Checklist lease read the following checklist to make sure you have sent all the information in support of your proposal. Fallure to submit all nformation required will result in your application being deemed invalid. It will not be considered valid until all information required by he Local Planning Authority has been submitted. The original and 3 copies of a The original and 3 copies of a The correct fee: design and access statement if completed and dated application form: proposed works fail within a conservation area or The original and 3 copies of a plan which The original and 3 copies of the dentifies the land to which the application World Heritage Site, or relate to a completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 elates drawn to an identified scale Listed Building: and showing the direction of North: The original and 3 copies of other plans Certificate (Agricultural Holdings). and drawings or information necessary to describe the subject of the application:

Signed - Applicant:	Or signed Agent		Date (DD/MM/YYYY):	(date cannot b pre-application
Telephone numbers Country code: National number: Country code: Mobile number (optional):	Extension number:	Teiephone numbers Country code: National number: OLGILL83 2438 Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Aastle Poutlock.com		
6. Site Visit Can the site be seen from a public roal I the planning authority needs to malout a site visit, whom should they con Other has been selected, please procontact name:	ke an appointment to carry tact? (Please select only one)	r other public land? Agent Telephone numl	Applicant Other (if dif	ferent from thi icant's details)
mail address:	TELEGRAPH STATE	EXAMPLE TO STA	olamas.	
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