

f Yes, please state the date when the building, work

or change of use was completed: (DD/MM/YYYY):

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

(date must be pre-application submission)

Application for Planning Permission. 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

lease 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.

lease complete using block capitals and black ink. is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application. 2. Agent Name and Address 1. Applicant Name and Address First name: QUENN First name: Title: Title: me Last name: Last name: ENGLISH Company MUPS UTD Company (optional): (optional): House House House Unit: 102-2A Unit: suffix: number: suffix: House House name: name: Address 1: THROCKLEY Address 1: Address 2: MIDDLEFIELD IND COTATE Address 2: Address 3: Address 3: SHIELDS Town: Town: SOUTH TYNE + WEAR County: County: Country: Country: Postcode: N£34 ONO Postcode: 3. Description of the Proposal Please describe the proposed development, including any change of use: USE FROM family entertainment (CLASS CHANGE OF USE FROM Family general industrial (CLASS BZ) X No Has e building, work or change of use already started? Yes f Yes, please state the date when building, (date must be pre-application submission) work or use were started (DD/MM/YYYY): No. las the building, work or change of use been completed? Yes

4. Site Address Details	5. 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 number: House suffix:	
name: VISAGE HOUSE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: TYNE POINT IND ESTATE	application more efficiently). Please tick if the full contact details are not
Address 2: SHAFTSBURY AVE	known, and then complete as much as possible:
Address 3:	Officer name:
Town: SOUTH SHIELDS	
County: TYNE + WEAR	Reference:
Pastendo .	
(optional): NE32 3VP Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	
5. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
s a new or altered vehicle access proposed	Do the plans incorporate areas to store
:o or from the public highway?	and aid the collection of waste? Yes No
s a new or altered pedestrian access proposed to or from	If Yes, please provide details:
:he public highway? Yes No	SKIP + segregated waste streams
Are there any new public roads to be provided within the site? Yes No	
Are there any new public rights of way to be provided within or adjacent to the site?	
within or adjacent to the site? Do 2 proposals require any diversions	Have arrangements been made
'extinguishments and/or reation of rights of way?	for the separate storage and collection of recyclable waste?
If you answered Yes to any of the above questions, please show	If Yes, please provide details:
details on your plans/drawings and state the reference of the plan (s)/drawings(s)	Ves-Environmental legistes + solid
	Yes-Environmental legistes + solid waste management register + segregater waste streams.
	waste streams.
B. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff	Do any of these statements apply to you? Yes No
(b) an elected member	
(c) related to a member of staff (d) related to an elected memb	
If Yes, please provide details of the name, relationship and role	

	Existing (where applicable))	Proposed			Not applicable	Don
Walls		4				×	
Roof						×	
Windows						R	
Doors						Ø	
Boundary treatments (e.g. fences, walls)						Ø	
Vehicle access and hard-standing						×	
Lighting						Ø	
Others (please specify)						Ø	
f please state refe	rences for the plan	(s)/drawing(s)/des	n(s)/drawing(s)/design a ign and access statemer	nt:	Yes	- 2	X No
		Total	d number of on-site park Total proposed	d (including	D fferen		
Type of Vehic Cars	tie	Existing	spaces re	tained)	in space	es	
Light goods veh public carrier ve	icles/	21	0				
public carrier ve Motorcycle		0	0		/		
Disability spa		1	1		/		
Cycle space		15	15		/		
Other (e.g. B	us)	0	0		/	,t	
	us)	0	1				

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the
Mains sewer Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes No
	If Yes, you will need to submit a Flood Risk Assessment to consider
Package treatment plant	the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
If Yes, please include the details of the existing system on the	Will the proposal increase the flood risk elsewhere?
application drawings and state references for the plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
1: Biodiversity and Geological Conservation	14. Existing Use
1: Biodiversity and Geological Conservation	Please describe the current use of the site:
To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable ikelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.	Anode manufactorer
Having referred to the guidance notes, is there a reasonable	Is the site currently vacant? Yes X No
ikelihood of the following being affected adversely or conserved	If Yes, please describe the last use of the site:
and enhanced within the application site, or on land adjacent to or near the application site?	in res, please describe the last use of the sixe.
of flear the application site.	11 Soft Play -
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development No	When did this use end (if known)? DD/MM/YYYY OD/MM/YYYY
o) Pesignated sites, important habitats or other biodiversity	(date where known may be approximate) Does the proposal involve any of the following?
et es:	If yes, you will need to submit an appropriate contamination
Yes, on the development site Yes, on land adjacent to or near the proposed development	assessment with your application.
No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development No	be particularly vulnerable to the presence of contamination?
15. Trees and Hedges	16. Trade Effluent Does the proposal involve the need to
Are there trees or hedges on the proposed development site?	dispose of trade effluents or waste?
And/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the	of trade effluents or waste
of Le local landscape character?	Small amounts of Engine oil,
f Yes to either or both of the above, you <u>may</u> need to provide a full Free Survey, at the discretion of your local planning authority. If a	Small amounts of Engine oil, machine oil, controlled waste disposal service provider Engaged.
Free Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should	
contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.	

Market	The second secon		The Control of the Co	ing							lous				
Market			Numb		Redr	ooms	Total	Market	Not		Num	ber of	Bedr	ooms	Tota
Housing	Not known	1	2	3		Unknown		Housing	known	1	2	3	4+	Unknown	
Houses								Houses							
Flats and maisonettes							6	Flats and maisonettes				1000			h
Live-work units								Live-work units							
Cluster flats							1	Cluster flats							
Sheltered housing							e	Sheltered housing							
Bedsit/studios							f.	Bedsit/studios							
Unknown type							9	Unknown type							ij.
	To	otals	(a + b	+ c +	d+e	+f+g)=	A		, То	otals	(a+1) + c +	d+e	(+f+g)=	E
						M. Sangal									1_
Social Rented	Not				THE REAL PROPERTY.	ooms	Total	Social Rented	Not known	1	Num 2	ber of	Bedr 4+	ooms Unknown	Tota
	known	1	2	3	4+	Unknown		Houses		1	12	3	41	OTIKITOWIT	G
Hr: 'ses			-		-		- 4	Flats and maisonettes							- 6
Flats and maisonettes							0	Live-work units					+-		-
Live-work units					_		1	Cluster flats			+				4
Cluster flats					_		47				-				9
Sheltered housing			-		_		, ×	Sheltered housing							
Bedsit/studios					-		T.	Bedsit/studios							
Unknown type							ÿ	Unknown type		-4-1	1/01	6161	d 1 0	(+f+g)=	
	T	otals	(a+t) + <i>c</i> +	$d+\epsilon$	(+f+g)=	R		- 10	otais	i (a + i	0+64	ите	:+1+9)-	
	l		Numi	har of	Rode	rooms	Total		Not		Num	ber o	f Bedi	rooms	Tota
Intermediate	Not known	1	2	3	4+	Unknown		Intermediate	known	1	2	3	4+	Unknown	
Houses							a	Houses							E
Flats and maisonettes							5	Flats and maisonettes							+ -
Live-work units							1	Live-work units							
Cl·ter flats							d	Cluster flats							ch.
Sheltered housing							2	Sheltered housing							1
Bedsit/studios							F	Bedsit/studios							
Unknown type							9	Unknown type							
	Т	otals	(a + l) + c +	d+e	g + f + g) =			Т	otal	s (a +	b+c-	+ d + e	e+f+g)=	
															1
Key worker	Not			10000		rooms	Total	Key worker	Not known	1	Num 2	ber o	f Bed 4+	rooms Unknowr	Tot
	known	1	2	3	4+	Unknowr	1	Houses		+	- 2	1	171	OTIKITOWI	
Houses			-	-	-			Flats and maisonette			-		+		
Flats and maisonettes			-		-			Live-work units		\vdash	+	+	+		
Live-work units		-	-	-	-				+ -	-	+	-	+		
Cluster flats			-	-	-	-	-	Cluster flats		-	+		+	+	-
Sheltered housing				-	-			Sheltered housing					-		
Bedsit/studios			-				-	Bedsit/studios				-			
Ur'nown type								Unknown type						0.1.51.51	-
	Т	otal	s (a + i	b + c -	+ d +	e+f+g)=			1	otal	s (a +	D+C	+ a +	e + f + g) =	_
Total proposed	residen	tialı	units	(A -	- B + 0	C + D) =		Total existing	reside	ntia	unit	s (E	+F+	G + H) =	

Bit (b) Research and development Bit (c) Light industrial	if you	i have answer	ed Yes to th	ie que	estion above piec	ase add details if	Terre romon	ing table.			
Net tradable area:		*		Not applicable	Existing gross internal floorspace (square metres)	Gross internal f to be lost by c use or dem	loorspace hange of olition	Total gro floorspac (including	e proposed g change of	follov	ernal floorspace ving developmen
A2 Financial and professional services	A1	Shop	os								
A2 professional services A3 Restaurants and cafes A4 Drinking establishments A5 Hot food takeaways B1 (a) Office (other than A2) B1 (b) Research and development B1 (c) Light industrial B2 General industrial B3 Storage or distribution B4 Storage or distribution B5 Storage or distribution C1 Hotels and halls of B6 Storage or distribution D1 Non-residential institutions D2 Assembly and leisure D3 Assembly and leisure D4 Assembly and leisure D5 Assembly and leisure D6 OTHER D7 HER D8 Please D8 Please D8 Please D8 Please D8 Please D9 Employment D9 Employment D9 Employment D9 Existing employees C1 Hotels D8 Proposed employees C4 C4 C5 C6 C7 C7 C8 C8 C8 C9 C9 C9 C9 C9		Net tradak	ole area:								
A4 Drinking establishments	A2	Financia professiona	al and Il services								
A5 Hot food takeaways	А3	Restaurants	and cafes								
Bil (a) Office (other than A2)	A4	Drinking esta	blishments								
Bil (c) Light industrial	A5	Hot food ta	keaways								
Bit (c) Light industrial	B1 (a)	Office (othe	r than A2)								
Bil (c) Light industrial	31 (b)										
B8 Storage or distribution	B1 (c)	The second secon	100								
C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure D3 Helease Please Please C4 Proposed employees C5 Hotels and halls of residence C5 Residential institutions D6 Assembly and leisure C7 Hotels C8 Residential institutions and hostels, please additionally indicate the loss or gain of rooms C8 Type of use applicable C9 Hotels C9 Hotels C9 Hotels C1 Hotels C1 Hotels C2 Residential Institutions C3 Hotels C4 Hotels C5 Residential Institutions C6 Residential Institutions C7 Hotels C8 Residential Institutions C9 Helease	R2	General in	ndustrial								
C1	-	Storage or d	istribution								
Residential institutions D2 Assembly and leisure D3 Assembly and leisure D4 Assembly and leisure D5 Assembly and leisure D6 Assembly and leisure D7 Assembly and leisure D8 Assembly and leisure D9 Assembly and leis		Hotels and	halls of								
Non-residential institutions D2 Assembly and leisure D3 Assembly and leisure D4 Assembly and leisure D5 Assembly and leisure D6 Assembly and leisure D7 Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Net additional roo of use of use of use or demolition C1 Hotels Residential Institutions Residential Institutions D7 HER D8 Please Please complete the following information regarding employees: Full-time Full-time Part-time Part-time Total full-time equivalent Existing employees 44 3 Proposed employees 6 5 Not hours of Opening f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Saturday Not known											
Assembly and leisure		Non-resi	dential								
Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Type of use applicable applicable of use or demolition or demolit	10000		The second second			15211					
Please pecify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Type of use applicable of use or demolition Type of use applicable of use or demolition Type of use applicable of use or demolition Total rooms proposed (including changes of use) Net additional rooms had been demolition of use or demolition Net additional rooms had been demolition of use or demolition Net additional rooms had been demolition of use or demolition Net additional rooms had been demolition of use or demolition Total rooms proposed (including applicable been demolition) Net additional rooms had been demolition of use or demolition or demolition of use or demolition of use or demolition or demoli		Assembly a	na reisaire	一							
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In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Type of use	pecify	Tot	-1	尸							
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Residential Institutions	class		applicable		of use or dem	nolition	cl	hanges of us	se)		
Institutions OTHER OPlease ppecify 9. Employment Please complete the following information regarding employees: Full-time Full-time Part-time Existing employees 444 Proposed employees O. Hours of Opening Known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known	C1	1985									
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f known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known											
Use Monday to Friday Saturday Sank Holidays Not known				of one	ning (e.g. 15:30)	for each non-res	sidential use	e proposed:			
Darik Floriday 5	know							Suna	ay and		Not known
3.00am-6.00pm		Use		72			,	Bank F	lolidays		
			8.(X)a	w. 0.00bw						

22. Industrial or Commercial Proce	sses and	Machine	У			
Please describe the activities and processes to be carried out on the site and the end produ- plant, ventilation or air conditioning. Please is to of machinery which may be installed on	cts including include the	casting Shill 6 × 801 Pipe be	Tes Aluminium ding machiner	Holding, Fabrica	fornaces. Fundamental for area,	ottshore wik lift tock, cutting / boding
Is the proposal a waste management develo	pment? [Yes	X No			
If the answer is Yes, please complete the following		:				
	inclu	iding engin	city of the void in c eering surcharge al cover or restoration I waste or litres if lic	nd making no material (or	throu	annual operational ghput in tonnes es if liquid waste)
Inert landfill						
Non-hazardous landfill						
Hazardous landfill						
Energy from waste incineration						
Other incineration		TTOPPE				
Landfill gas generation plant						
Pyrolysis/gasification						
Metal recycling site				, I _ L		
Transfer stations						
Material recovery/recycling facilities (MRFs)						
Household civic amenity sites						
Open windrow composting	Till Till					
In-vessel composting						
Anaerobic digestion	H					
Any combined mechanical, biological and/ or thermal treatment (MBT)						
Sewage treatment works						
Other treatment			J.			
Recycling facilities construction, demolition and excavation waste						
Storage of waste						
Other waste management						
Other developments						
Please provide the maximum annual operat	ional throu	ghput of the	e following waste s	treams:		
Municipal						
Construction, demolition and e						
Commercial and indust	rial					
Hazardous				liention	can be determine	and Vour waste
If this is a landfill application you will need t planning authority should make clear what	information	n it requires	on its website.	rapplication	can be determin	led. Tour waste
23. Hazardous Substances						
Does the proposal involve the use or storag the following materials in the quantities star	e of any of ted below?	Yes	⊠ No	Not appl	icable	
If Yes, please provide the amount of each su			d:			
Acrylonitrile (tonnes)		ne oxide (to			Phosgene	(tonnes)
Ammonia (tonnes)	Hydrogen	cyanide (to	nnes)		Sulphur dioxide	(tonnes)
Bromine (tonnes)	Liquid	l oxygen (to	onnes)			r (tonnes)
Chlorine (tonnes)	iquid petrol	eum gas (to	onnes)	Refi	ned white suga	r (tonnes)
Other:			Other:			
Amount (tonnes):			Amount (ton	nes):		

27. Applicant Contact Details Telephone numbers Telephone numbers	Sir red - Applic	ant:	Or signed - Agent:			Date (DD/MM/YYY	T
Telephone numbers Country code: National number: ONAN Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Email address (optional): Telephone numbers Country code: National number: Country code: Mobile number (optional): Email address (optional): Email address (optional): Email address (optional): Telephone numbers Country code: National number: Country code: Fax number (opt onal): Email address (optional): Telephone number: Telephone number: Telephone number: Telephone number: Telephone number: Telephone number:		The second secon				04/11/2015	pre-application
Telephone numbers Country code: National number: ONAN Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Email address (optional): Telephone numbers Country code: National number: Country code: Mobile number (optional): Email address (optional): Email address (optional): Email address (optional): Telephone numbers Country code: National number: Country code: Fax number (opt onal): Email address (optional): Telephone number: No Other (if different from the agent/applicant's details) Telephone number: Telephone number: Telephone number:	27 Applica	nt Contact Details		28. Agent Co	ontact Det	tails	
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (opt				Telephone num	nbers		
Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional	**************************************			Country code:	National n	umher:	Extension number:
Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional		National number:	number:	Country code.	Nationalii	umber.	
Country code: Fax number (optional): Email address (optional): Other plans (optional): Email address (optional): Enda address (optional): Email address (optional): Email address (optional): Email address		Mobile number (optional):		Country code:	Mobile nu	mber (optional):	
Country code: Fax number (optional): Email address (optional): In the site be seen from a public road, public footpath, bridleway or other public land? Agent Applicant Applicant Telephone number: Endangless (optional): Email address (optional): In the site be seen from a public road, public footpath, bridlewa	Country code.						
29. Site Visit Can the site be seen from a public road, public footpath, bridleway or other public land? Yes I the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Telephone number:	Country code:			Country code:	Fax number	er (opt onal):	
29. Site Visit Can the site be seen from a public road, public footpath, bridleway or other public land? Yes I the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Telephone number:							
Tan the site be seen from a public road, public footpath, bridleway or other public land? If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Telephone number:	Email address	(optional):		Email address (optional):		
Tan the site be seen from a public road, public footpath, bridleway or other public land? If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Telephone number:							
Telephone number: Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No Agent Applicant Telephone number:							
f the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) f Other has been selected, please provide: Contact name: Hayley English		•					
f Other has been selected, please provide: Contact name: Hayley English			c footpath, bridleway o	or other public land	d? ∑ Yes	□ No	
Contact name: Hayley English	Can the site be	seen from a public road, public	pointment to carry			Other	(if different from the
maying by the state of the stat	Can the site be f the planning out a site visit,	seen from a public road, public authority needs to make an ap whom should they contact? (PI	pointment to carry			Other	(if different from the /applicant's details)
Email address:	Can the site be f the planning out a site visit, f Other has be	seen from a public road, public authority needs to make an ap whom should they contact? (Pl en selected, please provide:	pointment to carry	Agent	App	Other	(if different from the /applicant's details)
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