ST1072/15 VC



South Tyneside Council

Planning Group

South Tyneside Council, Town Hall & Civic Offices, Westoe Road, South Shields, Tyne and Wear, NE33 2RL Email: planningapplications@southtyneside.gov.uk

VIQ. 0191 424 7421

-9 NOV 2015

Application for removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) 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.

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:	MR First name: MOUAMMAD	Title:	First name:	
Last name:	AUZADA	Last name:		
Company (optional):	PIZZA PORTER	Company (optional):		
Unit:	House number: 187 House suffix:	Unit:	House number:	House suffix:
House name:		House name:		
Address 1:	LAYGATE	Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Γown:	SOUTH SHIEUDS	Town:		
County:	MNE & WEAR	County:		
Country:		Country:		
ostcode:	NE33 SAG	Postcode:		

3. Site Address Details Please provide the full postal address of the application site. Unit: House number: 187 House suffix: House name: PIZZA POWER Address 1: LAYGATE Address 2:	4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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:		
Address 3:	Officer name:		
Town: Soury Syltubs	Reference:		
County: TYNE & WEAR	nerence.		
Postcode (optional): N=33 5 RG Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?		
Easting: Northing:			
Description:			
Please state the condition number(s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which this application related to the condition number (s) to which the condit	6. 7. 8.		
4.	9.		
5.	10.		
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY) Has the development been completed? If Yes, please state when the development was completed (DD/M	Yes No		
5. Condition(s) - Removal			
Please state why you wish the condition(s) to be removed or chan- THE BUSINESS IS RESTULICIED LOSING BUSINESS TO LATER C	TO CLOSING AT 23.30, THEREFORE WETOMERS. PREMISES LICENSE ALRONOY		
f you wish the existing condition to be changed, please state how	you wish the condition to be varied:		
EXISTING THADING HOURS ARE	09.00 - 22:30, VALIATION TO		

ership Certificates and Agricultural Land Declaration

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 ertify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the wner* 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 is 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.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY
certify/ The applicant certifies that I have a days before the date of this application pplication relates. "owner" is a person with a freehold interes a maning give a day and a freehold interes.	CERTIFICATE OF OWNERSHIP - CERTIFICATE B relopment Management Procedure) (England) Order 2015 Core/the applicant has given the requisite notice to everyone else on, was the owner* and/or agricultural tenant** of any part of the orleasehold interest with at least 7 years left to run. It is section 65(8) of the Town and Country Planning Act 1990	(as listed below) who, on the d
Name of Owner / Agricultural Tenant	Address	Date Notice Served
MR MAKIM	28 SOA VIEW TEE South Suitcos	JUNE 2015.
igned - Applicant:	Or signed - Agent:	Date (DD/MM/YYY
4 17		1 9/11/15

7. Ownership Certificates and Agricul CEF Town and Country Planning (Developm I certify/ The applicant certifies that: Neither Certificate A or B can be issued for the land or building, or of a part of it, but a "owner" is a person with a freehold interest or least a start agricultural tenant" has the meaning given in set the steps taken were:	RTIFICATE OF OWNERSHIP - Conent Management Procedure) for this application find out the names and address t I have/ the applicant has been sehold interest with at least 7 year	ERTIFICATE C (England) Order 2015 Certi ses of the other owners* and, unable to do so. rs left to run.	
Name of Owner / Agricultural Tenant	Addre	SS	Date Notice Served
Notice of the application has been published in the (circulating in the area where the land is situated)	(v/hich must not be earlier e date of the application):		
Signed - Applicant:	Or signed - Agent:	(Date (DD/MM/YYYY):
		Ht.	
Town and Country Planning (Development Certify/ The applicant certifies that: Certificate A cannot be issued for this applicant All reasonable steps have been taken to fir date of this application, was the owner* and have/ the applicant has been unable to do "owner" is a person with a freehold interest or lease he "agricultural tenant" has the meaning given in sect. The steps taken were: Itotice of the application has been published in the circulating in the area where the land is situated):	ication and out the names and addresse and/or agricultural tenant** of a a so. and interest with at least 7 years aion 65(8) of the Town and Count be following newspaper	s of everyone else who, on th ny part of the land to which t left to run. ry Planning Act 1990	which must not be earlier clate of the application):
igned - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
. Planning Application Requirements - lease read the following checklist to make sure you formation required will result in your application I be Local Planning Authority has been submitted.	u have sent all the information	in support of your proposal. ot be considered valid until a	Failure to submit all
ne original and 3 copies of a ompleted and dated application form:	☐ Ownersh	nal and 3 copies of the comp ip Certificate (A, B, C or D – as	applicable)
ne original and 3 copies of other plans and drawing formation necessary to describe the subject of the	gs or	le 14 Certificate (Agricultural	Holdings):
e correct fee:			

Jaration ereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional mation. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the ruine opinions of the person(s) giving them. Date (DD/MM/YYYY): Or signed - Agent: gned - Applicant: (date cannot be pre-application) 11. Agent Contact Details 10. Applicant Contact Details Telephone numbers Telephone numbers Extension Extension number: Country code: National number: number: Country code: National number: Country code: Mobile number (optional): Mobile number (optional): Country code: Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): 12. Site Visit Can 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 Other (if different from the **Applicant** Agent out a site visit, whom should they contact? (Please select only one) agent/applicant's details) If Other has been selected, please provide: Telephone number: Contact name: Email address: