South Tyneside Council



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 Planning Permission. Town and Country Planning 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: Mr	First name: Bryan	Surname:	Thompson				
Company name	Keepmoat Homes Ltd]					
Street address:	Merchant House		Country Code	National Number	Extension Number		
	12 Merchant Court	Telephone number:					
	Monkton Business Park	Mobile number:					
Town/City	Hebburn] [
County:	Tyne & Wear	Fax number:					
Country:	United Kingdom	Email address:					
Postcode:	NE31 2EX						
Are you an agent ad	cting on behalf of the applicant?	🔿 No					
2. Agent Name	, Address and Contact Details						
Title: Mr	First Name: Kevin	Surname:	Thompson				
Company name:	idpartnership-northern]					
Street address:	St Jude		Country Code	National Number	Extension Number		
	Barker Street	Telephone number:		0191 261 4442			
		Mobile number:					
Town/City	Newcastle upon Tyne	Fax number:					
County:							
Country:		Email address:					
Postcode:	NE2 1AS	kevin.thompson@id	partnership-northe	ern.com			
3. Description of the Proposal							
Please describe the proposed development including any change of use: Erection of 2no two storey residential dwellings							
Has the building, work or change of use already started? O Yes No							

4. Site Address	Details						
Full postal address o	of the site (including full postcode where available) Description:						
House:	Suffix:						
House name:							
Street address:	Trinity South						
Town/City:	South Shields						
County:	Tyne & Wear						
Postcode:	NE33 5EE						
	on or a grid reference If postcode is not known):						
Easting:	436093						
Northing:	566083						
5. Pre-applicati							
Has assistance or pri	or advice been sought from the local authority about this application?						
If Yes, please comple	ete the following information about the advice you were given (this will help the authority to deal with this application more efficiently):						
Officer name:							
Title: Mrs	First name: Helen Surname: Lynch						
Reference:	Email						
Date (DD/MM/YYYY)	: 17/02/2016 (Must be pre-application submission)						
Details of the pre-ap	plication advice received:						
Advice provided for	type of application and fee						
6 Pedestrian a	nd Vehicle Access, Roads and Rights of Way						
	ehicle access proposed to or from the public highway? O Yes O No						
Is a new or altered p	edestrian access proposed to or from the public highway? O Yes No						
Are there any new p	ublic roads to be provided within the site?						
Are there any new p	ublic rights of way to be provided within or adjacent to the site? Yes No						
Do the proposals red	quire any diversions/extinguishments and/or creation of rights of way? O Yes O No						
If you answered Yes	to any of the above questions, please show details on your plans/drawings and state the reference of the plan(s)/drawings(s)						
SL002AE							
7. Waste Storag	je and Collection						
Do the plans incorporate areas to store and aid the collection of waste? Yes No 							
If Yes, please provide details:							
Dedicated wheelie bin store to rear of dwellings - collection from existing collection point to south of shared surface							
Have arrangements been made for the separate storage and collection of recyclable waste? Yes Ves No If Yes, please provide details:							
Local Authority services. Recycling caddy located within dwelling kitchen.							
8. Authority Employee/Member							
-							
With respect to the (a) a mer	Authority, I am: nber of staff						
	ected member d to a member of staff						
	d to an elected member						
	Do any of these statements apply to you?						
9. Materials							
Please state what m	aterials (including type, colour and name) are to be used externally (if applicable):						

9. (Materials continued) Walls - description: Description of existing materials and finishes: As per material schedule Description of proposed materials and finishes: As per material schedule Roof - description: Description of existing materials and finishes: As per material schedule Description of proposed materials and finishes: As per material schedule Windows - description: Description of existing materials and finishes: As per material schedule Description of proposed materials and finishes: As per material schedule Doors - description: Description of existing materials and finishes: As per material schedule Description of proposed materials and finishes: As per material schedule Boundary treatments - description: Description of existing materials and finishes: N/A Description of proposed materials and finishes: N/A Vehicle access and hard standing - description: Description of existing materials and finishes: N/A Description of proposed materials and finishes: N/A Lighting - add description Description of existing materials and finishes: N/A Description of proposed materials and finishes: N/A Others - description: Type of other material: Description of existing materials and finishes: N/A Description of proposed materials and finishes: N/A Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No If Yes, please state references for the plan(s)/drawing(s)/design and access statement: Materials Schedule indicating all elevational materials 10. Vehicle Parking Please provide information on the existing and proposed number of on-site parking spaces: Existing number Total proposed (including spaces Difference in Type of vehicle of spaces retained) spaces Cars 0 2 2 Light goods vehicles/public carrier vehicles 0 0 0 Motorcycles 0 0 0

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0

0

0

Planning Portal Reference:

Disability spaces

Cycle spaces

Other (e.g. Bus)

Short description of Other

0

2

0

0

2

0

11. Foul Sewage								
Please state how foul sewage	is to be disposed of:							
Mains sewer	\boxtimes	Package treatment plant		Unknown				
Septic tank		Cess pit						
Other					1			
Are you proposing to connect	to the existing drainage	sustom?						
Are you proposing to connect) Unknown				
Revised drainage drawing to f	0,	on the application drawings and	state references f	or the plan(s)/drawing(s):				
12. Assessment of Floo	od Rísk							
	ult Environment Agency	he Environment Agency's Flood M standing advice and your local pla		🔿 Yes 💿 No				
If Yes, you will need to submit	an appropriate flood risl	assessment to consider the risk t	to the proposed s	ite.				
Is your proposal within 20 me	tres of a watercourse (e.c	J. river, stream or beck)?	\circ	Yes 💿 No				
Will the proposal increase the	flood risk elsewhere?	🔿 Yes 💿 No						
How will surface water be disp	oosed of?							
Sustainable drainage	system	Main sewer		Pond/lake				
Soakaway		Existing waterco	ourse					
13. Biodiversity and Ge	eological Conserva	tion						
		the guidance notes for further inf nearby and whether they are like		n there is a reasonable likelihood that any imp by your proposals.	portant biodiversity			
Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, OR on land adjacent to or near the application site:								
a) Protected and priority speci	ies							
C Yes, on the development	t site 🔿 Yes	, on land adjacent to or near the p	proposed develop	oment No 				
b) Designated sites, important	t habitats or other biodiv	ersity features						
O Yes, on the development	t site C Yes	, on land adjacent to or near the p	proposed develop	oment				
c) Features of geological cons	ervation importance							
Yes, on the development	t site C Yes	, on land adjacent to or near the p	proposed develop	oment No 				
14. Existing Use								
Please describe the current us	e of the site:							
Residential construction site								
Is the site currently vacant?	⊖ Yes	No						
Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.								
Land which is known to be contaminated? Ves Ves No								
Land where contamination is suspected for all or part of the site?								
A proposed use that would be	e particularly vulnerable t	to the presence of contamination	?	🔿 Yes 💿 No				
15. Trees and Hedges								
15. Trees and Treages								
Are there trees or hedges on t	he proposed developme	nt site? C Yes	No					
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Ves No								
If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree 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'.								
16. Trade Effluent								
Does the proposal involve the	need to dispose of trade	e effluents or waste?	0	Yes (No				

17. Residential Un										
Does your proposal incl Market Housing - Prop		ss of residential	units?	(•	Yes No Market Housing - Ex	isting				
	Number of bedrooms				J		Nur	nber of be	drooms	
	1	2 3	4+	Unknown		1	2	3	4+	Unknown
Houses	2				Houses					
Flats/Maisonettes					Flats/Maisonettes					
Live-Work units					Live-Work units					
Cluster flats					Cluster flats					
Sheltered housing					Sheltered housing					
Bedsit/Studios					Bedsit/Studios					
Unknown					Unknown					
Proposed Market Hous Overall Residential Ur		2			Existing Market Hous	ing Total		0]
Total	proposed resident	ial units		2						
Total	l existing residenti	al units		0						
18. All Types of De	avalanmant.	lon resider	tial Fla	orchass						
Does your proposal inve	-			-	ce?	C Yes	5 💿 No)		
19. Employment If known, please comple	ete the following i	oformation reg	arding em	nnlovees.						
		Full-time	-	Part-time		Equivalor	nt number	of full time		
Evisting omr	lovoos		e			Equivalei				
	Existing employees 0 0 0 Proposed employees 0 0 0									
20. Hours of Open	ving									
If known, please state th	•	ıg (e.g. 15:30) fo	or each no	on-residential use p	roposed:					
Use Sta	Monday to Frida Int Time Enc	y Time		Satu Start Time	SaturdaySunday and Bank HolidaysNotTimeEnd TimeStart TimeEnd TimeKnow					
21. Site Area										
What is the site area?	00.02	hectare	s							
22. Industrial or C	ommercial Pr	ocesses and	l Machi	nery						
Please describe the acti type of machinery whic No industrial processes.	h may be installed		be carrie	d out on the site ar	nd the end products inclue	ling plant, ven	tilation or a	air conditio	ning. Plea	ase include the
Is the proposal for a wa	ste management o	levelopment?		С	Yes 💿 No					
23. Hazardous Sul		oposal?	(🔿 Yes 💿 No)					
24. Site Visit										

25. Certifie	cates (Certificate A)							
Certificate of Ownership - Certificate A Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/the applicant was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding ("agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act).								
Title: Mr	First name:	Kevin	Surname:	Thompson				
Person role:	Agent	Declaration date:	26/02/2016	\boxtimes	Declaration made			
26. Declar	ation							
additional info	ormation. I/we confirm the	ion/consent as described in this form a at, to the best of my/our knowledge, ar s of the person(s) giving them.	1 9 81	0	Date 26/02/2016			