

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 approval of details reserved by condition.

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

'ublication 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 tuthority'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.

1. Applic	cant Name and Address	2. Agent Name and Address
Title:	MR First name: BARRE	Title: MC First name: DEAN
Last name:	SL-(Last name: ICELAND
Company (optional):		Company (optional): F172 ARCMITECTS
Unit:	House number: 5 House suffix:	Unit: House number: House suffix:
House name:		House name:
Address 1:	BIDDICK LANE	Address 1: PIER POINT
Address 2:		Address 2: MARINE WALK
Address 3:		Address 3:
Town:	WASHINGTON	Town: SINPERLAND
County:	TYNE AND WEAR	County: TYNE AND WEAR
Country:		Country:
Postcode:	NE38 BAB	Postcode: SR6 OPP

3. Site Address Details] [4. Pre-application Advice			
Please provide the full postal address of the application site. Unit: House Description House	Has assistance or prior advice been sought from the local authority about this application?			
Idouse number: suffix:	toning I bering I			
name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: SUNDERLAND ROAD	application more efficiently). Please tick if the full contact details are not			
Address 2: CUEADON	known, and then complete as much as possible:			
Address 5:	Officer name:			
Town: TYNE AND WEAR	Reference:			
County:				
Postcode (optional): SRG FUR	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)			
Easting: Northing:	Details of pre-application advice received?			
Description:				
Description.				
F Danadiskin ASV				
5. Description Of Your Proposal Please provide a description of the approved development as s and date of decision in the sections below:	hown on the decision letter, including the application reference number			
DEMOUTION OF EXISTING DWENING	A10 025771-1 05 - 7 15			
Drein 6	THE EXCECTION OF ONE NEW			
Reference number: $87/0893/15/M$ Date of decisi	on: $09/03/16$ (Date must be pre-application submission) (DD/MM/YYYY)			
Please state the condition number(s) to which this application r	relates:			
1. CONDITION 3	6.			
2. CONDITION 4.	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YY)	(date must be pre-application submission)			
Has the development been completed?				
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/deta	ails that are being submitted for approval:			
CONDITION 3- MATERIAL SCHEDULE				
CONDITION 4-DRAINAGE				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition?	☐ Yes ☐ No			
If Yes, please indicate which part of the condition your application relates to:				

3. Planning Application Requirent Please read the following checklist to make information required will result in your appoint the Local Planning Authority has been subject to the Local Planning Authority has been subject.	e sure you have sent all plication being deemed	the information in support of your proposal. Failure to submit all invalid. It will not be considered valid until all information required by
The original and 3 copies of a completed and dated application form:	The or	ne original and 3 copies of other plans and drawings rinformation necessary to describe the subject of the application:
The correct fee:	3-DOLLEST-	TO FOLLOW WITH PATIMEST
nformation. I/we confirm that, to the best of genuine opinions of the person(s) giving the Signed - Applicant: Date (DD/MM/YYYY):	of my/our knowledge, a	o this form and the accompanying plans/drawings and additional ny facts stated are true and accurate and any opinions given are the Or signed - Agent:
Telephone numbers Country code: Country code: Mobile number (optional): Country code: Fax number (optional):	Extension number:	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
12. Site Visit Can the site be seen from a public road, public from the planning authority needs to make an apout a site visit, whom should they contact? (Prother has been selected, please provide: Contact name:	ppointment to carry	or other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:

