

Planning Group

South Tyneside Council, Town Hall & Civic Offices, Westoe Road, South Shields, Tyne and Wear, NE33 2RL Email: planningapplications@southtyneside.gov.uk Tel: 0191424-7421

Francis Carrie

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

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. ing and the state of the state of

1. Applie	ant Name and Address	2. Agent Name and Address			
Title:	MS First name: NICOCA	Title: First name: SOLOW			
Last name:	WATSON	Last name: MACK			
Company (òptional):		Company ((optional):			
Unit:	House number: 19 House suffix:	Unit: House number: House suffix:			
House name:		House name:			
Address 1:	ST GEORGES TERRACE	Address 1: WOW AVE			
Address 2:	22.30, 21, 2	Address 2:			
Address 3:	V	Address 3:			
Town:	EAST SOLDON	Town: Writing Styl.			
County:		County:			
Country:	OK	Country: UK			
Postcode:	NEBL OW	Postcode: NECE IES.			

Carlon a di manifesta

1	ddress Details ride the full postal address of the application site. House House suffix:	4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? Yes No					
House name: Address 1: Address 2:	FORMER CUEADON VILLAGE COFE SCHOOL	you v appli Pleas	s, please complete the following information about the advice were given. (This will help the authority to deal with this ication more efficiently). se tick if the full contact details are not wn, and then complete as much as possible:				
Address 3:		Offic	er name:				
Town:	CLEADON	Refe	rence:				
County:							
Postcode (optional):	SRG 7UH	Date (DD/MM/YYYY): (must be pre-application submission)					
Description (must be co	of location or a grid reference. ' Impleted if postcode is not known):	Details of pre-application advice received?					
Easting: 4	+38613 Northing: 562334						
Description	Ni.						
L							
Reference n	UD. DWELLINGS AND THE ELECTION OS TO THE SOUTH WITH ASSOCIATED DOUG umber: ST/1366/12/FUL Date of decision:	OF 21 LE GA OS/12	EL CLEADON VILLAGE INFANTS SCUDOL ADO. DETACHED ONECLINOS WITHIN LEAGES AND NEW PEDESTEIAN AND VEHICUAL ACCESS FROM SUNDECLAND ROAD. (Date must be pre-application submission) (DD/MM/YYYY)				
	the condition number(s) to which this application relates		The same of Amiginary Bact				
	0.5 - (4) Sueface worke - Soak-A-WAM.	6.	7,000,000				
	0.8 - LANDSLADING (CISTELSTOOT-REVA)	7.	NO15 - N N - BEASET				
3. N	0.9- TEEE PROTECTION - DEANING + BEDOCT.	8.	1 1				
4. 130	0.10 - PENNING STEATERY - REPORT.	9.					
5. NO	0-11. MINI PILES - DEAWIND + STATEMENT.	10.					
Has the deve	elopment already started?		Yes No				
If Yes, please	e state when the development started (DD/MM/YYYY):		(date must be pre-application submission)				
Has the deve	elopment been completed?		Yes No				
If Yes, please	e state when the development was completed (DD/MM/)	/YYY): [(date must be pre-application submission)				
6. Dischar	ge Of Condition						
Please provide a full description and/or list of the materials/details that are being submitted for approval: CONDITION 6 - CPART (L.) 5041-A-WAM - DRAWING AMACUED, CONDITION 8 - SOFT, LANDSCAPUR - ORAWING AMACUED (CIS-BLS-001-BEVA) (NO 01) CONDITION 9 - TREE PROTECTION - ORAWING MIACUED/REPORT 7 CONDITION 10 - REPORT, LONDITION 11 - ORAWING 14/15 - BEPORT.							
7. Part Dis	scharge Of Condition(s)		1				
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:							
CONDITIO	on 5 - (Party)						

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all th information required will result in your application being deemed in the Local Planning Authority has been submitted.	ne information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by			
The original and 3 copies of a The completed and dated application form:	e original and 3 copies of other plans and drawings information necessary to describe the subject of the application:			
The correct fee: PRE - PAID.				
9. Declaration I/we hereby apply for planning permission/consent as described in t information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the			
Signed - Applicant:	Or signed - Agent:			
	,			
Date (DD/MM/YYYY):				
22/08/16. (date cannot be pre-application)				
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers	Telephone numbers			
Country code: National number: Extension number:	Country code: National number: Extension number:			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
<u> </u>				
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or	other public land? Yes No			
the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>)	Applicant Other (if different from the agent/applicant's details)			
Other has been selected, please provide:				
Contact name:	Telephone number:			

Email address:

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