

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

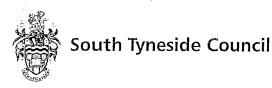
Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)'.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



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

Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the authority directly.

If printed, please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applic	cant Name and Address
Title:	MA First name: DAVID
Last name:	GILMARTIN
Company (optional):	
Unit:	House number: 11 House suffix:
House . name:	·
Address 1:	HARTON LANE
Address 2:	
Address 3:	
Town:	SOUTH SHIELDS
County:	·
Country:	
Postcode:	NE34 OFG

2. Agent	Name and Address
Title:	MR. First name: GARY
Last name:	CRAIL
Company (optional):	GARN CRAN-ARCANTECTURAL SERVICES LTD.
Unit:	House 10 House suffix:
House name:	
Address 1:	FULMAR WALK
Address 2;	·
Address 3:	
Town:	WHITBURN
County:	TYNE & WEAR
Country:	·
Postcode:	SR6 7BW

3. Description of Proposed Works	
Please describe the proposed works:	
DEMONSH EXISTING ANGLE STOREY	DE TACHED GARAGE. CONSTRUCT NEW
SINKLE STOREY ATTACHED GARA	GETACHED GARAGE. CONSTRUCT NEW GE TO SIDE/REAR OF EXITANG
DORMER BUNGALOW	, and the second
Has the work already started? Yes Mo	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site. House House	Is a new or altered vehicle access proposed to or from the public highway? Yes No
Unit: number: 11 suffix:	Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes No
Address 1: HARTON LANE	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?
Address 2:	If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town: South SHIELDS	
County:	
Postcode (optional): NE34 OEC	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local	Are there any trees or hedges on your own
authority about this application? Yes No	property or on adjoining properties which are within falling distance of your proposed
If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	development? Yes No
application more efficiently).	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not known, and then complete as much possible:	
Officer name:	
Reference:	
	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY): (must be pre-application submission)	order to carry out your proposal?
Details of the pre-application advice received:	If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/
	drawing(s) and indicate the scale.

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8. Parking Will the proposed work	s affect existing car parking arrangements?	Yes No		
If Yes, please describe:				
DENEWAY WILL	BE SHORTENED BUT STILL ADE	OVATE SPACE TO	PARK CARS	
ON THE RE	MAINEN G DRIVEWAY			
	•			
means related, by birth	oyee / Member ple of decision-making that the process is open and or otherwise, closely enough that a fair minded an s bias on the part of the decision-maker in the loca	d informed observer, having	es of this question, "related t considered the facts, would	o"
Do any of the following	statements apply to you and/or agent? Yes	(a) a membe (b) an electe (c) related to		
If Yes, please provide	details of their name, role and how you are related t	o them.	·	
10. Materials				
If applicable, please sta	te what materials are to be used externally. Include	e type, colour and name for e	ach material:	
	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls				
		1 274		
Roof				
Windows				
		A 10-10-10-10-10-10-10-10-10-10-10-10-10-1		
Doors				
Boundary treatments (e.g. fences, walls)				

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10. Materials			
If applicable, please state what materia	als are to be used externally. Includ	e type, colour and name for each material:	
Vehicle access and hard-standing			
Lighting			
Others (please specify)			
Are you supplying additional information	on on submitted plan(s)/drawing(s)	design and access statement?	No
If Yes, please state references for the p	olan(s)/drawing(s)/design and access	s statement:	
DRG-No. 0778/7043/	789, DRG. NO. 1		

11. Ownership 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 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* 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. "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Or signed - Agent: Signed - Applicant: Date (DD/MM/YYYY): 07/12/2022 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land or building to which this application relates. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 Name of Owner / Agricultural Tenant Date Notice Served Address

Or signed - Agent:

Signed - Applicant:

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Date (DD/MM/YYYY):

12. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed inv	e information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by
the Local Planning Authority (LPA) has been submitted. The original and 3 copies* of a completed and dated application form: The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	statement if I within a The original and 3 copies* of the completed, dated Ownership
*National legislation specifies that the applicant must provide the ortotal of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by p You can check your LPA's website for information or contact their plant	ost (for example, on a CD, DVD or USB memory stick).
13. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any find genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent:	nis form and the accompanying plans/drawings and additional acts stated are true and accurate and any opinions given are the Date (DD/MM/YYYY): O7/12/2022 (date cannot be pre-application)
14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: O191 5294 964 Country code: Mobile number (optional): O794152 560 2 Country code: Fax number (optional): Email address (optional): Si arch Services a triscali, io, vk
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: O191 5294 964 Country code: Mobile number (optional): O794152 560 2 Country code: Fax number (optional): Email address (optional): Giarch Services at tiscali, io, vk
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: O191 5294 964 Country code: Mobile number (optional): O794152 56 t 2 Country code: Fax number (optional): Email address (optional): Giarch Services at tiscali, io, vk