

Application for listed building consent for alterations, extension or demolition of a listed building Planning (Listed Buildings and Conservation Areas) Act 1990

rivacy Notice

is form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting formation to the Local Planning Authority in accordance with the legislation detailed on this form.

ease 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. A bsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in reement with the declaration section.

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

ocal Planning Authority details:



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 Tel: 0191 424 7421

ablication of applications on planning authority websites formation provided on this form and in supporting documents may be published on the authority's planning register and ebsite.

ease ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require y further clarification, please contact the Local Planning Authority directly.

printed, please complete using block capitals and black ink.

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

Applicant Name and Address				
itle:	MISS First name: Amavo A			
ast name:	WILDN			
ompany optional):				
nit:	House suffix:			
louse ame:				
.ddress 1:	GREENS PLACE			
.ddress 2:				
.ddress 3:				
own:	SOUTH SHIELDS			
ounty:	TYNE AND WEAR			
ountry:	ENGLAND			
ostcode:	NE33 2AQ			

2. Agent Nam	ne and Address	197
Title:	First name:	
Last name:		
Company (optional):		
Unit:	House number:	House suffix:
House name:		
Address 1:		
Address 2:		
Address 3:		
Town:		
County:		
Country:		
Postcode:		

lease describe the proposals to alter, extend or demolish the listed building(s):	
ADDITION TO CURRENT APPLICATION ST/0535/21/LBC	
REPLACE EXISTING ARTIFICIAL ROOF TILES WITH NATURAL SLATE	
2 400 VELUX VINDON TO THE REAR ELEVATION	
# RETRACT INITIAL REQUEST OF VELUX WINDOW TO FRONT ELEVATION	
as the work already started without consent? Yes No	
Yes, please state when the work was started (DD/MM/YYYY):	
(date must be pre-application submission)	
as the work been completed without consent? Yes No	
Yes, please state the date when the work was completed (DD/MM/YYYY);	
(date must be pre-application submission)	
I. Site Address Details	
Please provide the full postal address of the application site.	
Jnit: House number: 85 House suffix:	
House name:	
Address 1: GREENS PLACE	
Address 2:	
Address 3:	
Town: South SHIELDS	
County: True and WEAR	
Postcode optional): Description of location or a grid reference. must be completed if postcode is not known):	
Easting: Northing:	
Description:	
END OF TERRACE HOUSE, 4 LEVELS, BUILT APPROX 1842 GRADE 2 LISTED. THE PROPERTY HAS A POST WAR EXTENTION TO THE REAR, I LEVEL, WHICH COMPRISE	
KITCHEN AND BATH ROOM.	

. Description of Proposed Work

* IN ADDITION TO WRRENT APPLICATION . Waterials Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded): Not applicable Existing Don' Proposed (where applicable) Knov External walls ROOF TILES NEW ARTIFICIAL R12 SLATE Roof covering Chimney VELU X CONSERVATION **Nindows** ROOF WINDOW SSOMM WIDE & 980MM HIGH External doors Ceilings nternal walls Floors nternal doors Rainwater goods 3oundary treatments (e.g. fences, walls)

Vehicle access and nard standing			
Lighting			
Others add description)			
	ditional information on submitted drawings or plarn(s)/drawing(s) references:	ns? Yes No	

. Related Proposals re there any current applications, previous roposals or demolitions for the site? Yes No		Has assistance or prior advice been sought from the local authority about this application? Yes No				
If Yes please describe and include the planning ap reference number(s), if known:	plication	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Description	Reference number	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: Officer name: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?				
Not also a series of Community Community Community						
. Neighbour and Community Consultati ave you consulted your neighbours or the local cor		the proposal? X Yes No				
Yes, please provide details:	minumity about t	ine proposal:				
	JT GROU	O ARE AVARE OF THE PROPOSAL.				
		PLACE, HAS ALSO BEEN CONSULTED.				
	that a fair-mind	en and transparent. For the purposes of this question, "related to" ed and informed observer, having considered the facts, would e local planning authority.				
o any of the following statements apply to you and	./or agent? 🔀 \	Ves No With respect to the authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member				
Yes, please provide details of their name, role and						
I AM THE PARTNER	OF RO	ob anaus who is currently				
EMPLOYED BY STMBC	- CHILO	REN AND FAMILIES SOCIAL CARE				

Grade II* Ecclesiastical Grade II* Don't know	
Grade II Ecclesiastical Grade II	
Crade II*	
Grade I Ecclesiastical Grade I	If Yes, please provide the result of the application:
ne box must be ticked)	Yes No Don't know
ease state the grading (if known) of the building in the list of uildings of Special Architectural or Historic interest? (Note: only	Has a Certificate of Immunity from Listing been sought in respect this building?
2. Listed Building Grading	13. Immunity From Listing
Vhy is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	
	ATTACHEO
i) What was the (approximate) date of the rection of the part to be removed? (MM/YYYY) date must be pre-application submission) lease provide a brief description of the building or part of the uilding you are proposing to demolish:	If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):
) What is the volume of the part o be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes X No
What is the total volume of the sted building?(cubic metres)	to the property (or buildings within its curtilage) internally or externally?
the answer to c) is Yes:	c) Works to any structure or object fixed
Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building? X Yes No
Demolition of a building within securtilage of the listed building:	a) Works to the interior of the building?
Total demolition of the listed building: Yes No	(you must answer each of the questions)
yes Which of the following does the proposal involve?	to a listed building? Yes No If Yes, do the proposed works include:
oes the proposal include the partial or	Do the proposed works include alterations

4. Ownership Certificates

One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 certify/ 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.

"owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

	Or signed - Agent:	Date DD/MM/YYYY
		12/5/22
Regulation 6 of t certify/ The applicant certifies that ha 1 days before the date of this appli "owner" is a person with a freehold inter	CERTIFICATE OF OWNERSHIP - CERTIFICATE B the Planning (Listed Buildings and Conservation Areas) Re ave/the applicant has given the requisite notice to everyone ication, was the owner* of any part of the land or building test or leasehold interest with at least 7 years left to run.	e gulations 1990 else (as listed below) who, on the c ng to which this application relat
Name of Owner	Address	Date Notice Served
o		
· 		
igned - Applicant:	Or signed - Agent:	Date DD/MM/YYYY)
part of it, but I have/ the applica	taken to find out the names and addresses of the other owner	ers* of the land or building, or of a
Name of Owner	Address	Date Notice Served
otice of the application has been publi circulating in the area where the land is	shed in the following newspaper situated): On the following than 21 days be	ng date (which must not be earlier efore the date of the application):
igned - Applicant:	Or signed - Agent:	Date DD/MM/YYYY)

4. Ownership Certificates (continued)			IOATE D			
Regulation 6 of the Planning certify/ The applicant certifies that: Certificate A cannot be issued for this applic All reasonable steps have been taken to find date of this application, was the owner* of a unable to do so. "owner" is a person with a freehold interest or leaseho he steps taken were:	(Listed Buildin ation I out the names ny part of the la	and addresses of nd to which this a	everyone els	e who, on the da	y 21 days I	before the cant has be
Iotice of the application has been published in the formulating in the area where the land is situated):	following newsp	paper	On the follo than 21 day	wing date (which s before the date	n must not of the app	be earlier plication):
igned - Applicant:	Or signed	- Agent:	0		Date DD	/MM/YYYY)
,		2000				
ease read the following checklist to make sure you information required will result in your application be ne Local Planning Authority (LPA) has been submitted ne original and 3 copies* of a completed and dated oplication form: ne original and 3 copies* of a plan which identifies the number of the application relates and drawn to an lentified scale and showing the direction of North: National legislation specifies that the applicant must otal of four copies), unless the application is submitted and accept supporting documents in electron can check your LPA's website for information or complete the person of t	have sent all the eing deemed inved. he t provide the oried electronically ronic format by contact their places.	valid. It will not be The original and information neces The original and Ownership Certif The original and if required (see high ginal plus three of yor, the LPA indices post (for example anning department).	e considered 3 copies* of essary to desc 3 copies* of ficate (A, B, C 3 copies* of elp text and copies of the cate that a sn e, on a CD, DV nt to discuss	valid until all info other plans and o cribe the subject the completed da c, or D - as applica a design and acce guidance notes fo form and support aller number of o /D or USB memor these options.	formation of drawings of the appointed able): ess statement details): ting docur copies is rery stick).	required by or color col
	signed - Agent:			Date (DD/MM/Y	YYY):	
				12/5/22	(da pre	te cannot b -application
7. Applicant Contact Details		18. Agent C	Contact De	tails		
elephone numbers country code: National number: country code: Mobile number (optional): country code:	Extension number:	Telephone nur Country code: Country code: Country code:	National r	number: imber (optional): er (optional):		Extensior number:
mail address (optional):		Email address	(optional):			

9. Site Visit an the site be seen from a public road, public footpath, bridleway of	r other public land?	X Yes	No
the planning authority needs to make an appointment to carry ut a site visit, whom should they contact? (<i>Please select only one</i>) Other has been selected, please provide:	Agent	Applicant	Other (if different from the agent/applicant's details)
Contact name:	Telephone numbe	er:	
II			
mail address:			