PLANNING PORTAL

This form is specifically designed to be printed and completed offline.
Please complete this form in block capitals using black ink to facilitate scanning.
You are advised to read the accompanying guidance notes and per-question help text.
If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application to determine if prior approval is required for a proposed: Demolition of Buildings

Town and Country Planning (General Permitted Development) (England) Order 2015 (as amended) - Sch 2, Part 11, Class B

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 a Local Planning Authority in accordance with the legislation detailed on this form.

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 a 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 its obligations in regards to the processing of your application. Please refer to its 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:

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

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 Local Planning Authority directly.

1. Applicant Name and Address

Title:	MR	First name:	MICHAEL		
Last name:	COLLINS				
Company (optional):	SOUTH TYNESIDE & SUNDERLAND NHS F.T.				
Unit:		House number:		House suffix:	
House name:	SOUTH TYNESIDE DISTRICT HOSPITAL				
Address 1:	HARTON LANE				
Address 2:					
Address 3:					
Town:	SOUTH SHIELDS				
County:	TYNE & WEAR.				
Country:					
Postcode:	NE 34 0PL				

2. Agent Name and Address

Title:		First name:			
Last name:					
Company (optional):					
Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Country:					
Postcode:					

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	DOCTORS RESIDENCE & THE LEAS				
Address 1:	S.T.D.H.				
Address 2:	HARTON LANE				
Address 3:					
Town:	SOUTH SHIELDS				
County:	TYNE & WEAR				
Postcode (optional):	NE34 0PL.				

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

DOCTORS RESIDENCE - 4 STOREY FORMER DOCTOR'S ACCOMMODATION. (VACANT)
THE LEAS - 2 STOREY FORMER STEP DOWN MENTAL HEALTH ACCOMMODATION (VACANT)

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☑ No

If Yes, please complete the following information about the advice 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:

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

5. Proposed Demolition Works

Please describe the building(s) to be demolished:

1. DOCTORS RESIDENCE VACANT 4 STOREY BUILDING, TRADITIONAL MASONRY + PITCHED TILED ROOF.
2. THE LEAS " 2 " " " " " " " "

Please state why demolition needs to take place:

CURRENTLY VACATED & SURPLUS BUILDING STOCK. THE LEAS (1930) & DOCTORS RESIDENCE (1972) ARE NO LONGER VIABLE ACCOMMODATION FOR OUR NEEDS & DEMOLITION WILL REDUCE BACKLOG MAINTENANCE

Please describe the proposed method of demolition:

RAMS TO BE PROVIDED ONCE A CONTRACTOR IS APPOINTED.

Please provide details of the proposed restoration of the site:

LEVELLED & LANDSCAPED, WITH GRASS.

Please state the expected date of commencement of works (DD/MM/YYYY): 28/02/2022 DATE MUST BE POST SUBMISSION

Please state the expected date of completion of works (DD/MM/YYYY): 22/05/2022 DATE MUST BE POST SUBMISSION

Are there any public rights of way within the site or immediately adjoining the site? ☐ Yes ☑ No

Is redevelopment or rebuilding proposed at a later date? ☐ Yes ☑ No

Does the proposal involve the felling or pruning of any tree(s)? ☐ Yes ☑ No

If Yes, please show details on a plan and provide the reference number of the plan(s):

1.		4.	
2.		5.	
3.		6.	

Please describe how and where spoil/rubble would be disposed:

MANAGED AND DISPOSED OF BY DEMOLITION CONTRACTOR UNDER THEIR LICENSE.

6. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. 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 correct fee: ☐

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: ☑

A statement that a site notice has been posted in accordance with B.2 (b) (iv) of Part 11 of Schedule 2 to the General Permitted Development Order 2015: ☑

In cases where the building is not a community asset and is used for a purpose falling within Class A4 (drinking establishments) of the Schedule to the Use Classes Order, a written request to the local planning authority as to whether the building has been nominated: ☐

*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

7. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant: [redacted]

Or signed - Agent:

Date (DD/MM/YYYY): 31.12.2021 (date cannot be pre-application)

8. Applicant Contact Details

Telephone numbers

Country code: +44 National number: [redacted] Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional): [redacted]

9. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

10. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? ☑ Yes ☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? *(Please select only one)* ☐ Agent ☑ Applicant ☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: Telephone number:

Email address: