

Application for approval of details reserved by condition

Town and Country Planning Act 1990
Planning (Listed Buildings and Conservation Areas) Act 1990

Privacy Notice

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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:	ERIC		
Last name:	NUNN				
Company (optional):	NORTH LIZARD FARM RIDING SCHOOL				
Unit:		House number:		House suffix:	
House name:					
Address 1:	LIZARD LANE				
Address 2:					
Address 3:					
Town:	SOUTH SHIELDS				
County:					
Country:					
Postcode:	NE34 7AE				

2. Agent Name and Address

Title:	MR	First name:	GARY		
Last name:	CRAIG				
Company (optional):	GARY CRAIG ARCHITECTURAL SERVICES LTD.				
Unit:		House number:	10	House suffix:	
House name:					
Address 1:	FULMAR WALK				
Address 2:					
Address 3:					
Town:	WHITBURN				
County:	TYNE/WEAR				
Country:					
Postcode:	SR6 7BW				

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:	NORTH LIZARD RIDING SCHOOL				
Address 1:	LIZARD LANE				
Address 2:					
Address 3:					
Town:	SOUTH SHIELDS				
County:					
Postcode (optional):	NE34 7AE				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northing:			
Description:					

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. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

250540 - 17/10/2025 - CONVERSION OF EXISTING STABLES TO RESIDENTIAL USE, PROVIDING NEW DOORS AND WINDOWS AND 5ND. NEW ROOFLIGHTS.

Reference number: 250540

Date of decision: 17/10/2025

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

Please state the condition number(s) to which this application relates:

1.	CONDITION NO. 6	6.	
2.	BNG (NOTE NO. 1)	7.	
3.		8.	
4.		9.	
5.		10.	

Has the development already started?

☐ Yes ☒ No

If Yes, please state when the development started (DD/MM/YYYY):

(date must be pre-application submission)

Has the development been completed?

☐ Yes ☒ No

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/details that are being submitted for approval:

REMEDIATION STRATEGY
BIO DIVERSITY NET GAIN PLAN

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:

8. 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 other plans and drawings or information necessary to describe the subject of the application:



*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.

9. 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:

Or signed - Agent:

Date (DD/MM/YYYY):

09/12/2025

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
	0191-5294964	
Country code:	Mobile number (optional):	
	0794 152 5602	
Country code:	Fax number (optional):	

Email address (optional):

gcarchservices@outlook.com

12. 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:

ACCESS IS AVAILABLE TO THE SITE AT ALL TIMES