

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

## Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) 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 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:



## County Hall, Morpeth, Northumberland, NE61 2EF

For official use onl	/
Application No:	
Received Date:	
Fee Amount:	
Paid by/method:	
Receipt Number:	=

## Publication of applications on 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.

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.

Title:	Miss	First name:	Sara		
Last name:	Whitaker				
Company (optional):	Northumberland County Council				
Unit:	House number: House suffix:				
House name:	County Hall				
Address 1:					
Address 2:					
Address 3:					
Town:	Morpeth				
County:	Northumberland				
Country:					
Postcode:	NE61 2	EF			

2. Agent Nan	ne 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:	

Version 2018

Site Address Details     Please provide the full postal address of the application site.			4. Pre-application Advice  Has assistance or prior advice been sought from the local				
Unit:	House	House	The Property of the Control of		is application? Yes X No		
House	number:	suffix:	If Yes,	olease com	plete the following information about the advice		
name: Address 1:	Fomer Pegswood Sure Start	Centre	you were given. (This will help the authority to deal with this application more efficiently).				
Address 2:	Longhirst Road		Please	ull contact details are not complete as much as possible:			
Address 3:			Office	r name:			
Town:	Pegswood						
County:	Northumberland		Refere	Reference:			
	NE61 6XG of location or a grid reference.		25	Date (DD/MM/YYYY): (must be pre-application submission)			
1	mpleted if postcode is not known)	:	Detail	s of pre-app	lication advice received?		
Easting:	Northing:						
Description							
5. Descrip	tion Of Your Proposal						
Please prov		development as shown	on the c	lecision lett	er, including the application reference number		
	of dwelling to provide care fac	ilities for up to 4 pers	sons tog	ether with	communal shared living		
		1 1	A/		(Date must be are application		
Reference n	211001011002	Date of decision:	06.07.	21	(Date must be pre-application submission) (DD/MM/YYYY)		
	the condition number(s) to which	this application relate					
	Condition No. 7		6.				
2.			7.				
3.			8.				
4.			9.				
5.			10.	Ç			
Has the dev	elopment already started?			Yes	X No		
If Yes, pleas	se state when the development sta	rted (DD/MM/YYYY):			(date must be pre-application submission)		
Has the dev	elopment been completed?		_	Yes	X No		
If Yes, pleas	e state when the development wa	s completed (DD/MM/	YYYY):		(date must be pre-application submission)		
	rge Of Condition ide a full description and/or list of t	the materials/details th	at are be	ing submit	ted for approval:		
	squeen Gas Membrane Propos						
DWG: Vi	squeen Gas Membrance Propo	osal Internal Wall					
7. Part Di	scharge Of Condition(s)						
Are you seeking to discharge only part of a condition?  If Yes, please indicate which part of the condition your application relates to:							
Condition	n No. 7						

8. Planning Application Requir Please read the following checklist to m information required will result in your at the Local Planning Authority (LPA) has be	ake sure you have sent all the application being deemed in			
The original and 3 copies* of a completed and dated application form:	☐ The or in	original and 3 copi nformation necessa	ies* of other plans and drawings ary to describe the subject of the	application:
The correct fee:				
*National legislation specifies that the a total of four copies), unless the applicati LPAs may also accept supporting docum You can check your LPA's website for inf	on is submitted electronically nents in electronic format by	y or, the LPA indica post (for example,	ate that a smaller number of copi on a CD, DVD or USB memory st	ies is required.
9. Declaration  I/we hereby apply for planning permissi information. I/we confirm that, to the be genuine opinions of the person(s) giving	est of my/our knowledge, any			
Signed - Applicant:		Or signed - Agen	t:	
S. Whitaker				
Date (DD/MM/YYYY):		d 20		
01.09.22 (date ca	nnot be pre-application)			
10. Applicant Contact Details		11. Agent Co	ontact Details	
Telephone numbers		Telephone num	bers	
Country code: National number:	Extension number:	Country code:	National number:	Extension number:
Country code: Mobile number (optio	nal):	Country code:	Mobile number (optional):	
Country code: Fax number (optional)	:	Country code:	Fax number (optional):	
Email address (optional):		Em ail address (	optional):	
		][	- ST	
12. Site Visit				
Can the site be seen from a public road,	public footpath, bridleway o	r other public land	? X Yes No	
If the planning authority needs to make out a site visit, whom should they conta		Agent		f different from the applicant's details)
If Other has been selected, please provide	ie:			
Contact name:		Telephone num	ber:	
Sara Whiatker				

Em ail address: