

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 for Planning Permission

Town and Country Planning Act 1990 (as amended)

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:

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:	First name:						
Last name:							
Company (optional):	Northumbria Healthcare NHS Foundation Trust						
Unit:	House House suffix:						
House name:	c/o Agent						
Address 1:							
Address 2:							
Address 3:							
Town:							
County:							
Country:							
Postcode:							

2. Agent	Name an	d Address									
Title:	Mr	First name:	Robert								
Last name:	Dibden	Dibden									
Company (optional):	Lichfields	Lichfields									
Unit:		House House suffix:									
House name:	St Nicholas Building										
Address 1:	St Nicho	St Nicholas Street									
Address 2:											
Address 3:											
Town:	Newcastl	Newcastle upon Tyne									
County:											
Country:											
Postcode:	NE1 1RF										

3. Description of the Proposal	
Please describe the proposed development, including any change of	f use:
Erection of temporary inpatient facility	
Has the building, work or change of use already started?	Yes X No
If Yes, please state the date when building, work or use were started (DD/MM/YYYY):	(date must be pre-application submission)
Has the building, work or change of use been completed?	Yes No
If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):	(date must be pre-application submission)
Reference number of permission in principle being relied on (technical details consent applications only):	
Is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)?	Yes No
A. Site Address Details Please provide the full postal address of the application site. Unit: House House suffix: House number: Suffix: House name: Address 1: Address 2: Address 3: Town: County: Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known): Easting: 399678 Northing: 653369 Description: Land at Brucegate, Berwick upon Tweed	Has assistance or prior advice been sought from the local authority about this application? 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: Mr Tony Lowe Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? Discussions regarding validation requirements.

6. Pedestrian and Vehicle Access, Road	ds and Righ	ts of Way	7. Waste Storage and Collection		
Is a new or altered vehicle access proposed to or from the public highway?	Yes	X No	Do the plans incorporate areas to store and aid the collection of waste?	Yes	x No
Is a new or altered pedestrian access proposed to or from			If Yes, please provide details:		
the public highway?	Yes	X No			
Are there any new public roads to be provided within the site?	Yes	x No			
Are there any new public rights of way to be provided within or adjacent to the site?	Yes	x No			
Do the proposals require any diversions /extinguishments and/or creation of rights of way?	Yes	x No	Have arrangements been made for the separate storage and collection of recyclable waste?	Yes	x No
If you answered Yes to any of the above que details on your plans/drawings and state the (s)/drawings(s)			If Yes, please provide details:		
8. Authority Employee / Member	na that the n	rocess is one	en and transparent. For the purposes of this que	estion "relat	ed to"
· · · · · · · · · · · · · · · · · · ·	enough that	a fair-minde	ed and informed observer, having considered th		
Do any of the following statements apply to			· ·	y, I am:	
			(b) an elected member (c) related to a member of st	taff	
			(d) related to an elected me		
If Yes, please provide details of their name, r	ole and how	you are rela	ted to them.		

9. Materials If applicable, please sta	te what materials	are to be used exte	rnally. Include	e type, colour and name for	each material:		
	Existing (where applicab		,	Proposed		Not applicable	Don't Know
Walls				Kingspan			
Roof							
Windows							
Doors							
Boundary treatments (e.g. fences, walls)							
Vehicle access and hard-standing							
Lighting							
Others (please specify)							
Are you supplying add	l itional informatio	n on submitted plar	n(s)/drawing(s	l)/design and access statem	ent? X Yes		No
If Yes, please state refe			ign and access	s statement:			
See drawings prepare	ared by P+HS A	Architects					
10. Vehicle Parkin	g						
Please provide info	mation on the ex	isting and proposed		n-site parking spaces:			
Type of Vehic	le	Total Existing	Tota	l proposed (including spaces retained)	Difference in spaces		
Cars		20		0	-20		
Light goods vehi public carrier veh	cles/ nicles						
Motorcycles	;						
Disability spac	es						
Cycle spaces	5						
Other (e.g. Bu	s)						
Other (e.g. Bu	s)						

11. Foul Sewage	12. Assessment of Flood Risk				
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the				
Mains sewer Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)				
Septic tank Other	Yes X No				
Package treatment plant Unknown	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.				
Are you proposing to connect to the existing drainage system? Yes X No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes X No Will the proposal increase				
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	the flood risk elsewhere? Yes X No				
	How will surface water be disposed of?				
	Sustainable drainage system Existing watercourse				
	Soakaway Pond/lake				
	Main sewer				
13. Biodiversity and Geological Conservation	14. Existing Use Please describe the current use of the site:				
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:				
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological	Parking area				
conservation features may be present or nearby and whether					
they are likely to be affected by your proposals. Having referred to the guidance notes, is there a reasonable	Is the site currently vacant? Yes X No				
likelihood of the following being affected adversely or conserved	Is the site currently vacant? If Yes, please describe the last use of the site:				
and enhanced within the application site, or on land adjacent to or near the application site?	ir res, please describe the last use of the site.				
a) Protected and priority species:					
Yes, on the development site					
Yes, on land adjacent to or near the proposed development					
X No	When did this use end (if known)? DD/MM/YYYY				
b) Designated sites, important habitats or other biodiversity	(date where known may be approximate)				
features: Yes, on the development site	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.				
Yes, on land adjacent to or near the proposed development	Land which is known to be contaminated? Yes X No				
X No					
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site? Yes X No				
Yes, on the development site	A proposed use that would				
Yes, on land adjacent to or near the proposed development	be particularly vulnerable to the presence of contamination? Yes X No				
X No					
15. Trees and Hedges	16. Trade Effluent				
Are there trees or hedges on the proposed development site? Yes X No	Does the proposal involve the need to dispose of trade effluents or waste? Yes X No				
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste				
development or might be important as part	or trade efficients or waste				
If Yes to either or both of the above, you <u>may</u> need to provide a full					
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be					
submitted alongside your application. Your local planning authority should make clear on its website what the survey should					
contain, in accordance with the current 'BS5837: Trees in relation to					

	Propose	d Hous	sing					Existi	ng l	Hous	ing			
Market	Not		,		ooms	Total	Market	Not		Numl				Tota
Housing	known	1 2	3	4+	Unknown		Housing	known	1	2	3	4+	Unknown	
Houses	$+ \Box +$					а	Houses							а
Flats/maisonettes						Ь	Flats/maisonettes							Ь
Sheltered housing						С	Sheltered housing							С
Bedsit/studios						d	Bedsit/studios							d
Cluster flats						е	Cluster flats							е
Other						f	Other							f
		Totals (a	1 + b +	- c + a	(+ e + f) =	Α			To	tals (a	ı + b +	- c + d	+ e + f) =	F
Social, Affordable or Intermediate Rent	Not known	Num	ber of	Bedr 4+	ooms Unknown	Total	Social, Affordable or Intermediate Rent	Not known	1	Numl 2	oer of	1	ooms Unknown	Tota
Houses						a	Houses							а
Flats/maisonettes						Ь	Flats/maisonettes							b
Sheltered housing						C	Sheltered housing							C
Bedsit/studios						d	Bedsit/studios							d
Cluster flats						е	Cluster flats							е
Other						f	Other							f
Other		Totals (c	1 + h +	- c + d	' + e + f) =	В	Other		To	tals (d	 + h +	c + d	' + e + f) =	G
													-	
Affordable Home Ownership	Not known	1 2	ber of	4+	ooms Unknown	Total	Affordable Home Ownership	Not known	1	Numl 2	oer of		ooms Unknown	Tota
Houses		· -				а	Houses		-					а
Flats/maisonettes						Ь	Flats/maisonettes							Ь
Sheltered housing						С	Sheltered housing							С
Bedsit/studios						d	Bedsit/studios							d
Cluster flats						е	Cluster flats							е
Other						f	Other							f
		Totals (a	1 + b +	- c + d	(1+e+f)=	С			To	tals (a	ı + b +	c + d	(+e+f)=	Н
	Nat	Num	her of	Redr	ooms	Total		Not		Numl	ner of	Redr	ooms	Tota
Starter Homes	Not _ known	1 2	3	4+	Unknown	_	Starter Homes	Not known	1	2	3		Unknown	
Houses						а	Houses							а
Flats/maisonettes						Ь	Flats/maisonettes							Ь
Bedsit/studios						С	Bedsit/studios							С
Other						d	Other							d
		To	tals ((a + b	+c+d)=	D				To	tals (′a + b	+c+d)=	/
Self Build and	Not	Num	ber of	Bedr	ooms	Total	Self Build and	Not		Numl	oer of	Bedr	ooms	Tota
Custom Build		1 2	3	4+	Unknown		Custom Build	known	1	2	3	4+	Unknown	1
Houses						а	Houses							а
Flats/maisonettes						Ь	Flats/maisonettes							b
Bedsit/studios						С	Bedsit/studios							С
Other						d	Other							d
		To	tals (a+b	+ c + d) =	E				To	tals /	$a \perp b$	+ c + d) =	1

Net trada	of use	Not applicable	Existing gross	Gross internal	floorspace	Total gro	ss internal	Net additional gross
Net trada		Not app	internal floorspace (square metres)	to be lost by use or den	ross internal floorspace to be lost by change of use or demolition (square metres)		e proposed change of re metres)	Net additional gross internal floorspace following developmen (square metres)
	ops							
F:	able area:							
profession	ial and al services							
Restaurant	s and cafes							
Drinking est	ablishments							
Hot food	takeaways							
Light in	dustrial							
General i	ndustrial							
_								
						43	37	437
То	tal					43	7	437
lition, for ho	tels, resident	ial ins	stitutions and hos	tels, please ad	ditionally inc	licate the los	s or gain of ro	ooms
Type of use	Not applicable	Existi	ing rooms to be lo of use or demo	ost by change plition				Net additional rooms
Hotels								
Residential nstitutions								
oloyment								
•	ollowing inf	ormat	tion regarding em	ployees:				
			Full-time	Part-	-time			l full-time uivalent
sting employ	rees							
osed emplo	yees		40					40
ırs of Ope	ning							able - residential
please state						<u> </u>		
Use	M	onday	y to Friday	Saturda	y			Not known
	Office (oth Resear develor Light in General in Storage or Hotels and residential Non-residential Non-residenti	Not applicable Hotels Residential stitutions Dloyment mplete the following infecting employees cosed employees cosed employees Use Management	Office (other than A2) Research and development Light industrial General industrial Storage or distribution Hotels and halls of residence Residential institutions Non-residential institutions Assembly and leisure Total ition, for hotels, residential institutions Residential institutions Assembly and leisure Diopment mplete the following informate ting employees osed employees osed employees osed employees Use Monday	Office (other than A2)	Office (other than A2) Research and development Light industrial General industrial Storage or distribution Hotels and halls of residence Residential institutions Non-residential institutions Assembly and leisure Total ition, for hotels, residential institutions and hostels, please addrype of use applicable Hotels Residential institutions Full-time Partiting employees osed employees Ors of Opening please state the hours of opening (e.g. 15:30) for each non-residential institutions Monday to Friday Saturdar	Research and development Light industrial General industrial General industrial General industrial Hotels and halls of residence Residential institutions Non-residential institutions Assembly and leisure Graphicable Full-time Part-time Ting employees Graphicable Graphic	Office (other than A2)	Office (other than A2)

Please state the site area in hectares (ha) 2,683 sqm

22. Industrial or Commercial Processes and Machinery								
Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed or	cts including include the	N	ot applicable					
Is the proposal a waste management develo	pment?	Yes	X No					
If the answer is Yes, please complete the foll	owing table:	_						
	incluc allov	ding engin wance for o	city of the void in eering surcharge cover or restoratio d waste or litres if	and making on material (d	no throughput in tonness			
Inert landfill								
Non-hazardous landfill								
Hazardous landfill								
Energy from waste incineration								
Other incineration								
Landfill gas generation plant								
Pyrolysis/gasification								
Metal recycling site								
Transfer stations								
Material recovery/recycling facilities (MRFs)								
Household civic amenity sites								
Open windrow composting								
In-vessel composting								
Anaerobic digestion								
Any combined mechanical, biological and/ or thermal treatment (MBT)								
Sewage treatment works								
Other treatment								
Recycling facilities construction, demolition and excavation waste								
Storage of waste								
Other waste management								
Other developments								
Please provide the maximum annual operat	ional through	hput of the	e following waste	streams:				
Municipal								
Construction, demolition and e	xcavation							
Commercial and industr	rial							
Hazardous								
If this is a landfill application you will need t planning authority should make clear what	o provide fur information i	ther inforr it requires	nation before you on its website.	ır applicatior	n can be determined. Your waste			
23. Hazardous Substances								
Does the proposal involve the use or storage the following materials in the quantities stat		Yes	☐ No	X Not app	olicable			
If Yes, please provide the amount of each su	bstance that	is involved	d:					
Acrylonitrile (tonnes)	e oxide (to	nnes)		Phosgene (tonnes)				
Ammonia (tonnes) Hydrogen cyanide (to			nnes)		Sulphur dioxide (tonnes)			
Bromine (tonnes) Liquid oxygen (to			nnes)		Flour (tonnes)			
Chlorine (tonnes)	quid petroleu	um gas (to	nnes)	Re	fined white sugar (tonnes)			
Other:			Other:					
Amount (tonnes):			Amount (ton	nes):				

24. 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**

is part or, arragineartarar rioraring		
NOTE: You should sign Certificate B, C application relates but the land is, or i	or D, as appropriate, if you are the sole owner of the land or bui spart of, an agricultural holding.	lding to which the
	st or leasehold interest with at least 7 years left to run. given by reference to the definition of "agricultural tenant" in section 65	i(8) of the Act.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	Mr Robert Dibden	22/09/2023
I certify/ The applicant certifies that I ha 21 days before the date of this applicati application relates. * "owner" is a person with a freehold intere	velopment Management Procedure) (England) Order 2015 Certive/the applicant has given the requisite notice to everyone else (as on, was the owner* and/or agricultural tenant** of any part of the set or leasehold interest with at least 7 years left to run. Even in section 65(8) of the Town and Country Planning Act 1990	listed below) who, on the da
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
1		

24. Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. "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 The steps taken were: Name of Owner / Agricultural Tenant **Date Notice Served** Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Signed - Applicant: Date (DD/MM/YYYY): Or signed - Agent: **CERTIFICATE OF OWNERSHIP - CERTIFICATE D** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that:

Certificate A cannot be issued for this application

All reasonable steps have been taken to find out the names and addresses of everyone else 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 to which this application relates, but I have/ the applicant has been unable to do so.

* "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

The steps taken were:		
Notice of the application has been publis (circulating in the area where the land is s	On the following date (which must not be earlier than 21 days before the date of the application):	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

25. Planning Application Requiremen	ts - Checklist				
Please read the following checklist to make sure information required will result in your application the Local Planning Authority (LPA) has been subr	on being deemed inva	information in support of you alid. It will not be considered	ır proposal. Failure to s valid until all informat	submit all ion required by	
The original and 3 copies* of a completed and da application form:	ated	The correct fee:			
The original and 3 copies* of the plan which ider to which the application relates drawn to an ider and showing the direction of North:		The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details): The original and 3 copies* of a fire statement, if required			
The original and 3 copies* of other plans and dra information necessary to describe the subject of		(see help text and guidance The original and 3 copies* of Certificate (A, B, C or D – as and Article 14 Certificate (A	of the completed, dated applicable)	d Ownership	
*National legislation specifies that the applicant total of four copies), unless the application is sub LPAs may also accept supporting documents in e You can check your LPA's website for information	mitted electronically electronic format by p	or, the LPA indicate that a smoost (for example, on a CD, D\	naller number of copies /D or USB memory sticl	s is required.	
Plans can be bought from one of the Planning P	ortal's accredited sup	pliers: https://www.planning	portal.co.uk/buyaplan	ningmap	
26. Declaration I/we hereby apply for planning permission/conseinformation. I/we confirm that, to the best of my/genuine opinions of the person(s) giving them. Signed - Applicant:	ent as described in thi our knowledge, any f Or signed - Agent:	s form and the accompanyin facts stated are true and accu	g plans/drawings and a trate and any opinions of Date (DD/MM/YYYY):	given are the	
	Mr Robert Dibder	n	30/08/2023	(date cannot be pre-application)	
27. Applicant Contact Details Telephone numbers c/o Agent Country code: National number:	Extension number:	28. Agent Contact De Telephone numbers 019 Country code: National r	12615685	Extension number:	
Country code: Mobile number (optional):		Country code: Mobile nu	ımber (optional):		
Country code: Fax number (optional): Email address (optional):		Country code: Fax numb Email address (optional):	er (optional):		
Email address (optional).		robert.dibden@lichfie	lds.uk		
29. Site Visit Can the site be seen from a public road, public fo	otpath, bridleway or	other public land? X	□No		
If the planning authority needs to make an appoint out a site visit, whom should they contact? (Pleas	intment to carry		□ _{dicant} □ Other (if o	different from the plicant's details)	
If Other has been selected, please provide: Contact name:		Telephone number:			