16NP0074.



Northumberland National Park

Northumberland National Park Authority, Eastburn, South Park, Hexham, Northumberland NE46 IBS T: 01434 605555 F: 01434 611675

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applic	ant Name and Address	2. Agent Name and Address
Title:	Me First name: DAV ID	Title: First name:
Last name:	WATKINS	Last name:
Company (optional):		Company (optional):
Unit:	House House suffix:	Unit: House number: House suffix:
House name:	REDHEUGH	House name:
Address 1:	TARSET	Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	Haxham	Town:
County:	HORTHUMBERLAND	County:
Country:	UK	Country:
Postcode:	N=481hB	NoRastcode and National Park Authority
		Planning Department Received
		2 5 JUL 2016
		\$0ate:: 2012-07-17 #\$ \$Revision: 4636 \$

3. Site Address Details	4. Pre-application Advice					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?					
Unit: House House suffix:	authority about this application? If Yes, please complete the following information about the advice					
House REDHEUGH	you were given. (This will help the authorny to dear with this					
Address 1: TARSET	application more efficiently). Please tick if the full contact details are not					
Address 2:	known, and then complete as much as possible:					
Address 3:	Officer name: Research Adams					
Town: HEXHATT	Reference:					
County: NORTHURBERLAND	16 NP 0043 LBC					
Postcode (optional): NE48 LUZ	Date (DD/MM/YYYY): (must be pre-application submission)					
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?					
Easting: Northing:	DISCUSCIONS & SITE VISIT BY					
Description:	REBECCA ADAMS					
REPUBLICA, TARSET, HEXHATT						
рец8 1m3						
5. Description Of Your Proposal	as the decision letter including the application reference number					
	own on the decision letter, including the application reference number O = TOVE = REPLACE ALL SCATES					
TAPLES						
TO FROM - REAR ELEVATION. FRONT ELEVATION WEST HORE CALL SCALE						
REAR ELEVATION WELSH SLATE						
Reference number: 16 N 9 OOL3L8c Date of decision: 07(07/2016 submission) (DD/MM/YYYY)						
Please state the condition number(s) to which this application relationship to the condition number of	ATHIS WILL BE COMPLIED WITH IT					
1. MID AUGUST 2016	7 THIS WELL BE COMPLIED WITH IF					
2. THESE RECLIREMENTS WILL BE CARRIED	WITH THE SE CHOUSED WITH					
3. The REQUIREMENT WILL BE COMPLIED W.	.74					
COS ATTACHED - PROPOSED MYX -	9.					
5. THIS GIVE BE CHIVETED WITH	10.					
Has the development already started?	Yes No					
If Yes, please state when the development started (DD/MM/YYY)	Y): (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/deta	ills that are being submitted for approval:					
TWRTAR THE AND SAMPLE SONIE DOWN OF LIVE HAD						
BE DECLUERED TO MAPA OFFICES	ON REQUEST					
7. Part Discharge 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:						

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 has been submitted.						
The original and 3 copies of a completed and dated application form:	Ibmitted.	he original and 3 copies of other plans and drawings r information necessary to describe the subject of the application:				
The correct fee:	Ø					
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): 24(07(2016) (date cannot be pre-application)						
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional):	Extension number:	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):				
12. Site Visit						
Can the site be seen from a public road, p	·	y or other public land? Yes No				
If the planning authority needs to make a out a site visit, whom should they contact	n appointment to carry ? (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:				
	T-100-100-100-100-100-100-100-100-100-10					
Email address:	The state of the s					