

Planning Department Received

1 6 JAN 2017

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. Applicant Name and Address		2. Agent Name and Address	
Title:	First name:	Title: First name:	
Last name		Last name:	
Company (optional):	THICE BREWED LLP	Company (optional):	
Unit:	House number: House suffix:	Unit: House House suffix:	
House name:	TWICE BLEWED INN	House name:	
Address 1:	MILINEY RAD	Address 1:	
Address 2:	BARDON MILL	Address 2:	
Address 3:		Address 3:	
Town:	HECHAM	Town:	
County:	NORTHUGUELLAND	County:	
Country:	UNITED KINGORN	Country:	
Postcode:	NEGT FAN	Postcode:	

Please provide the full postal address of the application site.  Unit: House number: House suffix: House name:  Address 1: THE TAICE BELLED INN  Address 2: MILITARY BAN  Address 3: BARDAN MILL  Town: HELHAM  County: NCRTHLABBLAND  Postcode (optional): NELT TAN  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:  CHUS STANCETH  Reference:  /6/0039  Date (DD/MM/YYYY): (must be pre-application submission)  Details of pre-application advice received?			
MILARCY RAD JUST SOLDI & APORIANS WALL	ill			
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:  CONSTRUCTION OF EARNSIGN TO PUBLIC HOUSE FOL MICROBATIONS 17.				
Reference number: 160003 Date of decision: 22/12/16 (Date must be pre-application submission) (DD/MM/YYYY)  Please state the condition number(s) to which this application relates:				
1.	6.			
2.	7. CONSTRUCTION TRANSFORT METER STATEMENT (ENCL.)			
3.	8. CYCLE PARKING - RAN ATTACHED (HOWING 11, 4 ALSO).			
4. LANDIGARING - PLAN ATTACHED (SHOWING PT. 8 ALJO)	9.			
5. EXTREME LIGHTING - SPECIFICATIONS ENCLOSED	10. AR EXPERITAL EX. DEPAILS ENCLOSED.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY). (date must be pre-application				
Has the development been completed?				
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:  FOR POINT 3, SAMPLES OF STONE & SLATE WILL BE DELIVERED BY HAND TO THE PLANNING CARCE,  HEXHAM NE46 IBS				
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 information required will result in your application being deemed i the Local Planning Authority has been submitted.	the information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by
The original and 3 copies of a completed and dated application form:	e original and 3 copies of other plans and drawings information necessary to describe the subject of the application:
The correct fee:	
9. Declaration  I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the  Or signed - Agent:
Date (DD/MM/YYYY):	
(date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers	Telephone numbers
Country code:  National number:  Country code:  Mobile number (optional):  Extension number:    Description   Desc	Country code: National number: Extension number:  Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
(a) many	Email address (optional):
12. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	or other public land?
If the planning authority needs to make an appointment to carry	
out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide:  Contact name:	Agent Applicant Other (if different from the agent/applicant's details)
Contact name.	Telephone number:

Email address: