



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

Application for approval of details reserved by conditional Park

Town and Country Planning Act 1990

2 7 FEB 2017

Planning (Listed Buildings and Conservation Areas) Act 1990

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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			
Title:	First name:		
Last name:			
Company (optional):	THOMPSON WALLS LTD		
Unit:	House number: House suffix:		
House name;			
Address 1:	THOMPSON WALLS		
Address 2:	KILHAM		
Address 3:	MIND RUM		
Town;			
County:	NORTHISMBERLAND		
Country:	ENGLAND		
Postcode:	7012407		

2. Agent Name and Address			
Title:	MR First name: X 4010		
Last name:	BOBION		
Company (optional):	XOBSOND DESIGN LTD		
Unit:	House number: House suffix:		
House name:	THE CROSSINGS		
Address 1:	YEAVERING		
Address 2:	KIRKNEWTON		
Address 3:			
Town:	WOOLER		
County:	NORTHISM BERLAND		
Country:	ENGLAND		
Postcode:	NETI 6H9		

3. Site Ac	ddress Details	4. Pre-application Advice			
Please provi	ide the full postal address of the application site.	Has assistance or prior advice been sought from the local			
Unit:	House House number: suffix;	authority about this application?			
House name;	number. Sum,	If Yes, please complete the following information about the advice			
Address 1:	THOMPSON WALLS	you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not			
Address 2:	KILHAM	known, and then complete as much as possible:			
Address 3:	MINDRUM	Officer name:			
Town;		CHRN STANWORTH Reference:			
County:	NORTHEMBERLAND	15 NP 0078			
Postcode (optional):	TO 12 4QT	Date (DD/MM/YYYY):			
Description	of location or a grid reference.	(must be pre-application submission) 9. 2-2017			
(must be co	mpleted if postcode is not known):	Details of pre-application advice received?			
Easting:	Northing:	AS ENCLOSED EMAIL			
Description	;	·			
5. Descrip	otion Of Your Proposal				
Please prov	ide a description of the approved development as show	n on the decision letter, including the application reference number			
and date of	decision in the sections below:				
GAR	EN BUILDING, DEMOLITION OF E	WALLED GARDEN AND PLANTROOM OF XISTING COTTAGES AND CONVERSION OF STEADING BUILDINGS TO FORM ZNO			
HOLD	LESHING BARN SITUATED WITHING Y/TOURS MARKIN	STEADING BUILDINGS TO FORM ZINO			
Reference n	A Land to the second se	(Data must be pre-conclusive)			
Please state	the condition number(s) to which this application relate	Subinission (DD/MM//1111)			
1. 1.	5 RANDOM STONE / SLATES TO BE	6.			
2. No	6 RANDOM STONE BOUNDARY WALL AND OUTBUILDINGS.	7.			
3.	AND OUTBUILDINGS.	8.			
4.	The state of the s	9.			
5.		10.			
Has the dev	elopment already started? FARM OFFICE; FLO SLAB/SETTING OUTS	Se V Yes No			
If Yes, pleas	عربی کریمی کے کہ کے کہ	(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. Dischar	rge Of Condition				
	ide a full description and/or list of the materials/details th	nat are being submitted for approval:			
ENCLOSED ARE BHOTOGRAPHS OF MATERIALS PROPOSED AS BUILT ON SCHEME IN NORTH NORTHUMBERLAND AS EXAMPLE. STONE / SLATES RECLAIME IN NORTH NORTHUMBERLAND BY REDDEM. WOOLER - REMOLITION CONTRACTOR					
	IN NOUTH NOUTHOUNGEVEAND BY KEDDEM. WOOLER - REMOLITION CONTRACTOR				
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:	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:				
The correct fee: £97					
P. Declaration We hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. We confirm that, to the best of pay/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. 2. 2017 (date cannot be pre-application)					
10. Applicant Contact Details 11. Agent Contact Details					
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number; Extension 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, public footpath, bridleway or other public land? Yes No f the planning authority needs to make an appointment to carry but a site visit, whom should they contact? Applicant					
If Other has been selected, please provide: Contact name:	Telephone number:				
T					

Email address: