



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.

Applicant Name and Address				
Title:	First name:			
Last name:				
Company (optional):	SECRETARY OF STATE FOR THE HOME DEPT			
Unit:	House number: House suffix:			
House name:	THE HOME OFFICE			
Address 1:	MARSHAM ST			
Address 2:				
Address 3:				
Town:	LANDON			
County:				
Country:				
Postcode:	SWIP 4DF			

2. Agent Name and Address				
Title:	First name: GINNY			
Last name:	HALL			
Company (optional):	MONO CONSULTANTS LTD.			
Unit:	House number: House suffix:			
House name:	CULZEAN HOUSE			
Address 1:	36 RENFIELD STREET			
Address 2:				
Address 3:				
Town:	GLASQan			
County:				
Country:				
Postcode:	92 140			

3. Site Address Details			re-application Advice		
Please provide the full postal address of the application site.			ssistance or prior advice been sought from the local prity about this application?		
Unit:	House House suffix:	autho	rity about this application? Yes No		
House name:	BALLOWBURN FARM		please complete the following information about the advice vere given. (This will help the authority to deal with this		
Address 1:	Address 1: HAR BOTTLE		cation more efficiently). e tick if the full contact details are not		
Address 2:			n, and then complete as much as possible:		
Address 3:		Office	er name:		
Town:	MORPETH	Refer	ence:		
County:	NORTHUMBURUAND				
Postcode (optional): NE 65 787		(must	Date (DD/MM/YYYY): be pre-application submission)		
Description (must be co	of location or a grid reference. mpleted if postcode is not known):	11	ils of pre-application advice received?		
Easting:	3 <b>8</b> 6930 Northing: 610 796				
Description					
(TAMD	AT BARROWEURN				
	ption Of Your Proposal				
and date of	decision in the sections below:		decision letter, including the application reference number		
20m L	ATTICE MAST WITH 3NO ANTONNAS 6 2NO	o Oist	ES, ASSOCIATED GREUND BASED EQUIPMENT		
1100 9	GNORATOR AND SATELLITE DISH AND 31	UM (	DNG SIONE ACCESS TRACK		
		0.1	(Date must be pre-application		
Reference n	number: [18 NFOO26] Date of decision: the condition number(s) to which this application relate	-	(Date must be pre-application submission) (DD/MM/YYYY)		
	CONDITION 6	6.			
2.		7.			
3.	1937.45	8.			
4.		9.	1100		
5.	We We	10.			
Has the dev	velopment already started?	-L	Yes No		
If Yes, pleas	se state when the development started (DD/MM/YYYY):		(date must be pre-application submission)		
Has the dev	velopment been completed?		Yes No		
If Yes, pleas	se state when the development was completed (DD/MM/	<b>/YYYY)</b> :	N/A (date must be pre-application submission)		
6. Discha	rge Of Condition				
	ride a full description and/or list of the materials/details the	nat are b	eing submitted for approval:		
2661	ATTACHED LETTOR FOR DOTAILS,				
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:  Yes  Yes  No					
NIX					

B. 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:							
/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.    Or signed - Agent:   Date (DD/MM/YYYY):   (date cannot be pre-application)							
10. Applicant Contact Details 11. Agent Contact Details							
Telephone numbers N/A  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Extension number:  Country code: Mobile number (optional):  Email address (optional):	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, public footpath, bridleway or 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:	r other public land? Yes No  Agent Applicant Other (if different from the agent/applicant's details)  Telephone number:						
GINNYHALL	To Spring Harrison						

Email address: