



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					
Applic	unit runite una ruaress				
Title:	MONMAS First name:				
Last name:	FERWEED				
Company (optional):					
Unit:	House number: House suffix:				
House name:					
Address 1:	C/O GALBRAITH				
Address 2:	BURN CAME				
Address 3:	HEXHAM				
Town:					
County:	NILAND				
Country:	VIC				
Postcode:	NE 46 DRU				

2. Agent Name and Address				
Title:	MQ First name: K			
Last name:	BUTLER			
Company (optional):	BUTLER HAIC ASSOC			
Unit:	House number: House suffix:			
House name:				
Address 1:	UNIT 11			
Address 2:	Swin Azomb			
Address 3:	BYWELL			
Town:	STOCKSFIERD.			
County:	NLAND			
Country:	UK			
Postcode:	NE437AQ			

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? Yes No	
House Low Town	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	
Address 1: WALLTOWN	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:	
Town: CREENHEAD	Reference:	
County: U C		
Postcode (optional): CA & 7JD	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: 368299 Northing: 566288		
Description:		
5. Description Of Your Proposal		
and date of decision in the sections below:	wn on the decision letter, including the application reference number	
15(17) NP00516BC & 17NP	0050	
CREATION OF VISITER AZ	COMMODATION	
Reference number: SEE ACOUE Date of decision	: 30/06/2017 (Date must be pre-application submission) (DD/MM/YYYY)	
Please state the condition number(s) to which this application rela	ates:	
1. 51 (4)	6.	
2.	7. 50 (12)	
3.	8.	
4. 51 (10)	9. 50 (18)	
5. 50 (6)	10.	
Has the development already started?	Yes No	
If Yes, please state when the development started (DD/MM/YYYY)	(date must be pre-application submission)	
Has the development been completed?	Yes No	
If Yes, please state when the development was completed (DD/M	(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:	
	TE + DOCUMENTS.	
Jee Million Str	10 / 1000100.	
7. Part Discharge Of Condition(s)		
Are you seeking to discharge only part of a condition?	Yes No	
f Yes, please indicate which part of the condition your application		

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	sure you have sent all the cation being deemed inv	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by	,
The original and 3 copies of a The completed and dated application form:		original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:	
he correct fee:	₹ 		
nformation. I/we confirm that, to the best of genuine opinions of the person(s) giving the Signed - Applicant: Date (DD/MM/YYYY):	my/our knowledge, any	onis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:	
Country code: Mobile number (optional): Mobile number (optional): Mobile number (optional):	Extension number:	Telephone numbers Country code: National number: Extensio number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	
I 2. Site Visit Can the site be seen from a public road, public fithe planning authority needs to make an a put a site visit, whom should they contact? (If of Other has been selected, please provide: Contact name:	ppointment to carry	r other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:	
"manil a alalan and			