



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						
Title:	MR First name: COLIN					
Last name:	MARTIN					
Company (optional):	· · · · · · · · · · · · · · · · · · ·					
Unit:	House number: House suffix:					
House name;						
Address 1:	WEST KIRKNEWTON FA	em				
Address 2:	KIRKNEWTON					
Address 3:						
Town:	WOOLER					
County:	NORTHUM BERLAND					
Country:	ENGLAND					
Postcode:	NETI 6XF	J				

2. Agent Name and Address				
Title:	MR First name: SAUD			
Last name:	BOBSON			
Company (optional):	DOBSONS BESIGN LTD			
Unit:	House House suffix:			
House name:	THE CROSSINGS			
Address 1:	GEAVERING			
Address 2:	KIRKHEWISIN			
Address 3:				
Town:	WOOZER			
County:	NORTHUMBERLAND			
Country:	ENGLAND			
Postcode:	NE 71 649			

3. Site Address Details			4. Pre-application Advice Has assistance or prior advice been sought from the local			
Please provide the full postal address of the application site.		8 6		rior advice been sought sapplication?	from the local Yes No	
Unit:	House number:	House suffix:				اسما اسما
House name:	LONGBACK C		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1:	WEST KIRKNE	WTON FARM	application more efficiently). Please tick if the full contact details are not			
Address 2:	SS 2: KIRKHEWTON		known, and then complete as much as possible:			
Address 3:			Officer	r name:	(0)5254	
Town:	WOOLER		Reference:			
County:	NORTHUMBERLAND		20 NP 0088			
Postcode (optional):	otional): WE // 6 XF		(must h		ate (DD/MM/YYYY): cation submission)	8.2.2021
Description of (must be comp	location or a grid reference. pleted if postcode is not known):		11		lication advice received?	
Easting:	Northing:					
Description:						
5. Descripti	ion Of Your Proposal					
Please provide	e a description of the approved decision in the sections below:	levelopment as showr	n on the d	lecision lette	er, including the applicat	ion reference number
The second division in	NEW GARAGE/STO	AGE WITH	THE	ADDITE	ON OF REAR	EXTENSION
AND	NEW GARAGE/STO	RE.	1 60		·	PANNANINE
Bu	TANGE OF TO FORMS LA	TASSCAPING"	AREAS"	AND VE		
Reference num	nber: 20 Np 0088	Date of decision:	8.2	.2021	(Date must be pre-appli submission) (DD/MM/Y	
Please state th	ne condition number(s) to which	this application relate	25:			
1.			6.			
2.			7.			
3.			8.	LEVE	LI HISTORIC &	BUILDING SURJET
4.			9.			
5.			10.			
Has the develo	opment already started?			Yes	√ No	
If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)				e-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	e Of Condition					
	a full description and/or list of the	ne materials/details th	nat are bei	ing submitte	ed for approval:	
1. PLAN OF GROUND FLOOR AND ELEVATIONS/SECTION 'AS EXISTING'						
2. PHOTOGRAPHS INTERNAL AND EXTERNAL						
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:						

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 The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:						
he correct fee: \[\begin{align*} \To & \textit{BE PAID SIRECT BY APPLICANT} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Declaration If 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 involve person of the person of th						
10. Applicant Contact Details	11. Agent Contact Details					
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):					
2. Site Visit						
an the site be seen from a public road, public footpath, bridleway or other public land? Yes No						
the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)					
Other has been selected, please provide:						
Contact name:	Telephone number:					

Email address: