



North York Moors National Park Authority
 The Old Vicarage
 Bondgate
 Helmsley
 York
 YO62 5BP

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Application for listed building consent for alterations, extension or demolition of a listed building. 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: <input type="text" value="MR"/> First name: <input type="text" value="ALAN"/>	Title: <input type="text" value="MR"/> First name: <input type="text" value="ANDREW"/>
Last name: <input type="text" value="EVES"/>	Last name: <input type="text" value="WARRIOR"/>
Company (optional): <input type="text" value="FORESTRY ENGLAND"/>	Company (optional): <input type="text" value="FORESTRY ENGLAND"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text" value="YORKSHIRE FOREST DISTRICT"/>	House name: <input type="text" value="YORKSHIRE FOREST DISTRICT"/>
Address 1: <input type="text" value="OUTGANG ROAD"/>	Address 1: <input type="text" value="OUTGANG ROAD"/>
Address 2: <input type="text"/>	Address 2: <input type="text" value="NYMNPA"/>
Address 3: <input type="text"/>	Address 3: <input type="text" value="12 DEC 2019"/>
Town: <input type="text" value="PICKERING"/>	Town: <input type="text" value="PICKERING"/>
County: <input type="text" value="NORTH YORKSHIRE"/>	County: <input type="text" value="NORTH YORKSHIRE"/>
Country: <input type="text" value="UK"/>	Country: <input type="text" value="UK"/>
Postcode: <input type="text" value="YO18 7EL"/>	Postcode: <input type="text" value="YO18 7EL"/>

3. Description of Proposed Work

Please describe the proposals to alter, extend or demolish the listed building(s):

- ① REPLACE EXISTING PLASTIC RAINWATER GOODS WITH CAST IRON
- ② REPLACE EXISTING DORMA TO THE REAR INCLUDING WINDOW LIKE FOR LIKE BUT WITH DOUBLE GLAZING
- ③ REPLACE DAMAGED & MISSING CHIMNEY POTS WITH CLAY ROLE TOP POTS
- ④ REPLACE EXISTING KITCHEN WINDOW WITH NEW DOUBLE GLAZED WINDOW. STYLE AS EXISTING
- ⑤ REFELT ROOF TO PORCH AT REAR
- ⑥ RENEW CORRUGATED ROOF COVERIN AND REPLACE DEFECTIVE TIMBER TO SMALL TRACKORSHGD
REPLACE BATTEN DOOR LIKE FOR LIKE
- ⑦ REPAIR ROOF TO STABLE. REUSE OR REPLACE TILES AS NECESSARY REPLACE DEFECTIVE TIMBERS TO ROOF
AND REPAIR STONEWORK
- ⑧ REPAIR ROOF TO WOODSTORE. REMOVE EXISTING CORRUGATED SHEET REPLACE DEFECTIVE TIMBERS TO ROOF
AND REPAIR STONEWORK. INSTALL PANTILE ROOF COVERING

3. Description of Proposed Work (continued)

Has the work already started without consent? Yes No

If Yes, please state when the work was started (DD/MM/YYYY):

(date must be pre-application submission)

Has the work been completed without consent? Yes No

If Yes, please state the date when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: Northing:

Description:

5. Related Proposals

Are there any current applications, previous proposals or demolitions for the site? Yes No

If Yes please describe and include the planning application reference number(s), if known:

Description	Reference number

6. 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:

Reference:

Date (DD/MM/YYYY): (must be pre-application submission)

Details of pre-application advice received?

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? Yes No

If Yes, please provide details:

8. Authority Employee / Member

With respect to the Authority, I am: Do any of these statements apply to you?
 (a) a member of staff Yes No
 (b) an elected member Yes No
 (c) related to a member of staff Yes No
 (d) related to an elected member Yes No

If Yes, please provide details of the name, relationship and role

9. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof covering	PAN TILE TO STABLE GALVANIZED CORRUGATED SHEET (WOODSTORE & SMALL TRACTOR SHED)	PAN TILE TO STABLE & WOODSTORE GALVANIZED CORRUGATED SHEET TO SMALL TRACTOR SHED	<input type="checkbox"/>	<input type="checkbox"/>
Chimney	RED CLAY POT	RED CLAY POT	<input type="checkbox"/>	<input type="checkbox"/>
Windows	TIMBER CASMENT	TIMBER CASMENT	<input type="checkbox"/>	<input type="checkbox"/>
External doors	TIMBER BATTEN DOOR	TIMBER BATTEN DOOR	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internal walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internal doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rainwater goods	PLASTIC AND CAST IRON	CAST IRON	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted drawings or plans? Yes No

If Yes, please state plan(s)/drawing(s) references:

MOUNT MISERY: ASSET IDENTIFICATION, LOCATION PLAN 1:1250, LOCATION PLAN 1:5000,
PROPOSED SCHEDULE.

10. Demolition

Does the proposal include the partial or total demolition of a listed building? Yes No

If Yes, which of the following does the proposal involve?

- a) Total demolition of the listed building: Yes No
- b) Demolition of a building within the curtilage of the listed building: Yes No
- c) Demolition of a part of the listed building: Yes No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)	
ii) What is the volume of the part to be demolished?(cubic metres)	
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	

Please provide a brief description of the building or part of the building you are proposing to demolish:

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

11. Listed Building Alterations

Do the proposed works include alterations to a listed building? Yes No

If Yes, do the proposed works include: (you must answer each of the questions)

- a) Works to the interior of the building? Yes No
- b) Works to the exterior of the building? Yes No
- c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally? Yes No
- d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes No

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

REPAIR TO PLASTER CEILING TO KITCHEN.
RELOCATE FALLPIPE TO RIGHT HAND SIDE TO FRONT OF BUILDING

12. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)

- Grade I Ecclesiastical Grade I
- Grade II* Ecclesiastical Grade II*
- Grade II Ecclesiastical Grade II
- Don't know

13. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

- Yes No Don't know

If Yes, please provide the result of the application:

14. Certificates

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which the application relates.

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which this application relates.

Name of Owner	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

The steps taken were:

Name of Owner	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY):

14. Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

15. 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:

The original and 3 copies of a plan which identifies the land to which the application relates and drawn to an identified scale and showing the direction of North:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The original and 3 copies of the completed dated Ownership Certificate (A, B, C, or D - as applicable):

The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):

16. Declaration

I/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.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

26/11/2019 (date cannot be pre-application)

17. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

18. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

19. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No

If 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)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

Validation Checklist

Listed Building Consent (Extensions, Alterations or Demolition)



To ensure that the Planning Officer dealing with your consent has a complete picture on which to base their judgments and to ensure proper public consideration, the following information is required at consent submission stage. Failure to supply the required information with a consent submission will delay a decision on the proposal as the statutory determination period will not begin until the required information is submitted and the validation requirements fulfilled.

Please complete the attached checklist to indicate what you have included with your consent. All plans should include paper size, key dimensions and scale.

Standard National Validation Requirements

(Three copies are to be supplied unless the consent is submitted electronically)

Completed Consent Form with Signed and Dated Declaration	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Completed Certificate of Ownership A, B, C or D (only one to be completed) as required by Article 6 of the Planning (Listed Building and Conservation Areas) Regulations 1990.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Location Plan based on an up-to-date map, to a recognised scale i.e. 1:2500 or 1:1250 with a north arrow labelled and with your consent development site edged in red.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Existing and Proposed Site Layout Plan to a recognised scale i.e. 1:100, 1:200 or 1:500 with a north arrow labelled.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Existing and Proposed Elevations to a recognised scale i.e. 1:50 or 1:100.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Existing and Proposed Floor Plans to a recognised scale i.e. 1:50 or 1:100.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Existing and Proposed Sections and Finished Floor Levels to a recognised scale which is no less than 1:100.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Plan to a Scale of Not Less Than 1:20 to show all new doors, windows, shop fronts, panelling, fireplaces, plaster moulding and other decorative details	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Existing and Proposed Roof Plans (if the proposal alters the existing roof) to a recognised scale i.e. 1:50 or 1:100.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Design and Access Statement Please see Design and Access Statement Guidance Note for further information.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Standard Local Validation Requirements

(Three copies are to be supplied unless the consent is submitted electronically)

Heritage Statement with appropriate mitigation necessary to ensure conservation issues are properly addressed.

YES

NO

Please see Heritage Statement Guidance Note for further information.

Further additional information may be requested; however this will not delay the validation of your consent but may be required prior to a decision being made.

Please do not hesitate to contact the Development Management Administration Team if you require further assistance.