

NYMNPA

10/05/2023

North York Moors National Park Authority
The Old Vicarage
Bondgate
Helmsley
York
Y062 5BP

Telephone: 01439 772700 Email: planning@northyorkmoors.org.uk Website: www.northyorkmoors.org.uk

Householder Application for Planning Permission for works or extension to a dwelling Town and Country Planning 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 Applic	ant Name and Address	2. Agent	Name and Address
Title:	M. MR SFirst name: M. BUTTERWORTH S. MALLAND	Title:	MS First name: URSUA
Last name:	BUTTERWORTH	Last name:	BRADWELL
Company (optional):		Company (optional):	URSULA BRADWELL ARCHITECT
Unit:	House 1 2 House suffix:	Unit:	House House suffix:
House	COASTEVARD COTTAGES	House name:	CHURCH HALL
Address 1:	7 9	Address 1:	ST HILDAS TERRACE
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	ROBIN HOODS BAT	Town:	WHITTSY
County:	NORTH YORKSHIRE	County:	NORTH YORKSHIRE
Country:	UK #	Country:	UK
Postcode:	Y022 45Y	Postcode:	YOZI 3AG

3. Description of Proposed Works

Please describe the proposed works:

PROPOSED NEW TIMBER REAR GLAZED ENTRANCE PORCHES TO NOS 112.

3. Description of Proposed Works (continued)	
Has the work already started?	*
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Wa
Please provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House 1 1 2 House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House name: COASTGUARD COTTAGES	proposed to or from the public highway? Yes No
Address 1:	Do the proposals require any diversions, extinguishments and/or creation of public
Address 2:	rights of way? If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town: ROBIN HOODS BAT	
County: NORTH YORKSHIRE	
Postcode (optional): Y022 457	
Has assistance or prior advice been sought from the local authority about this application? 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 possible: Officer name:	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Will any trees or hedges need to be removed or pruned in order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s) drawing(s) and indicate the scale.
8. Parking Will the proposed works affect existing car parking arrangements? Yes No If Yes, please describe:	9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member
	If Yes, please provide details of the name, relationship and role

10. Materials

f applicable, please state what materials are to be used externally.	Include type, colour and name for each material:
applicable, blease state what materials are to be used externally.	microde type, coroar arranteror

applicable, please stat	e what materials are to be used externally. Include	type, colour and hame for each material.		
	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	BRICK	BRICK to MATCH EXISTI		
Roof	SLATE	GLAZED ROOF		
Windows	TIMBER , UPVC	TIMBER		
Doors	TIMBER, UNC	TIMBER		
Boundary treatments (e.g. fences, walls)	· · · · · · · · · · · · · · · · · · ·	9	M	
Vehicle access and hard-standing	Yusheg.			
Lighting			V	
Others (please specify)				

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

Yes

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

11. Ownership Certificates				
One Certificate A, B, C, or D, must be	sampleted together with	the Agricultural Holdings Cert	ificate with th	his application form
One Certificate A, B, C, or D, must be	CEPTIFICATE OF OWNE	ERSHIP - CERTIFICATE A	meate with the	iis application form
- IC I DI - I - /D			0 Cortificate	under Article 12
Town and Country Planning (De I certify/The applicant certifies that on the	day 21 days before the day	te of this application nobody exce	ent myself/th	e applicant was the
owner (owner is a person with a freehold in	terest or leasehold interest w	ith at least 7 years left to run) of an	v part of the la	and or building to
which the application relates.	terest or reasonors interest w	indirectory years and an array or an	,	
Signed - Applicant:	Or signed	- Agent:		Date (DD/MM/YYYY):
a 3				01.05.202
				01.03.200
	CERTIFICATE OF OWNE	ERSHIP - CERTIFICATE B		5 5 9 5
Town and Country Planning (De	relopment Management P	rocedure) (England) Order 201	0 Certificate	under Article 12
I certify/ The applicant certifies that I have	e/the applicant has given t	he requisite notice to everyone e	lise (as listed I	pelow) who, on the da
21 days before the date of this application	n, was the owner (owner is o	person with a treenola interest or	ieasenoia inte	rest with at least 7 year
left to run) of any part of the land or build	ng to which this application			Date Notice Served
Name of Owner		Address		Date Notice Served
	P.			
		*		
i.				
Signed Applicants	Or signed	- Agent:		Date (DD/MM/YYYY)
Signed - Applicant:	Of signed	Agene		
	CERTIFICATE OF OWN	ERSHIP - CERTIFICATE C		
Town and Country Planning (De	velopment Management I	Procedure) (England) Order 201	0 Certificate	under Article 12
I certify/ The applicant certifies that:				
 Neither Certificate A or B can be 	issued for this application			
 All reasonable steps have been 	aken to find out the names	and addresses of the other owne	rs (owner is a p	person with a freehold
	at least 7 years left to run) of	the land or building, or of a part	of it , but I nav	re/ the applicant has
been unable to do so.				
The steps taken were:				
Name of Owner		Address		Date Notice Served
1 1			ii.	

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 sinned - Anent.

Date (DD/MM/VVVV

Certify/ The applicant certifies that: Certificate A cannot be issued for All reasonable steps have been ta date of this application, was the o	CERTIFICATE OF OWNERSHIP - CERT elopment Management Procedure) (En this application ken to find out the names and addresses of	gland) Order 2010 Certificate under Article 12 of everyone else who, on the day 21 days before the erest or leasehold interest with at least 7 years left to run)
Notice of the application has been publish (circulating in the area where the land is s	ned in the following newspaper (tuated):	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):
12. Agricultural Land Declaration Town and Country Planning (Deve Agricult (A) None of the land to which the applicat Signed - Applicant:	AGRICULTURAL LAND DECLARAT lopment Management Procedure) (Engural Land Declaration - You Must Complete	land) Order 2010 Certificate under Article 12 e Either A or B
(B) I have/ The applicant has given the req before the date of this application, was a as listed below:	uisite notice to every person other than n enant of an agricultural holding on all or p	nyself/ the applicant who, on the day 21 days part of the land to which this application relates,
Name of Tenant	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)
13. Planning Application Require Please read the following checklist to make information required will result in your app the Local Planning Authority has been sub 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 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:	e sure you have sent all the information in olication being deemed invalid. It will not mitted. The original and 3 copies of a design and access statement if proposed works fall within a	support of your proposal. Failure to submit all be considered valid until all information required by The correct fee: The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable): The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		01.05.202 date cannot pre-application
15. Applicant Contact Details		16. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: National number:	Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional):		Country code: Mobile number (optional):
Country code: Fax number (optional):	70	Country code: Fax number (optional):
Email address (optional):		Email address (optional):
17. Site Visit		
Can the site be seen from a public road, public f	ootpath, bridleway or	other public land? Yes No
If the planning authority needs to make an appo out a site visit, whom should they contact? (Plea	ointment to carry	Agent Applicant Other (if different from t
If Other has been selected, please provide:		
Contact name:		Telephone number:

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