

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

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

## 2017/0166

Householder Application for Planning Permission for works or extension to a dwelling and listed building consent. **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 applicati	ions on p	lanning	authority	websites

LBexemp

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:	MR · First name: FMRS R.	Title: First name: TIM
Last name:	PEIRSON	Last name: CLOSE
Company (optional):		Company (optional): CLOSE, CRANCER, CRAY & WILKIN
Unit:	House House suffix:	Unit: House House suffix:
House name:	FRIARHOUSE FARM	House name:
Address 1:	DARNHOLM	Address 1: Z8 MAZKET PLACE
Address 2:	GOATHLAND	Address 2:
Address 3:		Address 3:
Town:	WHITBY	Town: GUISBEROUGH
County:	NORTH YORKSHIRE	County:
Country:		Country:
Postcode:	Y02Z 5LA	Postcode: TS146HF

## 3. Description of Proposed Works

Please describe the proposed works:

REMOVAL OF EXISTING PAINTED TIMBER WINDOWS AND REPLACEMENT WITH NEW PAINTED TIMBER WINDOWS

3. Description of Proposed Works (continued)	
Has the work already started? Yes No	
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. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: House House suffix:	
House name: AS APPLICANT DETAILS	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1:	application more efficiently). Please tick if the full contact details are not
Address 2:	known, and then complete as much as possible:
	Officer name:
Address 3:	
Town:	Reference:
County:	Date (DD/MM/YYYY):
Postcode (optional):	(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: Northing:	
Description:	
	NY MPA
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	Completing development for the money was too for the state of the stat
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Trees and Hedges
Is a new or altered vehicle access	Are there any trees or hedges on your own property or on adjoining properties which
proposed to or from the public highway? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	are within falling distance of your proposed
de a nouvey attered padactrian access	development? Yes V No
is a new or altered pedestrian access proposed to or from the public highway? Yes Yoo	If Yes, please mark their position on a scaled plan and state the reference number of any plan(s)/drawing(s):
Do the proposals require any diversions,	
extinguishments and/or creation of public rights of way? Yes Yoo	
If Yes to any questions, please show details on your plans or	
drawings and state the reference number(s) of the plan(s)/ drawing(s)	Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No
diawings)	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.
	Graving(s) and marcate the scale.
·	[]

( 1	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls				
Roof covering				
Chimney				
Windows	WHITE PAINTED TIMBER FIXED, SAGH & CASEMENT WINDOWS	SAME BUT PAINTED FARROW & BALL WIMBOURNE WHITE OR		
External doors		SIMILAR APPROVED		
Ceilings				
Internal walls		marked management and a second a		
Floors		NIVIANIPA JUNIA		
Internal doors		The second secon		
Rainwater goods				
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard standing				
Lighting				
Others (add description)		,		
	itional information on submitted drawings or plan n(s)/drawing(s) references:	s? Yes No		

9. Demolition	10. Listed Building Alterations
Does the proposal include the partial or total demolition of a listed building?  Yes  No	Do the proposed works include alterations to a listed building?
if Yes, w. lof the following does the proposal involve?	If Yes, do the proposed works include:
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)
b) Demolition of a building within the curtilage of the listed building: Yes No	a) Works to the interior of the building? Yes No
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building? Yes No
If the answer to c) is Yes:  i) What is the total volume of the	Althorists and structure or chiest fixed
listed building?(cubic metres)	c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally?  Yes  No
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)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes Yes
Please provide a brief description of the building or part of the building you are proposing to demolish:	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):
	AS LISTED UNDER SECTION 8
	AS CIOTED UNDER DECLION O
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	and the second s
	19 1002 7007
11. Listed Building Grading	12. Immunity From Listing
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only	Has a Certificate of Immunity from Listing been sought in respect of this building?
one box must be ticked)	Yes No Don't know
Grade i Ecclesiastical Grade i	If Yes, please provide the result of the application:
Grade II* Ecclesiastical Grade II*	
Grade II 🗹 Ecclesiastical Grade II 🗌	
Don't know	
13. Parking	14. Authority Employee / Member
	With respect to the Authority, I am: (a) a member of staff  Do any of these
Will the proposed works affect existing car parking arrangements?	(b) an elected member statements apply to you?
If Yes, please describe:	(c) related to a member of staff (d) related to an elected member  Yes  No
1 103/ 10300 0000 0000	if Yes, please provide details of the name, relationship and role

15. Ownership Certificates (con	itinued)				
Town and Country Planning (De Regulation 6 of t	velopment Mana	E OF OWNERSHIP - CERT gement Procedure) (Eng led Buildings and Conse	land) Order 2010 (	Certificate under Arti Ilations 1990	icie 12 &
I certify/ e applicant certifies that:	Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990  I certify/ e applicant certifies that:				
<ul> <li>Litificate A cannot be issued for this application</li> <li>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.</li> </ul>				before the ers left to run)	
The steps taken were:	tins application re	siates, but i haver the app	iicant nas pecn unat	ne to do so.	
Notice of the application has been publi (circulating in the area where the land is		ving newspaper		date (which must not re the date of the app	
Signed - Applicant:		Or signed - Agent:		Date (DD	D/MM/YYYY):
16 April 1 and Declarati		·			
16. Agricultural Land Declarati	AGRICUL	TURAL LAND DECLARA			
<b>Town and Country Planning (De</b> v Agricu	velopment Mana Iltural Land Declar	gement Procedure) (Engration - You Must Complet	e Either A or B	ertificate under Arti	cle 12
(A) None of the land to which the applic	ation relates is, or		nolding.		- /
Signed - Applicant:		Or signed - Agent:			D/MM/YYYY):
				01/0	03/2017
(B) I have/ The applicant has given the rebefore the date of this application, was a	equisite notice to	every person other than n	nyself/ the applicant	who, on the day 21 day	ays
as listed below:	a contains or arragin	cultural flolding off all of	oart or the land to w	men mis application is	elates,
as listed below:  Name of Tenant		Address	Dart of the land to w		tice Served
as listed below:			oart of the land to w		
as listed below:			part of the land to w		•
as listed below:			Sart of the land to w		•
as listed below:			Sart of the land to w		•
as listed below:			Sart of the land to w		
as listed below:			Sart of the land to w	Date No	•
as listed below:  Name of Tenant		Address	Sart of the land to w	Date No	tice Served
as listed below:  Name of Tenant  Signed - Applicant:		Or signed - Agent:	Sart of the land to w	Date No	tice Served
as listed below:  Name of Tenant  Signed - Applicant:  17. Planning Application Requires read the following checklist to ma	rements - Checke sure you have	Or signed - Agent:	support of your pro	Date (DI	otice Served  D/MM/YYYY):
as listed below:  Name of Tenant  Signed - Applicant:  17. Planning Application Requirely lease read the following checklist to main formation required will result in your application Planning Authority has been su	rements - Checke sure you have soplication being dibmitted.	Or signed - Agent:  cklist sent all the information in eemed invalid. It will not	support of your probe considered valid	Date (DI	D/MM/YYYY):
as listed below:  Name of Tenant  Signed - Applicant:  17. Planning Application Requirely lease read the following checklist to mainformation required will result in your application required will require your application required will require your application required your application required your application required your application required your application	rements - Checke sure you have soplication being dibmitted.  The original design and des	Or signed - Agent:  cklist sent all the information in eemed invalid. It will not inal and 3 copies of a nd access statement if	support of your probe considered valid  The correc	Date (DE posal. Failure to submuntil all information retifies:	D/MM/YYYY):
Signed - Applicant:  Signed - Applicant:  17. Planning Application Requirely lease read the following checklist to man formation required will result in your application required will result in your application and 3 copies of a completed and dated application form: The original and 3 copies of a plan which	rements - Checke sure you have soplication being dibmitted.  The original design and proposeer conserva	Or signed - Agent:  cklist sent all the information in eemed invalid. It will not inal and 3 copies of a and access statement if d works fall within a ation area or	support of your probe considered valid  The correct Chief	Date (DI	D/MM/YYYY):
as listed below:  Name of Tenant  Signed - Applicant:  17. Planning Application Requirely lease read the following checklist to man formation required will result in your application and 3 copies of a completed and dated application form:	rements - Checke sure you have soplication being dibmitted.  The original design and proposeer conserva	Or signed - Agent:  cklist sent all the information in eemed invalid. It will not inal and 3 copies of a and access statement if d works fall within a ation area or eritage Site, or relate to a	support of your probe considered valid  The correct Chief Completed (A, B, C or I	Date (DE posal. Failure to submuntil all information retifies:	D/MM/YYYY):

18. Declaration  I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the
Signed - Or signed - Agent:	Date (DD/MM/YYYY):
	Oi/03/2017 (date cannot be pre-application)
19. Applicant Contact Details	20. 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):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
21. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or	r 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:	Tolombono ocustos.
AS PER AGENT DETAILS	Telephone number:
Email address:	
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