



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

2018/0377

Telephone: 01439 772700  
 Email: [planning@northyorkmoors.org.uk](mailto:planning@northyorkmoors.org.uk)  
 Website: [www.northyorkmoors.org.uk](http://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](http://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+MRS"/> First name: <input type="text"/>	Title: <input type="text"/> First name: <input type="text"/>
Last name: <input type="text" value="SIMONS"/>	Last name: <input type="text"/>
Company (optional): <input type="text"/>	Company (optional): <input type="text"/>
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="THE OLD MILL"/>	House name: <input type="text"/>
Address 1: <input type="text" value="BROOM HOUSE LANE"/>	Address 1: <input type="text"/>
Address 2: <input type="text" value="EGTON BRIDGE"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="WHITBY"/>	Town: <input type="text"/>
County: <input type="text" value="NORTH YORKSHIRE"/>	County: <input type="text"/>
Country: <input type="text" value="UK"/>	Country: <input type="text"/>
Postcode: <input type="text" value="YO21 1UZ"/>	Postcode: <input type="text"/>

### 3. Description of Proposed Works

Please describe the proposed works:

THE ERECTION OF GARDEN ROOM

NYM/NDA  
 06 JUN 2018

### 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?  Yes  No

If Yes, please state 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):

### 5. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway?  Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No

Do the proposals require any diversions, extinguishments and/or creation of public rights of way?  Yes  No

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):

### 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 possible:

Officer name:

Reference:

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

Details of the pre-application advice received:

### 7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development?  Yes  No

If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:

Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  Yes  No

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

Do any of these statements apply to you?  Yes  No

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



### 10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	STONE	STONE	<input type="checkbox"/>	<input type="checkbox"/>
Roof	SLATE	SLATE	<input type="checkbox"/>	<input type="checkbox"/>
Windows	N/A	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doors		ALUMINIUM. SLATE GREY	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	TIMBER	TIMBER	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing	BLOCKWORK	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting	SECURITY LIGHT	SECURITY LIGHT	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

NYMNDK  
 06 JUN 2018

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  Yes  No

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 completed, together with the Agricultural Holdings Certificate with this application form

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

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):

[Signature box]

[Signature box]

04/06/2018

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

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):

[Signature box]

[Signature box]

[Date box]

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

Town and Country Planning (Development Management Procedure) (England) Order 2010 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 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:

[Text box for steps taken]

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):

[Newspaper name box]

[Date box]

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Signature box]

[Signature box]

[Date box]



### 11. Ownership Certificates (continued)

#### CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

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):

### 12. Agricultural Land Declaration

#### AGRICULTURAL LAND DECLARATION

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

04/00/2018

(B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

NYM/ND/

06 JUN 2018

### 13. 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.

- |   |  |  |
|---|--|--|
| <p>The original and 3 copies of a completed and dated application form: <input type="checkbox"/></p> <p>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: <input type="checkbox"/></p> <p>The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: <input type="checkbox"/></p> | <p>The original and 3 copies of a design and access statement if proposed works fall within a conservation area or World Heritage Site, or relate to a Listed Building: <input type="checkbox"/></p> | <p>The correct fee: <input type="checkbox"/></p> <p>The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable): <input type="checkbox"/></p> <p>The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings): <input type="checkbox"/></p> |
|---|--|--|

### 14. 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):

04/06/2018

(date cannot be pre-application)

### 15. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

### 16. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

### 17. 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:

DAVID OR LYNN SIMONS

Email address: