

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

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 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 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:	MR First name: A 5 5	Title: First name: MKE	
Last name:	ALDERSON & FAWTHROP	Last name: MCCABE	
Company (optional):	·-	Company (optional): RIVERSIDE DESIGN	
Unit:	House number: House suffix:	Unit: House number: 21 House suffix:	
House name:	BROWSIDE FARMHOUSE	House name: BARCL AYS BANK HOUSE	
Address 1:	BROWSIDE	Address 1: BAXTERGATE	
Address 2:	RAVENSCAR	Address 2: –	
Address 3:	•	Address 3:	
Town:	SCARBOROUGH	Town: WHITESY	
County:	NORTH YORKS	County: NORTH YORKS	
Country:	-	Country: .	
Postcode:	Y013 ONH	Postcode: Yozi IBW	

3. Description of Proposed Works

Please describe the proposed works:

ABDITION OF SMALL DORMER WINDOWS & CONSERVATION ROOFLIGHT TO REAR ROOF SLOPE OF HOUSE & REFURBISHMENT WORKS TO ADJACENT STABLE BUILDING.

3. Description of Proposed Works (continued)					
He 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. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?				
Unit: House House suffix:					
House BROWSIDE FARMHOUSE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: BROWSIDE	application more efficiently). Please tick if the full contact details are not				
Address 2: RAVENSCAR	known, and then complete as much as possible: Officer name:				
Address 3:	MRS BETH DAVIES				
Town: STARBOROUGH	Reference:				
County: NORTH YORKS	Date (DD/MM/YYYY):				
Postcode (optional): Y0/3 ONH	(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? SUPPORTIVE OF PROPOSALS				
Easting: Northing:	STANTE OF PROPOSALS				
Description:	- 8 APR 2016				
	O APR 2016				
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				
proposed to or from the public highway? Yes X No	property or on adjoining properties which are within falling distance of your proposed				
	development? Yes X No				
Is a new or altered pedestrian access proposed to or from the public highway? Yes X No	If Yes, please mark their position on a scaled plan and state the reference number of any plan(s)/drawing(s):				
	From and state the restricted frames of any plants/rataring(s).				
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	Will any trees or hedges need to be removed				
drawings and state the reference number(s) of the plan(s)/ drawing(s)	or pruned in order to carry out your proposal? Yes X 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.				
II H	uu				

	Existing (where applicable)	Propose	d .	Not applicable	Don't Know
External walls				X	
Roof covering	RED CLAY PANTILES	45	EXISTING		
Chimney				Q	
Windows	BROWN PAINTED TIMBER	Wess,	TE PAINTED TIMBER		
External doors				N	
Ceilings				×	
Internal walls	,		-8 APR 2016	K	
Floors				×	
Internal doors				×	
Rainwater goods				×	
Boundary treatments (e.g. fences, walls)				×	
Vehicle access and hard standing				×	
Lighting			7-6-2-4	×	
Others (add description)					
Are you supplying addi f Yes, please state plan	itional information on submitted drawings or pl	ans?	Yes No		

9. Demolition	10. Listed Building Alterations
total demolition of a listed building? Yes No	Do the proposed works include alterations to a listed building?
If Yes, which of 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 If the answer to c) is Yes:	b) Works to the exterior of the building?
i) What is the total volume of the listed building?(cubic metres)	c) Works to any structure or object fixed
ii) What is the volume of the part	to the property (or buildings within its curtilage) internally or externally?
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 🔀 No
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):
	DWG NO'S 893/1 THRO WINC.
Why is it necessary to demolish or extend (as applicable) all or part	
of the building(s) and or structure(s)?	N. s.
	- 8 APR 2016
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) Grade I Ecclesiastical Grade I	Yes No Don't know
Clade I Lectesiastical Grade I	If Yes, please provide the result of the application:
Grade II* Ecclesiastical Grade II*	
Grade II Ecclesiastical Grade II	
Don't know.	
Don (know 1	
Don't know	
13. Parking	14. Authority Employee / Member
13. Parking Will the proposed works affect	With respect to the Authority, I am: (a) a member of staff Do any of these
13. Parking	With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff
13. Parking Will the proposed works affect	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
13. Parking Will the proposed works affect existing car parking arrangements? Yes No	With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff

18. Declaration						
I/y hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional in. Ination. 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):					
	07/04/2016 (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	other public land? X 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						
If Other has been selected, please provide:						
Contact name:	Telephone number:					
Email address:						