



North York Moors National Park Authority The Old Vicarage

Bondgate York

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

GRAHAM

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.

First name:

1. Applicant Name and Address

Last name: D-AIAI

Title:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title:

2. Agent Name and Address

First name:

I ENN					
Company (optional):	Company (optional):				
Unit: House number: House suffix:	Unit: House House suffix:				
House name:	House name:				
Address 1: EGTON ROAD	Address 1:				
Address 2: AISLARY	Address 2:				
Address 3:	Address 3:				
Town: WHITEY	Town:				
County: N. YORKS	County:				
Country: U.K.	Country:				
Postcode: $\sqrt{021}$ $\sqrt{50}$	Postcode:				
3. Description of Proposed Works					
Please describe the proposed works:					
CHANGE OF USAGE OF A SMETRE STRIP OF LAND TO THE SOUTH OF MY PROPERTY (See attacked blan)					
,					
FROM AGRICULTURAL TO DOMESTIC GARDEN.					
TO EPECT AN IN-KEEPING FENCE TO PROTECT					
AGAINST LIVESTOCK.					

(2 D	FREMONIA DAY INVESTIGATION BOX
3. Description of Proposed Works (continued) Has the work already started? Yes No	FENCE IN ACCORDANCE WITH VEHDORS CONDITIONS IN
If Yes, please state when the work was started (DD/MM/YYYY):	CONVEYANCE.
Has the work already been completed?	$\frac{17/03/2016}{2016}$ (date must be pre-application submission)
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 Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House number: House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes V
Address 1: EGTON ROAD	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No
Address 2: AISLABY	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: WHITEY	
County: N. YORKS	
Postcode (optional): Yo 21 15U	
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: Reference:	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:
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.
B. 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

	Existing where applicable)	Proposed	Not applicable	Don't Know
Walls				
Roof				
Windows				
Doors				
Boundary treatments (e.g. fences, walls)				
/ehicle access and nard-standing				
ighting		= ==		
PROF FENCE Others please specify)	NA	1. ROUND NOODEN POSTS L WIRE MESH T FAND TOPPED N BARBED NIRE	FENCE O IM []	
	nal information on submitted plan ces for the plan(s)/drawing(s)/desig	(s)/drawing(s)/design and access statement?	Yes	No.

14. Declaration	,
I/we hereby apply for planning permission/consent as descri information. I/we confirm that, to the best of my/our knowle genuine opinions of the person(s) giving them.	ribed in this form and the accompanying plans/drawings and additional edge, any facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed	d - Agent: Date (DD/MM/YYYY):
	20/8/20/k (date cannot be pre-application)
15. Applicant Contact Details	16. Agent Contact Details
Telephone numbers	Telephone numbers
	ension mber: 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):
17. Site Visit	
Can the site be seen from a public road, public footpath, bridle	leway or other public land? Yes No
f the planning authority needs to make an appointment to ca out a site visit, whom should they contact? (<i>Please select only o</i>	arry One) Agent Applicant Other (if different from the
Other has been selected, please provide:	agent/applicant's details)
Contact name:	Telephone number:
Email address:	