

2 0 OCT 2016

2. Agent Name and Address

First name:

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

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.

First name:

1. Applicant Name and Address

Title:

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

Last name: LAUER	Last name:
Company (optional):	Company (optional):
Unit: House House suffix:	Unit: House House suffix:
House name: HOLHLEA	House name:
Address 1: STATION ROAD	Address 1:
Address 2: RAUENSCAR	Address 2:
Address 3:	Address 3:
Town: SCARBOROUGH	Town:
County: NORTH YORKSHIRE	County:
Country: ENG-LAND	Country:
Postcode: YOI3 OLX	Postcode:
3. Description of Proposed Works	
Please describe the proposed works:	
COMPLETE RENOVATION	NCLUDING EXTENSION
	, r
	\$Date: 2012-12-12 #\$ \$Revision: 4673 \$

3. Description of Proposed Works (continued)	
Has the work already started?	Mr. m
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application subission)
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 Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House name: HOLMLEA	proposed to or from the public highway?
Address 1: STATION ROAD	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?  Yes
Address 2: RAUENSCAR	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: SCARBOROUGHT	
County: NORTH YORKSHIRE	
Postcode (optional): YO13 OLX	
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:  MRS HILLARY SAUNDERS  Reference:  Date (DD MM YYYY):  (must be pre-application submission)	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:  Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  Yes No
(must be pre-application submission)  Details of the pre-application advice received:  No 165065 RAISED  20007 2016	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.  TRINGOF SIDE HEDGE E PROWING ELECTIONS BACK HINOR SHRUBS TO REAR
8. Parking Will the proposed works affect existing car parking arrangements?  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

<b>10.</b> Materials If applicable, please st	tate what materials are to be used externally. Inclu	de type, colour and name for each material:	20	
()	Existing (where applicable)	Proposed	Not applicable	Don
Walls	RENDERED BRICK	TO HATCH COLOUR UNDECIDED BUT PREFER HUTED		
Roof	IT HAY BE NECESSARY TO REPLACE THE WHOLE ROO IN WHICH CASE THATWOO	F		
Windows	DOUBLE GLAZED PUC	NO CHANGE BUT PREFER SUBTRE COLOUR TO THE STARK WHITE		
Doors	AS WINDOWS WHITE UPIC	UPUC AS ABOUE		
Boundary treatments e.g. fences, walls)	HEDGES AND FENCES	NO CHANGE		
/ehicle access and nard-standing	DRWEWAY TO GARAGES	NO CHANGE		
ighting	SECURITY LIGHTS	20 OCT 2016		
Others olease specify)				
	tional information on submitted plan(s)/drawing(s) ences for the plan(s)/drawing(s)/design and access			] No
			<del>2</del> 5	ès

14. 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 reference and accurate and any opinions given are the				
Signed - Applicant: // Or signed - Agent:	Date (DD/MM/YYYY):				
y	20 10 2016 (date cannot be 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):	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, 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:	agent/applicant's details)				
Contact name:	Telephone number:				
JOHN LAVER					
Email address:					

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