



North York Mooss National Park Authority
The Old Vicarage
Bondgate
Helmstey
York
YOS258P

Telephone; 01439 770657 Email: do@northyorkmoors-npa.gov.uk Website: www.moors.uk.net

Householder Application for Planning Permission for works or extension to a dwelling.

Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Title:

Last name:

2. Agent Name and Address

First name:

Please complete using block capitals and black ink.

HODGSOW

First name:

1. Applicant Name and Address

Title:

Last name:

Company

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

| (optional): 10001C ECCU | | | | | | | |
|--|--|--|--|--|--|--|--|
| Unit: House number: House suffix: | | | | | | | |
| House NALLEY UIEW | | | | | | | |
| Address 1: UNDERMILL | | | | | | | |
| Address 2: GLIAISDIALE | | | | | | | |
| Address 3: | | | | | | | |
| Town: LUNITISY | | | | | | | |
| County: NUNTU YURKSUIRE | | | | | | | |
| Country: ENGLAND | | | | | | | |
| Postcode: YOZI 2PF | | | | | | | |
| 3. Description of Proposed Works | | | | | | | |
| Please describe the proposed works: | | | | | | | |
| FRONT & RUTAIR SINGLE STURM EXTENSIONS | | | | | | | |
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| 3. scription of Proposed Works (continued) | |
|---|--|
| Has the work already been started without planning permission? | ☐ Yes ☐ No |
| If Yes, please state when the works were started (DD/MM/YYYY): | (date must be pre-application submission) |
| Has the work already been completed without planning permission? | Yes No |
| If Yes, please state when the works were 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. House 1 House 1 | Is a new or altered vehicle access proposed to or from the public highway? Yes No |
| Unit: House 4 House suffix: | Is a new or altered pedestrian access |
| House name: | proposed to or from the public highway? Yes Who Do the proposals require any diversions, |
| Address 1: NOORPLEED CLOSE | extinguishments and/or creation of public rights of way? |
| Address 2: POSILO YWODS 13A4 | If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/ |
| Address 3: | drawing(s): |
| Town: WHITTSY | 3 - JAN 2017 |
| County: NITTH YORKSUIRK | 3 - JAN 2017 |
| Postcode (optional): | * |
| | 7. Trees and Hedges |
| 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: Date (DD MM YYYY): (must be pre-application submission) Advice given: | Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? Yes No If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: TD / 22 / 2014 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, indicating the scale, which trees by giving them numbers e.g. T1, T2 etc. and state the reference number of any plans or drawings: |
| 8. Parking Will the proposed works affect existing car parking arrangements? Yes No | 9. Council Employee / Member Is the applicant or agent related to any member of staff or elected. member of the Council? |
| If Yes, please describe: | If Yes, please provide details: |
| | |

| 1 Yaterials 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 | Drawing references if applicable | | |
| Walls | BRIENZ | BRICK | | | TD/ /201 | | |
| Roof | TILES / GLASS | MUST TILES METAL SHEETS | | | | | |
| Windows | UPUC | UPUC | □ <i>′</i> | | | | |
| Doors | VPVC | UPUC | EJ | | | | |
| Boundary treatments (e.g. fences, walls) | | NYMN 3 - JAN 2 | 017 | Î | | | |
| Vehicle access and hard-standing | | | U | | | | |
| Lighting | | | | | | | |
| Others (please specify) | | * © | | | | | |
| Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No f Yes, please state references for the plan(s)/drawing(s)/design and access statement: | | | | | | | |
| TD/44/2016 | | | | | | | |

| 14. plicant Contact Detail | \$ | 15. Agent Contact Details | |
|--|---|---|------------------|
| Telephone numbers | | Telephone numbers | |
| Country code: National number: | Extension number: | Ext | tension mber: |
| Country code: Mobile number (op | otional): | Country code: Mobile number (optional): | |
| Country code: Fax number (option | nal): | Country code: Fax number (optional): | |
| Email address (optional): | | Email address (optional): | |
| | Application | | |
| Creation NEW | | | |
| 16. Site Visit Can the site be seen from a public roa | | | |
| If the planning authority needs to ma out a site visit, whom should they cor | ke an appointment to carry | other public land? Yes No Applicant Other (if different from agent/applicant's de | om the |
| If Other has been selected, please pro | ovide: | - # | etansj |
| Contact name: | | Telephone number: | · |
| E MATTHEW | | Transition of a Art. | |
| Email address; | | | |
| | | | |
| 12. Planning Application Reg | wirements - Checklist | | |
| Please read the following checklist to | make sure you have sent all the | information in support of your proposal. Failure to submit all all. It will not be considered valid until all information require it is original and 3 copies of the following documents: | ed by |
| The completed and dated application form | The completed, dated | A design and access | |
| A plan which identifies the land to which the application relates drawn to an identified scale | 7 Certificate (Agriculti The completed, dated | ural Holdings) | |
| and showing the direction of north Other plans and drawings or information necessary to describe the subject of the application | Ownership Certificate (A, B, C or D - as appli | • Site of special scientific interest | uty |

