

1. Applicant Name and Address

First name:

MORRISON

Title:

Last name:

2017/01/5

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

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

K172 F1 16697 21-2-17

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.

Title:

Last name:

5.

2. Agent Name and Address

First name:

(optional):	(optional): ALAN CAMPBALL AACHTYECTS			
Unit: House House suffix:	Unit: House House suffix:			
House EASTER COTTAGE	House name:			
Address 1: H14H STRAKT	Address 1: 7 CLIFF BRIDGE TEARA CE			
Address 2:	Address 2:			
Address 3:	Address 3: JUC 83-EB SOUL			
THORNTON LE DALE	Town: S CARBORAGE			
County: NORTH YORKSHIRE.	County: NORTH YORKSHIRE			
Country:	Country:			
Postcode: 70 18 7QW.	Postcode: 7011 241			
3. Description of Proposed Works				
Please describe the proposed works:				
ALTERATIONS to POR				
	*			
	\$Date: 2012-12-12 #\$ \$Revision: 4673 \$			

3. Description of Proposed Works (continued)	· Park
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application 'omission)
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 EASTER COTTAGE	proposed to or from the public highway? Yes No  Do the proposals require any diversions,
Address 1: HIGH STRIST	extinguishments and/or creation of public rights of way?
Address 2:	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: THORNON LL DALE	drawing(s):
County:	13/20
Postcode (optional): 70 18 70 W	
6. Pre-application Advice	7. Trees and Hedges
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:  Date (DD MM YYYY):  (must be pre-application submission)  Details of the pre-application advice received:	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?  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  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:				
O	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	NATURAL STONE	NATURAL SYONS		
Roof	PANTILES AND PROFILED FIBRLALASS	PANTILES.		
Windows	PAINTED TIMBER	PAINTLY TIMBER		
Doors	PAINTED TIMBER	PAINTED TIMBER		
Boundary treatments (e.g. fences, walls)	N/A	NYMA		
Vehicle access and hard-standing	NJA.	13 FEB 2017	7	7
Lighting	~/ A '			
Others (please specify)				
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  Yes No  Yes, please state references for the plan(s)/drawing(s)/design and access statement:				
DIAMNES NOS 1496/01 to 11.				

information. I/we confirm that, to the best of my/our knowled genuine opinions of the person(s) giving them.	bed in this form and the accompanying plans/drawings and additional dge, any facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed	- Agent: Date (DD/MM/YYYY):
	10/02/2017 (date cannot be pre-application)
15. Applicant Contact Details	16. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extenum  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	nsion Extension
17. Site Visit	
Can the site be seen from a public road, public footpath, bridl	leway or other public land? Yes No
If the planning authority needs to make an appointment to ca out a site visit, whom should they contact? ( <i>Please select only</i> o	arry Other /if different from the
If Other has been selected, please provide:	agent/appheant's details/
Contact name:	Telephone number:
Email address:	

NYMWPA 13FEB 2017