

2017/0481

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

Application for listed building consent for alterations, extension or demolition of a listed building.
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: ALWYN 92 TRACY	Title: MR First name: ANTHONY	
Last name: GLOVEC.	Last name: WW	
Company (optional):	Company (optional): A.J. WILD ARCHITECTURAL SERVICES	
Unit: House House suffix:	Unit: House number: 38 House suffix:	
House name: MANOR BARN 111 2017	House name:	
Address 1: MAIN STREET	Address 1: MANUR RUAD	
Address 2: SUTTUN UN DERWENT	Address 2:	
Address 3:	Address 3:	
Town: YORK	Town: TAOCHSIEL	
County: NORTH YORNSHIRE	County: NORTH YURUSHIRE	
Country: ENGUANY)	Country: ENGLAND	
Postcode: YUHI 4BW	Postcode: LS248HP	
3. Description of Proposed Work		
Please describe the proposals to alter, extend or demolish the listed by	ouilding(s):	
PROPOSED 4 NO CONSERVATION ROOFLIGHTS OR FUE TONIEN		
STOVE.	2 TONEW	
·		

3. Description of Proposed Work (continued)	4. Site Address Details
	Please provide the full postal address of the application site.
Has the rk already started hout consent?	Unit: House House suffix:
stated that consent:	House Final Pagarette
If Yes, please state when the work was started (DD/MM/YYYY):	Address 1: Low RoiAO
	Address 2: THRUX ENBY
	Address 3:
(date must be pre-application submission)	Town: SCALBDROUGH.
Has the work been	County:
completed without consent?	Postcode (optional): YOI2 STD
If Yes, please state the date when the	Description of location or a grid reference. (must be completed if postcode is not known):
work was completed (DD/MM/YYYY):	Easting: Northing:
	Description:
(date must be pre-application submission)	**
5. Related Proposals	(c. Duo annillandi annillandi
Are there any current applications, previous	6. Pre-application Advice
proposals or demolitions for the site? Yes No	Has assistance or prior advice been sought from the local authority about this application?
If Yes please describe and include the planning application	☐ res ☑ No
reference number(s), if known:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Description Reference number	application more efficiently).
NYMNPA	Please tick if the full contact details are not
0 4 JUL 2017	known, and then complete as much as possible:
0 4 302 2017	Officer name:
	Reference:
	Date (DD/MM/YYYY): (must be pre-application submission)
	Details of pre-application advice received?
/ Noighbour and Committee Committee	
7. Neighbour and Community Consultation	8. Authority Employee / Member With respect to the Authority, Lam. Do any of these
lave you consulted your neighbours or he local community about the proposal? Yes	With respect to the Authority, I am: (a) a member of staff Do any of these statements apply to you?
John The Proposets The Proposets	(b) an elected member
f Yes, please provide details:	(c) related to a member of staff (d) related to an elected member
	If Yes, please provide details of the name, relationship and role
111	

	Existing (where applicable)	Proposed	Not applicable	Don' Knov
External walls		*		
Roof covering	EXIDENT PON	WES AS EXE WITH GWSPRUSTU ROSPUGHES		
Chimney		STEEL FUEL.		
Windows				
External doors	NYMI 0 4 JUL	- 1		
Ceilings			0	
Internal walls				
Floors			Z	
Internal doors				
Rainwater goods				
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard standing			0	
ighting			Ø	
Others add description)				
re you supplying addi Yes, please state plan	tional information on submitted d	wings or plans? Yes No		

10. Demolition	11. Listed Building Alterations
Does the proposal include the partial or	Do the proposed works include alterations
total demolition of a listed building?	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	b) Works to the exterior of the building? Yes No
If the answer to c) is Yes:	c) Works to any structure or object fixed to the property (or buildings within
i) What is the total volume of the listed building?(cubic metres)	its curtilage) internally or externally?
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	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
Please provide a brief description of the building or part of the building you are proposing to demolish:	proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):
NYMNPA 0 4 JUL 2017	ROOFLIGHTS - REMOVAL OF PANTICES
0 4 JUL 2017	TO FORM OPENING INCLUDING
	REMOVAL OF INTERNAL PLASTERBOARD
	SLINSERTIUM OF NEWROOFLIGHTS
Why is it necessary to demolish or extend (as applicable) all or part	
of the building(s) and or structure(s)?	FLUE - FURMING HULLE IN ROOF FUR
	NEW FLUE PIPE.
12. Listed Building Grading	13. 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)	Yes No Don't know
Grade I Ecclesiastical Grade I	If Yes, please provide the result of the application:
Grade II* Ecclesiastical Grade II*	
Grade II Ecclesiastical Grade II	
Don't know	

14. Certificates		
Certificate under Regula	rtificate A, B, C, or D, must be completed with this application CERTIFICATE OF OWNERSHIP - CERTIFICATE A ation 6 of the Planning (Listed Buildings and Conservation A the day 21 days before the date of this application nobody old interest or leasehold interest with at least 7 years left to run)	Areas) Regulations 1990
Signed - Applicant:	Or signed - Agent:	Date DD/MM/YYYY):
		30/6/17
I certify/ The applicant certifies that I I 21 days before the date of this applica	CERTIFICATE OF OWNERSHIP - CERTIFICATE B tion 6 of the Planning (Listed Buildings and Conservation A nave/the applicant has given the requisite notice to everyone etion, was the owner (owner is a person with a freehold interest or ilding to which this application relates.	else (as listed below) who on the day
Name of Owner	Address	Date Notice Served
	NYMMPA 0 4 JUL 2017	
	2011	
Signed - Applicant:	Or signed - Agent:	Date DD/MM/YYYY):
certify/ The applicant certifies that: Neither Certificate A or B can b All reasonable steps have beer	cion 6 of the Planning (Listed Buildings and Conservation Ar e issued for this application a taken to find out the names and addresses of the other owner in hat least 7 years left to run) of the land or building, or of a part of	s (owner is a person with a freehold
Name of Owner	Address	Date Notice Served
lating of the condition has been much		
Notice of the application has been pub circulating in the area where the land i		date (which must not be earlier ore the date of the application):
igned - Applicant:	Or signed - Agent:	Date DD/MM/YYYY):

14. Certificates (continued)			
	NERSHIP - CERTIFICATE D		
Certificate under Regulation 6 of the Planning (List I certify the applicant certifies that: Trifficate A cannot be issued for this application All reasonable steps have been taken to find out the name	es and addresses of everyone else who, on the day 21 days before the		
The steps taken were:			
	8 4 JUL 2017		
Notice of the application has been published in the following news (circulating in the area where the land is situated):	On the following date (which must not be earlier than 21 days before the date of the application):		
Signed - Applicant: Or signe			
or signed - Applicant:	d - Agent: Date DD/MM/YYYY):		
15. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.			
The original and 3 copies of a completed and dated application form:	The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: The original and 3 copies of the completed dated		
The original and 3 copies of a plan which identifies the land to which the application relates and drawn to an	Ownership Certificate (A, B, C, or D - as applicable): The original and 3 copies of a design and access statement,		
identified scale and showing the direction of North:	if required (see help text and guidance notes for details):		
16. 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, and genuine opinions of the person(s) giving them. Signed - Applicant: Or signed	y facts stated are true and accurate and any opinions given are the		
17. Applicant Contact Details	18. 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):		
	, arrians (optional).		
Email address (optional):	Email address (optional):		
9. Site Visit			
an the site be seen from a public road, public footpath, bridleway o	r other public land?		
the planning authority needs to make an appointment to carry ut a site visit, whom should they contact? (Please select only one) Other has been selected, please provide: Contact name:	Agent Applicant Other (if different from the agent/applicant's details) Telephone number:		
ALWYN GLOVER			
mail address:			