

2017/0497

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

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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

ALLEH

Title:

Last name:

Company

(optional):

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

Title:

Last name:

Company

(optional):

2. Agent Name and Address

First name:

Unit: House House suffix:	Unit: House number: House suffix:
House name: RAVEN HILL	House name:
Address 1: PROSPECT FIELD	Address 1:
Address 2: ROBIN Hoop's BAY	Address 2:
Address 3:	Address 3:
Town: WHITBY	Town: NYMNPA
County: NORTH YORKSIHIRE	County: 1 0 JUL 2017
Country: UK	Country:
Postcode: YO 22 HRH	ostcode:
3. Description of Proposed Works	1 t = 1 t = 2
3. Description of Proposed Works Please describe the proposed works:	1 L
	WET ROOM AND TOILET.
Please describe the proposed works:	WET ROOM AND TOILET.
Please describe the proposed works:	WET ROOM AND TOILET.
Please describe the proposed works:	WET ROOM AND TOILET.

3. Description of Proposed Works (continued)					
Has the work already started?					
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application sul ssion)				
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 number: House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access				
House RAVERS HILL	proposed to or from the public highway? Yes No				
Address 1: PROSPECT FIELD	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No				
Address 2: ROBINS HOODS BAY	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: WHITBY					
County: NORTH YORKSHIRE					
Postcode (optional): 4024 4 RH					
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:	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				
Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: Submit Phah	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? If Yes, please describe:	9. Authority Employee / Member With respect to the Authority, Lam: (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		PAINTED RENDER TO MATCH EXISTING			
Roof		BLACK GPR			
Windows		WHITE UPVE TO MATCH EXISTING			
Doors	NYMNPA 1 0 JUL 2017		I		
Boundary treatments (e.g. fences, walls)	2 2 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Ø		
Vehicle access and hard-standing			V		
Lighting			Ø		
Others (please specify)	e e e e e e e e e e e e e e e e e e e				
Tre 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: DRAWINGS: - RHOVA, RHOVA, RHOVA, RHOVA, RHOVA, and Dessen & Access Statement.					

11. Ownership Certificates			1000 0000	Materials reconstruct spens share		. ,
One Certificate A, B, C, or D, mus		gether with the E OF OWNERS			ficate with th	nis application form
Town and Country Planning I certify/The applicant certifies that or owner (owner is a person with a freeho.	Development Man	nagement Proc	cedure) (Engl	land) Order 2010	pt myself/ the	applicant waie
which the application relates. Signed - Applicant:		Or signed - Ag	gent:			Date (DD/MM/YYYY):
1 1						10/07/2017
Town and Country Planning (I certify/ The applicant certifies that I 21 days before the date of this applica left to run) of any part of the land or bu	Development Man have/the applicant ation, was the owne	has given the r r (owner is a per	edure) (Englored requisite notice rson with a fre	and) Order 2010 ce to evervone el	se (as listed b	elow) who, on the day
Name of Owner		Address Date Notice Served				
				<u>a</u>	26	
Signed - Applicant:		Or signed - Ag	nent:			Date (DD/MM/YYYY):
Signed - Applicance		Of signed Ag	jene,			Date (DD) IIIII) 1111).
				Your server		
Town and Country Planning (certify/ The applicant certifies that: Neither Certificate A or B can All reasonable steps have been interest or leasehold interest with been unable to do so. The steps taken were:	be issued for this ap	oplication the names and	addresses of land or buildi	the other owners	s (owner is a p	erson with a freehold
		T	NY	MNPA JUL 2017		
			10.	JUL 2017		
Name of Owner			Address			Date Notice Served
			/			
		/				
4						
Notice of the application has been pu (circulating in the area where the lan	ublished in the follow d is situated):	wing newspape	er .	On the following than 21 days befo	date (which r ore the date o	nust not be earlier f the application):
	po.					4 1
Signed - Applicant:		Or signed - Ag	gent:			Date (DD/MM/YYYY):

11. Ownership Certificate	s (co					
Certificate A cannot be is	cuad	CERTIFICATE OF OWNERSHIP - CERT revelopment Management Procedure) (Enforthis application taken to find out the names and addresses of eowner (owner is a person with a freehold into a this application relates, but I have / the application relates, but I have / the application relates.	ıgland	l) Order 2010 Certifica		
				= E ^T I 1	na na ^r u a	72.11
Notice of the annillation						
(circulating in the area where the	n pub landi	ished in the following newspaper s situated):	On tha	the following date (whi n 21 days before the da	ch must not be ea te of the applicati	arlier on):
Signed - Applicant.		Or signed - Agent:	L		D-1- (DD (11))	
	>:	- Instantia			Date (DD/MM/	YYYY)
12. Agricultural Land Decla	ratio	on	-			
	9	AGRICULTURAL LAND DECLARATI velopment Management Procedure) (Engla ltural Land Declaration - You Must Complete ation relates is, or is part of, an agricultural he	land) (e Eithe	LAOLR	under Article 12	*
Signed - Applicant:	3 0	Or signed - Agent:	olulli		Date (DD/MM/	/YYYY
					10/07/2	
(B) I have/The applicant has given before the date of this application, as listed below:	the re	quisite notice to every person other than my tenant of an agricultural holding on all or pa	yself/ t art of t	he applicant who, on the		
Name of Tenant		Address			Pate Notice Se	
	1.13	7 61 2 13 1	1.6	N. W. S.	Date Notice Se	rvea
and the second s						
NYMNPA						
1 0 JUL 2017						
Signed Applicant:						
Applicant,		Or signed - Agent:		"	Date (DD/MM/Y	YYY):
3. Planning Application Re	auire	ments - Charklist				
lease read the following checklist to Iformation required will result in yo	mak	sure you have sent all the information in su	ipport	of your proposal. Failu	re to submit all	
ne original and 3 copies of a		The original and 3 copies of a	CONS		rmation required	by /
ompleted and dated application for ne original and 3 copies of a plan w		design and access statement if proposed works fall within a		The correct fee:		
entifies the land to which the appli lates drawn to an identified scale ad showing the direction of North:	catior	conservation area or World Heritage Site, or relate to a		The original and 3 copi completed, dated Own Certificate (A, B, C or D	erchin	d
ne original and 3 copies of other pla ad drawings or information necessa escribe the subject of the applicatio	ry to	<u> </u>		The original and 3 copi completed, dated Artic	le 12 Certificate	M

14. Declaration						
I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.						
Signed - Applicant: Or s	igned - Agent:	Date (DD/MM/YYYY):				
		10/07/2017 (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 frame agent/applicant's description)						
If Other has been selected, please provide:						
Contact name:		Telephone number:				
MA. RON ALLEN		รา ลิ 7d begin str				
Email address:		as 18 - 37 1 - 10 - 10				

