

2017/0564

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 192 # 141099

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

DAVID

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:

JENKINS

1. Applicant Name and Address

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

2. Agent Name and Address

First name:

| Unit: House House suffix:                                                                                            | Unit: House suffix:                         |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| House rame: FAIR VIEW                                                                                                | House name:                                 |
| Address 1: ROBIN HOOD RUAD                                                                                           | Address 1: Hampton Road                     |
| Address 2: NYMNPA                                                                                                    | Address 2:                                  |
| Address 3: 0 8 AUS 2017                                                                                              | Address 3:                                  |
| TOWN: RAVENSCAR                                                                                                      | Town: Sinchorough                           |
| County: NORTH YORKSHIRE                                                                                              | County: Simborough  County: North Yorkshire |
| Country: ENGLAND                                                                                                     | Country: England                            |
| Postcode: VAIZ OES                                                                                                   | Postcode: Y017. 5PX                         |
| Postcode: Y013 0ES                                                                                                   | Postcode: Y012 5PX                          |
| 3. Description of Proposed Works                                                                                     | rostcode. 7012 5 PX                         |
| 70.0                                                                                                                 | rostcode. 7012 5 PX                         |
| 3. Description of Proposed Works Please describe the proposed works:                                                 |                                             |
| 3. Description of Proposed Works Please describe the proposed works:                                                 |                                             |
| 3. Description of Proposed Works  Please describe the proposed works:  Creation of granny a  with side extension, wi | annex to property th terraced balany        |
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| 3. Description of Proposed Works  Please describe the proposed works:  Creation of granny a  with side extension, wi | annex to property th terraced balany        |

| 3. Description of Proposed Works (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the state of the state of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Has the work already started?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | only internal works at present with temporary stairs externally.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| If Yes, please state when the work was started (DD/MM/YYYY):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | July 2017 (date must be pre-application submission)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 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 FAIR VIEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | proposed to or from the public highway? Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Address 1: Robin Hood Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 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: Ravenscar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NYMNPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| County: Ravenscar  County: North Yorkshire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 8 AUG 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Postcode (optional): Y013 OES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 6. Pre-application Advice  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:  Hilary Saundars  Reference:  Date (DD MM YYYY):  (must be pre-application submission)  Details of the pre-application advice received:  Initial advice Followed  by several phone calls,  Result submit plan and we can consider amendments if hecessary | 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?  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:                                                               |                                |                                |                   |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|-------------------|---------------|
|                                                                                                                                                                                                     | Existing<br>(where applicable) | Proposed                       | Not<br>applicable | Don't<br>Know |
| Walls                                                                                                                                                                                               | Natural Stone                  | Natural Stone<br>to match      |                   |               |
| Roof                                                                                                                                                                                                | Red clay pantiles              | Red clay pantiles<br>to match. |                   |               |
| Windows                                                                                                                                                                                             | Stained timber                 | Stained timber<br>to match     |                   |               |
| Doors                                                                                                                                                                                               | ditto                          | ditto                          |                   |               |
| Boundary treatments<br>(e.g. fences, walls)                                                                                                                                                         | NYMNPA<br>0 8 AUG 2017         | No change                      |                   |               |
| Vehicle access and<br>hard-standing                                                                                                                                                                 |                                | No change                      |                   |               |
| Lighting                                                                                                                                                                                            |                                |                                |                   |               |
| Others<br>(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: |                                |                                |                   |               |
| size plan + Existing drawing Al-1193-110828<br>block plan + Proposed drawing . Al-1194-W0828-A                                                                                                      |                                |                                |                   |               |

| 11. Ownership Certificates                                                                    |                                                                                                                                                                    |                                                                                                           |                                    |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------|
| On _ertificate A, B, C, or D, must k                                                          | oe completed, together with the A                                                                                                                                  | gricultural Holdings Certifi                                                                              | icate with this application form   |
|                                                                                               | CERTIFICATE OF OWNERSHIP                                                                                                                                           | P - CERTIFICATE A                                                                                         |                                    |
| I certify the applicant certifies that on t                                                   | Pevelopment Management Proced<br>the day 21 days before the date of th                                                                                             | is application pobody excep                                                                               | at mycalf/ the applicant was the   |
| owner (owner is a person with a freehold which the application relates.                       | interest or leasehold interest with at le                                                                                                                          | east 7 years left to run) of any                                                                          | part of the land or building to    |
| Signed - Applicant:                                                                           | igned - Applicant: Or signed - Agent: Date (DD/MM/YYY                                                                                                              |                                                                                                           |                                    |
|                                                                                               |                                                                                                                                                                    |                                                                                                           | Z6M July 2017                      |
|                                                                                               |                                                                                                                                                                    |                                                                                                           |                                    |
| 21 days before the date of this applicati<br>left to run) of any part of the land or buil     | ding to which this application relate                                                                                                                              | ure) (England) Order 2010 (<br>uisite notice to everyone elso<br>or with a freehold interest or lea<br>s. | e (as listed helow) who on the day |
| Name of Owner                                                                                 | Address Date Notice Served                                                                                                                                         |                                                                                                           | Date Notice Served                 |
|                                                                                               |                                                                                                                                                                    |                                                                                                           |                                    |
|                                                                                               |                                                                                                                                                                    |                                                                                                           | 22                                 |
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|                                                                                               | NYMNPA<br>0 8 AUG 201                                                                                                                                              |                                                                                                           |                                    |
|                                                                                               | o 8 AUG 201                                                                                                                                                        | 7                                                                                                         |                                    |
|                                                                                               | 00000                                                                                                                                                              |                                                                                                           | <b>^</b>                           |
|                                                                                               |                                                                                                                                                                    |                                                                                                           |                                    |
|                                                                                               |                                                                                                                                                                    |                                                                                                           |                                    |
| Signed - Applicant:                                                                           | Or signed - Agent                                                                                                                                                  | : /                                                                                                       | Date (DD/MM/YYYY):                 |
|                                                                                               |                                                                                                                                                                    |                                                                                                           |                                    |
|                                                                                               |                                                                                                                                                                    |                                                                                                           |                                    |
| <ul> <li>Neither Certificate A or B can be</li> <li>All reasonable steps have been</li> </ul> | CERTIFICATE OF OWNERSHIP evelopment Management Procedure issued for this application taken to find out the names and add at least 7 years left to run) of the land | re) (England) Order 2010 C                                                                                | owner is a person with a freshold  |
|                                                                                               |                                                                                                                                                                    |                                                                                                           | , T                                |
| Name of Owner                                                                                 | Ad                                                                                                                                                                 | dress                                                                                                     | Date Notice Served                 |
|                                                                                               |                                                                                                                                                                    | 3/ 5/ 5                                                                                                   |                                    |
|                                                                                               |                                                                                                                                                                    |                                                                                                           |                                    |
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| ,                                                                                             |                                                                                                                                                                    |                                                                                                           |                                    |
|                                                                                               |                                                                                                                                                                    |                                                                                                           |                                    |
| Notice of the application has been publis                                                     | hed in the following newspaper                                                                                                                                     | On the following da                                                                                       | te (which must not be earlier      |
| circulating in the area where the land is                                                     | situated):                                                                                                                                                         | than 21 days before                                                                                       | the date of the application):      |
|                                                                                               |                                                                                                                                                                    |                                                                                                           |                                    |
| Signed - Applicant:                                                                           | Or signed - Agent:                                                                                                                                                 |                                                                                                           | Date (DD/MM/YYYY):                 |

| Certificate A cannot be issued                                                                              | CERTIFICATE OF OWNERSHIP - CERTIFICATE D Development Management Procedure) (England) Order 2010 Certificate for this application taken to find out the names and addresses of everyone else who, on the de e owner (owner is a person with a freehold interest or leasehold interest with a n this application relates, but I have/ the applicant has been unable to do so lished in the following newspaper  On the following date (whice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ay 21 days before the t least 7 years left to run)  7  th must not be earlier |
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| Agric  (A) None of the land to which the appli Signed - Applicant:  (B) I have/ The applicant has given the | AGRICULTURAL LAND DECLARATION velopment Management Procedure) (England) Order 2010 Certificate ultural Land Declaration - You Must Complete Either A or B cation relates is, or is part of, an agricultural holding.  Or signed - Agent:  Grequisite notice to every person other than myself/ the applicant who, on the atenant of an agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding on all or part of the land to which this agricultural holding or part of the land to which this agricultural holding or part of the land to which this agricultural holding or part of the land to which this agricultural holding or part of the land to which this agricultural holding or part of the land to which this agricultural holding or part of the land to which this agricultural holding or part of the land to which the land to which the land to which the land the land to which the land the land to which the land the l | Date (DD/MM/YYYY):  26 M July 2017                                            |
| as listed below:                                                                                            | a terraint or an agricultural notating on all of part of the faild to which this ap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | oplication relates,                                                           |
| Name of Tenant                                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date Notice Served                                                            |
|                                                                                                             | 10100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |
|                                                                                                             | NYMNPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |
|                                                                                                             | 0 8 AUG 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |
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| Signed - Applicant:                                                                                         | Or signed - Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date (DD/MM/YYYY):                                                            |
|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |
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| 13. Planning Application Requi                                                                              | rements - Checklist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |
| Please read the following checklist to ma                                                                   | ke sure you have sent all the information in support of your proposal. Failu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | re to submit all                                                              |
| the Local Planning Authority has been st                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ormation required by                                                          |
| The original and 3 copies of a completed and dated application form:                                        | The original and 3 copies of a The correct fee: design and access statement if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>U</b>                                                                      |
| The original and 3 copies of a plan which                                                                   | proposed works fall within a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nies of the                                                                   |
| dentifies the land to which the applicati<br>relates drawn to an identified scale                           | World Heritage Site, or relate to a completed, dated Ow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nership $\Box$                                                                |
| and showing the direction of North:                                                                         | Listed Building: Certificate (A, B, C or E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , - as applicable); —                                                         |
| The original and 3 copies of other plans<br>and drawings or information necessary to                        | The original and 3 cop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ies of the                                                                    |
| describe the subject of the application:                                                                    | completed, dated Arti<br>(Agricultural Holdings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cle 12 Certificate ):                                                         |

| 14. Poclaration  I/we has aby apply for planning permission/consent as described in to information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed - Agent                                                      | y facts stated are true and accurate and any opinions given are the                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):                                                                                                                           | Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional): |
| 17. Site Visit  Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide:  Contact name:  Email address: | r other public land? Yes No  Agent Applicant Other (if different from the agent/applicant's details)  Telephone number:                                                       |

NYMNPA 0 8 AUG 2017