

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

PHILLIP

House

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

SPRICE

House

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

ma

SILBY

First name:

AS ARCHITECTURAL

House

ANTHONY

House

number: suffix:	number: suffix:
House name: HILL COTTAGES	House name: QUARTONS GARDEN COTTAGES
Address 1: KEASBECK	Address 1: CENTURION WAY
Address 2: HARWOOD DALE	Address 2: CROSSGATES
Address 3:	Address 3:
Town: SCARBOROUGH	Town: SCARBOROUGH
County: NORTH MORNSHIRE	County: NORTH YORKSHIRE
Country: ENGLAND	Country: ENGLAND
Postcode: Y013 ODT	Postcode: Y012 4ND
3. Description of Proposed Works	
Please describe the proposed works:	
THE PROPOSED WORKS WILL	
OLD TIMBER CLADDING	AND ONDULINE ROOFING
WITH NEW TIMBER AND	BLACK ONDULINE ROOKING
SMEETS. THEY WILL MATCH	THE EXISTING.
*	
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	and the second of the second o
	\$Date:: 2012-12-12 #\$ \$Revision: 4673 \$

3. Description of Proposed Works (continued)	
Has the work already started? Yes Vo	
If Yes, Plase state when the work was started (DD/MM/YYYY):	(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 proposed to or from the public highway? Yes No
Unit: House number: 2 House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House name: HILL COTTAGES	proposed to or from the public highway? Yes No
Address 1: KEASBECK	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No
Address 2: HARWOOD DALE	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: SCARBOROUGH	
County: NORTH YORKSHIRE	
Postcode (optional): 4013 ODT	
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: HILLARY JALNDERS Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	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

	Existing (where applicable)	Proposed	Not applicable	Don't Know
	TIMBER	TIMBER		
Walls				
	BLACK ONDULINE ROOF	BLACK ONDULINE ROOF	-	
Roof	SNEETS	SHEETS		
	11MBER	TIMBER		
Windows				
	1 im BER	TIMBER.		
Doors				
Boundary treatments (e.g. fences, walls)			Ø	
Vehicle access and hard-standing			র্থ	
Lighting			d	,
Others (please specify)		NVAANIDA 24 AUG 2017	J	
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:				
0169/001,0	0169/002,0169/003,0169/0	2 4 .		

11. Ownership Certificates				
One Certificate A, B, C, or D, must		gether with the Agricul FE OF OWNERSHIP - CEI		te with this application form
Town and Country Planning (I cer The applicant certifies that or owner (owner is a person with a freehol which the application relates.	Development Man	nagement Procedure) (I	ingland) Order 2010 Ce lication nobody except n	nyself/ the applicant was the
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY
				16/08/2017
Town and Country Planning (I 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 ition, was the owne	t has given the requisite it or (owner is a person with a	ngland) Order 2010 Centrollo Centrol	as listed below) who, on the da
Name of Owner		Address		Date Notice Served
Town and Country Planning (Electify/ The applicant certifies that: Neither Certificate A or B can hall reasonable steps have been interest or leasehold interest with been unable to do so. The steps taken were:	Development Man be issued for this ap n taken to find out	oplication the names and addresses	ngland) Order 2010 Cer	oner is a person with a freehold

Name of Owner		Address		Date Notice Served
			NY	MANIOS
			24	AUG 2017
Notice of the application has been pub (circulating in the area where the land	olished in the follow is situated):	ving newspaper	On the following date than 21 days before th	(which must not be earlier ne date of the application):
Signed - Applicant:		Or signed - Agent:	J	Date (DD/MM/YYYY):
				Sac (SS/WW/1111).

11. Ownership Certificates (continued)				
Town and Country Planning (De I certify/ The applicant certifies that: Certificate A cannot be issued fo All reasonable steps have been to date of this application, was the	velopment Mar r this application aken to find out	n the names and addresses of	land) Order 2010 Certificate everyone else who, on the da	v 21 days before the
of any part of the land to which t	his application r	elates, but I have/ the applic	ant has been unable to do so.	
The steps taken were:				
Notice of the application has been publis (circulating in the area where the land is	shed in the follow situated):	wing newspaper	On the following date (which than 21 days before the date	n must not be earlier of the application):
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
	AGRICU elopment Mana tural Land Decla	ration - You Must Complete	nnd) Order 2010 Certificate ι Either A or B	ınder Article 12
(A) None of the land to which the applica	ition relates is, o		olding.	D-+- (DD (MM 00000
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
				16/08/2017
(B) I have/ The applicant has given the red before the date of this application, was a as listed below:	quisite notice to tenant of an agr	every person other than thy icultural holding on all of pa	self/ the applicant who, on the ort of the land to which this ap	e day 21 days plication relates,
Name of Tenant		Address		Date Notice Served
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
		or signed Agent		Date (DD/MIN/TTTT).
13. Planning Application Require	ments - Che	cklist		
Please read the following checklist to mak information required will result in your app	e sure vou have	sent all the information in su	ipport of your proposal. Failu	re to submit all
the Local Planning Authority has been sub	mitted.		14	3.
The original and 3 copies of a completed and dated application form:	design a	inal and 3 copies of a ind access statement if	The correct fee: AUG	28.7
The original and 3 copies of a plan which identifies the land to which the applicatior relates drawn to an identified scale and showing the direction of North:	conserva	d works fall within a ation area or eritage Site, or relate to a uilding:	The original and 3 cop completed, dated Owr Certificate (A, B, C or D	ies of the nership
The original and 3 copies of other plans			The original and 3 cop	ies of the
and drawings or information necessary to describe the subject of the application:			completed, dated Artic (Agricultural Holdings)	le 12 Certificate

14. Declaration			
I/we hereby apply for planning permission/consent as described in tinformation. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the		
Sign Applicant: Or signed - Agent	Date (DD/MM/YYYY):		
	16/08/2017 (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 o	r 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 from the agent/applicant's details)			
If Other has been selected, please provide:			
Contact name:	Telephone number:		
Email address:			

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