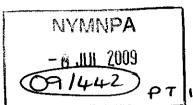


2. Agent Name and Address

First name:

## NZ 85664,08592





North York Moors Metional Park Authorit The Old Vicarage Bondgale Helmstej York Votes Site

Telephone: 01439 779657 Email: do@northyorkmoors-ripa.gov-uk

Householder Application for Planning Permission for works or extension to a dwelling.

Town and Country Planning Act 1990

## Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Title:

Please complete using block capitals and black ink.

First name:

1. Applicant Name and Address

Title:

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

Last name:	YATES	Last name:			
Company (optional):		Company (optional):			
Unit:	House House suffix:	Unit: House House suffix:			
House name:	'HOLINCEA'	House name:			
Address 1:	I EGTON ROAD ALSEABY	Address 1:			
Address 2:		Address 2:			
Address 3:		Address 3:			
Town:	WAITBY	Town:			
County:	NORTH YURKSHIRE	County:			
Country:	ENGLEND	Country:			
Postcode:	Y021 154	Postcode:			
3. Descri	ption of Proposed Works				
Please desc	ribe the proposed works:				
Tited rouf over existing feat concrete roof, on the utility room					
The second secon					

## NYM / 2009 / 0 4 4 2 / F L

3. Description of Proposed Works, continued:	
Has the work already been started without planning permission?	☐ Yes ☐ No
If Yes, please state when the works were started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed without planning permission?	Yes Alo
If Yes, please state when the works were completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details  Please provide the full postal address of the application site.	5. Pedestrian and Vehicle Access, Roads and Rights of Way is a new or altered vehicle access.
Unit House House	proposed to or from the public highway? Yes No
house suffix:	Is a new or altered pedestrian access proposed to or from the public highway? Yes No
name: HouneEA	Do the proposals require any diversions,
Address 1: 1 EGTON ROAD ALSEARY	extinguishments and/or creation of public rights of way? Yes No
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:	NYMMPA
104/1734	
County: N YENGER CHEE	-6 JUL 2009
Postcode (optional): You / Su	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local	Are there any trees or hedges on your own
authority about this application?	property or on adjoining properties which are within falling distance of your boundary? Yes
If Yes, please complete the following information about the advice	If Yes, please mark their position on a scaled
you were given. (This will help the authority to deal with this application more efficiently).	plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not known, and then complete as much possible:	
Officer name:	
CHERYL WARD	
Reference:	
NATIONAL PARK AUTHORITY	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY):	order to carry out your proposal? Yes Ves
(must be pre-application submission) 19-04-2004  Advice given:	If Yes, please show on your plans, indicating the scale, which trees by giving them numbers e.g. T1, T2 etc. and state the reference
	number of any plans or drawings:
is likely to be acceptable	
I deckely to be acceptable	
	i i 4
8. Parking Will the proposed works affect	Souncil Employee / Member     Is the applicant or agent related to any member of staff or elected
existing car parking arrangements? Yes No	member of the Council?
If Yes, please describe:	If Yes, please provide details:

	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable
Walls	BRICK	N/A			
Roof	CONCRETE	TILED = 6 JUL 2009			
Nindows	N/A	N/A			
Doors	N/I	NjA			
Boundary treatments (e.g. fences, walls)	N/H	NIX		·	
Vehicle access and hard-standing	N/A	N/A			000 O
Lighting	NIA	N/A			
Others (please specify)					
	ditional information on submitted perences for the plan(s)/drawing(s)/d	plan(s)/drawing(s)/design and access statement design and access statement:	:?		Yes N

11. Certificates (continued)	CERLIER	ATE OF OWNERSHIP - CER	TIFICATE D	
I certify/ The applicant certifies that:  Certificate A cannot be issued  All reasonable steps have beed date of this application, was the owner part of the land to which this application.	tanning (General d for this applicate taken to find c or (owner is a pers	al Development Procedure tion but the names and addresse on with a freehold interest or	) Order 1995 Certificate us s of everyone else who, on leasehold interest with at lea	the day 21 days before the
The steps taken were:				2000
	~	·/A	-6 J	NI <sup>-</sup> 500a
Notice of the application has been pu (circulating in the area where the land	blished in the fo	<del></del>		(which must not be earlier ne date of the application):
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY)
Town and Country Pl Agricultural Land Declaration - You Mu (A) None of the land to which the Signed - Applicant:	anning (Generalist Complete Eith		Order 1995 Certificate ur	Date (DD/MM/YYY)
				29/04/200
B) I have The plicant has give before the date of this application, was listed below:	n the requisite no as a tenant of an	otice to every person other to agricultural holding on all o	han myself/ the applicant v r part of the land to which	vho, on the day21 days this application relates,
Name of Tenant		Address		Date Notice Served
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY
: •				
<ol> <li>Planning Application Req Please read the following checklist to</li> </ol>	make sure you h	ave sent all the information	in support of your proposa	l. Failure to submit all
information required will result in you the Local Planning Authority has beer	ir application bei I submitted.	ng deemed invalid. It will no	ot be considered valid until	all information required by
3 copies of a completed and dated application form:	3 copie	s of a design and access ent where proposed	The correct fee.	: 🔽
3 copies of a plan which identifies the land to which the application	works f following	all within one of the ng designated areas:		completed, dated Article gricultural Holdings):
relates drawn to an identified scale and showing the direction of North:	• Site o	nal Park f special scientific interest ervation area	Ownership Cert	
3 copies of other plans and drawings or information necessary to describe the subject of the application:	- Area	of outstanding natural beaut I Heritage Site	ty (A, B, C or D - a	s applicable):
13. Declaration				
I/we hereby apply for planning permisinformation.	ssion/consent as	described in this form and ti	he accompanying plans/dr	awings and additional
Signed - Applications	Or s	igned - Agent:	Date (DI	D/MM/YYYY):
			1 10 1	(date cannot b

14. Applicant Contact Details		15. Agent Co	ontact Details	
Telephone numbers	Extension	Telephone num	nbers	Extension
Country code: National number:	number:	Country code:	National number:	number:
Country code: Mobile number (opti	onal):	Country code:	Mobile number (optional):	
		Country code:	Fax number (optional):	
Country code: Fax number (optiona	#):	Country Code:		<del></del>
Email address (optional):		Email address (c	optional):	
Citibal addites (optional).	`			
16. Site Visit				
Can the site be seen from a public road		other public land		
If the planning authority needs to mak out a site visit, whom should they cont	te an appointment to carry tact? (Please select only one)	Agent	Applicant agen	r (if different from the trapplicant's details)
If Other has been selected, please prov				
Contact name:		Telephone num	ber:	
A YATES				
Email address:				
12. Planning Application Req	uirements - Checklist			
Please read the following checklist to information required will result in you the Local Planning Authority has been	make sure you have sent all the	IANUS II WANDII IKH EAR	FOLIZINEIER ATIER WITH BY WILL	illustroir edence
The completed			A design and accesstatement where s	\$\$
and dated application form  A plan which identifies	The completed, date 7 Certificate (Agricul	ed Article	works fall within o	ne of the
the land to which the application	•	-	National Park	ا نبعب
l -nisear drawm to an identified crain	The completed, date	-u	احم احتمدها عراجي	
relates drawn to an identified scale and showing the direction of north	Ownership Certificat	te	Conservation are	entific interest
relates drawn to an identified scale and showing the direction of north Other plans and drawings or information necessary to describe	Ownership Certificat (A, B, C or D - as app	te	Conservation are	ing natural beauty

-6 JUL 2009

## **DESIGN AND ACCESS STATEMENT**

Context – The hip roof is to enhance the property and cover an existing concrete roof which is deteriorating.

Amount and type of development - The plan does not increase the floor space.

Layout – the roof does not encroach on to any other property. At the side of the property is the path to the back of our house and a church yard.

Scale - there is no alteration in scale of the property

Landscaping – in keeping with the rest of the property.

Appearance – A hip roof in red tile which blends in with the existing brick work.

Access - No alteration with the Access to the house.

NYMNPA -6 JUL 2009

