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North York Moors National Park Authority
The Old Vicarage
Bondgate
Helmsley
York
YO62 5BP

NYM / 2010 / 0008 / FL

201018
pt 1.

Telephone: 01439 770657
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Householder Application for Planning Permission
for works or extension to a dwelling and listed building consent.
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.

Please complete using block capitals and black ink.

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

1. Applicant Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Description of Proposed Works

Please describe the proposed works:

INSTALLATION OF AN EXTERNAL WALL VENT TO ENABLE AIR EXTRACTION FROM THE KITCHEN VIA AN INTEGRATED COOKER HOOD. THE WALL VENT IS A PLASTIC MARLEY VENT, REFERENCE M410 AND WILL BE PAINTED MATT BLACK TO MATCH THE EXISTING PIPWORK AND GUTTERING ON THIS ELEVATION.

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 No

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.

Unit: House number: House suffix:

House name: BURNCLOSE

Address 1: BRIQ GARTH

Address 2:

Address 3:

Town: ROBIN HOODS BAY

County: NORTH YORKSHIRE

Postcode (optional): YO22 4SS

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: Northing:

Description:

STONE BOLT TERRACE HOUSE.

5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

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 as possible:

Officer name:

Reference:

Date (DD/MM/YYYY): (must be pre-application submission)

Details of pre-application advice received?

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6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? Yes No

Is a new or altered pedestrian access proposed to or from the public highway? Yes No

Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No

If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s)

7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? Yes No

If Yes, please mark their position on a scaled plan and state the reference number of any plan(s)/drawing(s):

Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No

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 the plan(s) /drawing(s) and indicate the scale:

8. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof covering			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chimney			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows			<input checked="" type="checkbox"/>	<input type="checkbox"/>
External doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceilings			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internal walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internal doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rainwater goods			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (add description)		NEW EXTERNAL WALL VENT FOR AIR EXTRACTION	<input type="checkbox"/>	<input type="checkbox"/>

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Are you supplying additional information on submitted drawings or plans? Yes No

If Yes, please state plan(s)/drawing(s) references:

DRAWINGS 1 AND 2 OF THE PORTA ELEVATION
 SINGLE PAGE DESCRIPTION OF WALL VENT.

9. Demolition

Does the proposal include the partial or total demolition of a listed building? Yes No

If Yes, which of the following does the proposal involve?

a) Total demolition of the listed building: Yes No

b) Demolition of a building within the curtilage of the listed building: Yes No

c) Demolition of a part of the listed building: Yes No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)	
ii) What is the volume of the part to be demolished?(cubic metres)	
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	

Please provide a brief description of the building or part of the building you are proposing to demolish:

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

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10. Listed Building Alterations

Do the proposed works include alterations to a listed building? Yes No

If Yes, do the proposed works include: (you must answer each of the questions)

a) Works to the interior of the building? Yes No

b) Works to the exterior of the building? Yes No

c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally? Yes No

d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes No

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

THE KITCHEN CEILING IS MODERN PLASTERBOARDS AND WILL BE REMOVED TO ENABLE THE DOCTING TO BE INSTALLED. A 100MM HOLE WILL BE DRILLED THROUGH THE WALL AND THE WALL VENT INSTALLED. THE CEILING WILL BE RE-BOARDED, PLASTERED AND PAINTED.

11. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)

Grade I Ecclesiastical Grade I

Grade II Ecclesiastical Grade II

Grade II* Ecclesiastical Grade II*

Don't know

12. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

Yes No Don't know

If Yes, please provide the result of the application:

13. Parking

Will the proposed works affect existing car parking arrangements? Yes No

If Yes, please describe:

14. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the Council? Yes No

If Yes, please provide details:

18. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

19. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

20. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

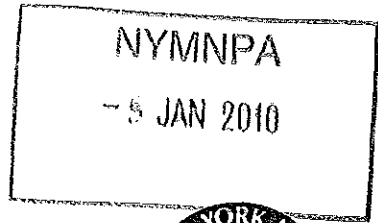
Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: Telephone number:

Email address:

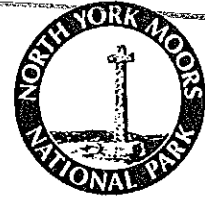
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VALIDATION CHECKLIST

PLANNING PERMISSION AND LISTED BUILDING CONSENT

For alterations, extension or demolition of a listed building



Please complete the attached checklist to indicate what you have included with your application. All plans should include paper size, key dimensions and scale.

STANDARD REQUIREMENTS:

(1 original and 3 copies to be supplied unless that application is submitted electronically)

Completed application form	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Completed Certificate of Ownership, A, B, C or D as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995 and by Regulation 6 of the Planning (Listed Building and Conservation Areas) regulations 1990.	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Agricultural Holdings Certificate as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Location Plan at a scale of 1:2500 or 1:1250 with your application site edged red and any other land in your ownership edged in blue.	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Existing site layout plans at a scale of 1:100, 1:200 or 1:500 showing the site in relation to existing buildings and site boundaries. The plan should indicate where existing features of the site are located including existing buildings (indicating proposed demolitions), trees (identifying any proposed felling), means of access and type of enclosure (wall, fence, hedges) and shall show adjacent properties/buildings.	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Proposed site layout plans at a scale of 1:500, 1:200 or 1:100	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Existing and proposed elevations to a scale of 1:50 or 1:100 Requirements dependent on position of extension eg. no front elevation required for rear extension etc.	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Existing and proposed floor plans to a scale of 1:50 or 1:100 For each floor ie, ground and first floor required for two storey extension	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Roof plans to a scale of 1:50 or 1:100 If the proposal alters the existing roof	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Existing and proposed site sections and finished floor levels and site levels at a scale of not less than 1:100	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Design and Access Statement	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

Application fee YES NO
 Please consult our enclosed Schedule of Fees.
 Cheques are to be made payable to NYMNPA

Manufacturers specification/leaflet for proposals incorporating
 plant/machinery (swimming pools/wind turbines/satellite
 dishes/solar panels/rooflights) YES N/A

SOME OR ALL OF THE FOLLOWING INFORMATION MAY ALSO BE REQUIRED:

Biodiversity Survey and Report (Nature Conservation and Ecological
 Assessment) YES N/A

Flood Risk Assessments / Sequential Test (flood zones) YES N/A

Statement of agricultural need YES N/A

Tree Survey/Arboriculture Assessment YES N/A
 Where ground based works within 2 metres of the crown spreads of any trees
 covered by Tree Preservation Order or tree located within a Village
 Conservation Area

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