



NYMNPA  
 29 JAN 2010  
 2010/72

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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:

REPLACE ROOF SHATES AND TIMBERS  
 REPLACE WINDOWS INCLUDING ROOF WINDOWS  
 REPAIR CHIMNEY STACKS  
 USE OF DISUSED GARDEN AREA AS A GARDEN

### 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:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting:  Northing:

Description:

### 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):

Details of pre-application advice received?

### 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 type="checkbox"/>	<input type="checkbox"/>
Roof covering	BLUE SLATE	WELSH BLUE SLATE	<input type="checkbox"/>	<input type="checkbox"/>
Chimney	BRICK / RENDER	REMOVE RENDER AND REPOINT CHIMNEY STACKS	<input type="checkbox"/>	<input type="checkbox"/>
Windows	TIMBER	TIMBER	<input 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)			<input checked="" 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:

### 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:

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

### 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):

### 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:

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### 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:

**15. Certificates (continued)**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

**Certificate under Article 7 of the Town and Country Planning (General Development Procedure) Order 1995 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990**

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

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Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

**AGRICULTURAL HOLDINGS CERTIFICATE**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

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(B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

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Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

**16. Planning Application Requirements - Checklist**

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

- |  |  |  |
|--|--|--|
| 3 copies of a completed and dated application form: <input checked="" type="checkbox"/>  | 3 copies of a design and access statement where proposed works fall within one of the following designated areas: <input type="checkbox"/>   | The correct fee: <input checked="" type="checkbox"/>   |
| 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: <input checked="" type="checkbox"/> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> National Park</li> <li><input checked="" type="checkbox"/> Site of special scientific interest</li> <li><input checked="" type="checkbox"/> Conservation area</li> <li><input checked="" type="checkbox"/> Area of outstanding natural beauty</li> <li><input checked="" type="checkbox"/> World Heritage Site</li> <li><input checked="" type="checkbox"/> The Broads</li> </ul> | 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): <input checked="" type="checkbox"/>        |
| 3 copies of other plans and drawings or information necessary to describe the subject of the application: <input checked="" type="checkbox"/>                                      |  | 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable): <input checked="" type="checkbox"/> |

**17. Declaration**

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

23/1/10

(date cannot be pre-application)

**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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