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NYMNPA

25 JAN 2010

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North York Moors National Park Authority The Old Vicarage Bondgate Helmsley York Y062 5BP

Telephone: 01439 770657 Email: dc@northyorkmoors-npa.gov.uk Website: www.moors.uk.net

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	2. Agent Name and Address
Title: MR First name: John	Title: First name:
Last name: WOOLLER	Last name:
Company (optional):	Company (optional):
Unit: House number: 4 House suffix:	Unit: House House suffix:
House THE ESPLANADE	House name:
Address 1: ROBIN HOODS BAY	Address 1:
Address 2: WHITBY	Address 2:
Address 3:	Address 3:
Town:	Town:
County:	County:
Country:	Country:
Postcode: VO22 4RS	Postcode:

d Works
orks:
ROOF SHATES AND TIMBERS
WINDOWS INCLUDING ROOF WINDOWS
CHIMNEY STACKS
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	5. Pre-application Advice
Please provide the full postal address of the application site. Unit: House 9 House suffix: House name: Address 1: THE ESPLANADE Address 2: ROBIN HOODS BAY Address 3: WATBY Town:	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: EDWARD FREED MAN Reference:
County:	Vour REF 3037
	Date (DD/MM/YYYY):
(optional): YOZZ 4RS Description of location or a grid reference.	(must be pre-application submission) Details of pre-application advice received?
(must be completed if postcode is not known): Easting: Northing: Description:	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Trees and Hedges
Is a new or altered vehicle access proposed to or from the public highway? Yes You No Is a new or altered pedestrian access proposed to or from the public highway? Yes No	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):
Do the proposals require any diversions, extinguishments and/or creation of public rights of way? 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)	NYMNPA 29 JAN 2010 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:

	Existing (where applicable)	0 / 0 0 7 3 / L B Proposed	Not applicable	Don't
External walls				
Roof covering	BLUE SLATE	WELSH' BLUE SLATE		
Chimney	BRICK RENOGR	REMOVE RENDER AND REPOINT CHIMNEY STACKS		
Windows	TIMBER	TIMBER		
External doors			Image: second control of the control	
Ceilings			V	
Internal walls				
Floors			Ø	
Internal doors			Q	
Rainwater goods			Ø	
Boundary treatments (e.g. fences, walls)	NYMNPA		₫	
Vehicle access and nard standing	/ NAN 2010		Image: Section of the content of the con	
lighting	THE STATE OF THE S			
Others add description)			M	
	onal information on submitted drawings or plans?)/drawing(s) references:	Yes No		

9. Demolition			10. Listed Building Alterations		U N
Does the proposal include the partial or total demolition of a listed building?	Yes	No	Do the proposed works include alterations to a listed building?	Yes	☑ No
If Yes, which of the following does the propos	If Yes, do the proposed works include:				
a) Total demolition of the listed building:	Yes	N₀	(you must answer each of the questions)		
b) Demolition of a building within the curtilage of the listed building:	Yes	No	a) Works to the interior of the building?	Yes	☐ No
c) Demolition of a part of the listed building:	Yes	No	b) Works to the exterior of the building?	Yes	☐ No
If the answer to c) is Yes:					
i) What is the total volume of the listed building?(cubic metres)			c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally?	☐ Yes	∏ No
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/YY (date must be pre-application submission)	m		d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?	· Yes	No
Please provide a brief description of the building you are proposing to demolish:		oart of the	If the answer to any of these questions is Ye plans, drawings, photographs sufficient to it	dentify the lo	cation,
NYM / 2010 / 0 0 7 3	/ L B		extent and character of the items to be rem proposal for their replacement, including ar structural support and state references for t	ny new mean	s of
Why is it necessary to demolish or extend (as of the building(s) and or structure(s)?	applicable)	all or part			
					,
11. Listed Building Grading			12. Immunity From Listing		
Please state the grading (if known) of the buil Buildings of Special Architectural or Historic i			Has a Certificate of Immunity from Listing be this building?		
one box must be ticked) Grade I Ecclesiastic	al Grade I		Yes No	Don't knov	N
Grade II	J Grada II T	7	If Yes, please provide the result of the applic	ation:	
Grade II	ii Grade ii [
Grade II* Ecclesiastical	Grade *		NYIMPA	, /	
Do	on't know [NY MYPA	,10	7
13. Parking			14. Council Employee / Membar		
Will the proposed works affect existing car parking arrangements?	Yes	No	Is the applicant or agent related to any member of staff or elected member of the Council?	Yes	Ŋ No
if Yes, please describe:			If Yes, please provide details:		
			·		

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18. Applicant Contact Details	19. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: National 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:	agent apprearies acidity
Contact name:	Telephone number:
Email address:	

