



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.

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: MLS First name:	Title: MR First name: PAUL
Last name:	Last name: WARE
Company (optional):	Company (optional):
Unit: House 60 House suffix:	Unit: House 24 House suffix:
House name:	House name:
Address 1: IBURNDALE LANE	Address 1: WESTFIELD AVENUE
Address 2: SLEIGHTS	Address 2: NEWI37
Address 3:	Address 3:
Town: WHITS'T	TOWN: SCARBOROUGH,
County: NORTH YOLKSHIRE.	County: N. YORKS
Country: ENGLAND.	Country: ENGLAND
Postcode:	Postcode: YO12 609.
3. Description of Proposed Works	
Please describe the proposed works	
RETAINING WALLS & PAT	HWAY SCHEME TO FRONT
OF DWELLING	
i.	

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. 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: 60 House suffix:	Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes No Do the proposals require any diversions,
Address 1: IBURNDALE LANE	extinguishments and/or creation of public rights of way?
Address 2:	If Yes to any questions, please show details on your plans or
Address 3: SLEIGHTS	drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town: WHITBY	
county: N. JORKS	
Postcode	
(optional):	
6. Pre-application Advice	7. Trees and Hedges Are there any trees or hedges on your own
Has assistance or prior advice been sought from the local authority about this application?	property or on adjoining properties which
If Yes, please complete the following information about the advice	are within falling distance of your boundary? Yes No 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:	2 4 AUG 2011
Officer name:	Z 4 A00 2011
Reference:	Will any trees or hedges need
Date (DD MM YYYY):	to be removed or pruned in order to carry out your proposal? Yes No
(must be pre-application submission)	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
Advice given:	number of any plans or drawings:
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9 Darking	9. Council Employee / Member
8. Parking Will the proposed works affect	Is the applicant or agent related to any member of staff or elected
existing car parking arrangements? Yes No If Yes, please describe:	member of the Council? Yes No If Yes, please provide details:
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10. Materials If applicable, please state what materials are to be used externally. Include type, colour and name for each material:					
n applicable, please sta	Existing (where applicable)		Not applicable	Don't Know	Drawing references if applicable
Walls					
Roof					
Windows				NZUN AUG	
Doors					e .
Boundary treatments (e.g. fences, walls)	WALL WINT SOIL BANIC	REMINSING WAN WITH REVISED PATHWAY			
Vehicle access and hard-standing	CONCRETE BRIVE	LONC DRIVE RETAINED.			
Lighting					
Others (please specify)					
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No If Yes, please state references for the plan(s)/drawing(s)/design and access statement:					
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12. Planning Application Requirement	ts - Chacklist	
Please read the following checklist to make sure y information required will result in your application the Local Planning Authority has been submitted. The original and 3 copies of a completed and dated application form: The original and 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: The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	you have sent all the information in support on being deemed invalid. It will not be cons	The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable):
13. Declaration I/we hereby apply for planning permission/conse information. Signed - Applicant:	ont as described in this form and the accomp Or signed - Agent:	Date (DD/MM/YYYY): 20/35/11 (date cannot be pre-application) \$Date: 2008/05/16 15:23:36 \$ \$ \$Revision: 1.59 \$

elephone numbers
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): mail address (optional):
ner public land? Yes No
Agent Applicant Other (if different from the agent/applicant's details)
elephone number:
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