

2011/0642

North York Moors National Park Authority The Old Vicarage Bondgate Helmsley York YO62 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. A4 exempt 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: PHILIP	Title: First name:
Last name: HARE	Last name:
Company (optional): N/A	Company (optional):
Unit: House number: House suffix:	Unit: House number: House suffix:
House name: FLOCKTON House	House name:
Address 1: EGTON	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
TOWN: WHITBY	Town:
County: NORTH YORKSHIRE	County:
Country: ENGLAND	Country:
Postcode: YOZIITX	Postcode:
3. Description of Proposed Works	AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR
Please describe the proposed works:	
REMOVE WOOD WINDOWS	AND REPLACE WITH
UPVC.	
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Has the work already been started without planning permission?  If Yes, please state when the works were started (DD/MM/YYY):  (date must be pre-application submission)  If Yes, please state when the works were completed (DD/MM/YYY):  (date must be pre-application submission)  4. Site Address Details  Please provide the full postal address of the application site.  Unit:    House	3. scription of Proposed Works (continued)	
If Yes, please state when the works were started (DD/MMYYYY):   (date must be pre-application submission)   Yes   Yes		Yes No
Has the work already been completed without planning permission?  If Yes, please state when the works were completed (DD/MM/YYYY):    A. Site Address Details	If Yes, please state when the works were started (DD/MM/YYYY):	
## S. Preserve when the works were completed (DD/MMYYYY):    S. Pedestrian and Vehicle Access, Roads and Rights of Way   Please provide the full postal address of the application site.   House	Has the work already been completed without planning permission	and the second s
Please provide the full postal address of the application site.  Unit:	If Yes, please state when the works were completed (DD/MM/YYYY):	
Same and address of the application site.   House   House   Introduce   House   House   House   House   Introduce   House   Introduce   House   House   Introduce   Introduc		5. Pedestrian and Vehicle Access Roads and Rights of Way
House   number:   House   suffic:   Suffic:	Please provide the full postal address of the application site.	Is a new or altered vehicle access
name:	10111.	proposed to or from the public highway? Yes No
Address 2:	House name: FLOCKTON HOUSE	proposed to or from the public highway? Yes No
Address 2:  Address 3:  Town:  NORTH YORKSHIRE  Postcode (optional):  Yes   No    G. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?  Yes   No    Yes   No    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 complete the following information about the advice you were given. (This will help the authority to deal with this application nore efficiently).  Please tick if the full contact details are not known, and then complete as much possible:  Officer name:  HILARY SAUNDES  Reference:  NYMENG TOBO  Date (DD MM YYYY):  (must be pre-application submission)  Advice given:  Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  If Yes, please show on your plans or drawings:  Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  If Yes, please show on your own proposal?  If Yes, please show detalls on your plans or drawings:  Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  If Yes, please show on your own proposal?  If Yes, please show on your plans or drawings:  Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  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:  S. Parking  Yes   No    Yes   Yes   Yes   Yes   Yes   No    Yes   No    Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes	Address 1: EG TON	extinguishments and/or creation of public
Address 3:  Town: WHITBY  County: NORTH YORKSHIRE  Postcode (optional): You ITX   6. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application? Yes No II 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 foll contact details are not known, and then complete as much possible: Officer name:  HILARY SAUNDERS  Reference:  NYM/ENR/TOBO  Date (DD MM YYYY): (must be pre-application submission)  Advice given:  APPLY FOR PLANNING  RERMISION.  9. Council Employee / Member  Is the applicant or agent related to any member of staff or elected member of the Council? Yes No	Address 2:	rights of way? Yes No
County: NORTH YORKSHIRE Postcode (toptional): YOLITX  G. 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 possible: Officer name:  HILARY SAUNDES  Reference:  NYM ENG TOSO  Date (DD MM YYYY): MILENG TOSO  (must be pre-application submission)  Advice given:  APPLY FOR PLANNING  G. Pre-application Advice been sought from the local authority to deal with this application more efficiently.  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:  Will any trees or hedges need to be removed or pruned in the plan and state the reference number of any plans or drawings:  If Yes, please show on your plans, indicating the scale, which trees by giving them numbers e.g. TI, T2 etc. and state the reference number of any plans or drawings:  PRAILING  S. Parking  Yes No  Yes, please describe:  Yes, please of hedges on your own properties which are within falling distance of your boundary? Yes No  If Yes, please anark their position on a scaled plan and state the reference number of any plans or drawings:    Will any trees or hedges need to be removed or pruned in the reference number of any plans or drawings:    Yes   No   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes	Address 3:	drawings and state the reference number(s) of the plan(s)/
County: NORTH YORKSHIRE  Postcode (optional):	Town: WHITBY	
Os. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?  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 possible:  Officer name:  HILARY SAUNDES  Reference:  NYM/ENG/TOSO  Date (DD MM YYYY):  (must be pre-application submission)  Advice given:  APPLY FOR PLANNING  PLANNING  PLANNING  PLANNING  PLANNING  9. Council Employee / Member  Is the applicant or agent related to any member of staff or elected member of the Council?  Yes, please describe:  Yes, please describe:  Yes, please describe:  Yes, please describe:		
6. Pre-application Advice  Has assistance or prior advice been sought from the local authority about this application?  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 possible:  Officer name:  HILARY SAUNDERS  Reference:  NYMENO 7060  Date (DD MM YYYY):  (must be pre-application submission)  Advice given:  APPLY FOR PLANNING  PERMISION.  B. Parking  Yes No  Yes No  Yes No  Yes, please describe:  If Yes, please show on your plans, indicating the scale, which trees by giving them numbers e.g. TI, T2 etc. and state the reference number of any plans or drawings:  PERMISION.  Yes No  Yes No  Yes, please show on your plans, indicating the scale, which trees by giving them numbers e.g. TI, T2 etc. and state the reference number of any plans or drawings:  PERMISION.  Yes No  Yes No  Yes No	Postcode (v.	
Has assistance or prior advice been sought from the local authority about this application?		
authority about this application?    Yes	6. Pre-application Advice	
HILARY SAUNDERS  Reference:  NYM/ENQ/7060  Date (DD MM YYYY): (must be pre-application submission)  Advice given:  APPLY FOR PLANNING  FERMISION.  S. Parking  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 any plans or drawings:  9. Council Employee / Member  Is the applicant or agent related to any member of staff or elected member of the Council? Yes No	authority about this application?  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 possible:	property or on adjoining properties which are within falling distance of your boundary? Yes No  If Yes, please mark their position on a scaled
Will any trees or hedges need to be removed or pruned in order to carry out your proposal?    Yes   No	HILARY SAUNDERS	
Date (DD MM YYYY): (must be pre-application submission)  Advice given:  APPLY FOR PLANNING  PERMISION.  B. Parking  Will the proposed works affect existing car parking arrangements?  Yes No  Yes No  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 any plans or drawings:  9. Council Employee / Member  Is the applicant or agent related to any member of staff or elected member of the Council?  Yes No	Reference:	
Advice given:  APPLY FOR PLANNING  B. Parking  Will the proposed works affect xisting car parking arrangements?  Yes Please describe:  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 any plans or drawings:  9. Council Employee / Member  Is the applicant or agent related to any member of staff or elected member of the Council?  Yes No	Date (DD MM VVVV)	to be removed or pruned in
APPLY FOR PLANNING  RERMISION.  9. Council Employee / Member  Is the applicant or agent related to any member of staff or elected member of the Council?  Yes No	must be pre-application submission)	If Yes, please show on your plans, indicating the scale, which trees
Vill the proposed works affect xisting car parking arrangements?  Yes No Yes, please describe:  Yes No Yes	APPLY FOR PLANNING PERMISION.	number of any plans or drawings:
Is the applicant or agent related to any member of staff or elected member of the Council?  Yes No		P. Council Employee / Momber
res, please describe:	xisting car parking arrangements?	s the applicant or agent related to any member of staff or elected
22 SEP 2011	Yes, please describe:	
		22 SEP 2011

Materials If applicable, please state what materials are to be used externally. Include type, colour and name for each material: Not applicable Existing Drawing Don't Proposed (where applicable) references if Know applicable Walls 2 Roof HOODEN UPVC Windows WHITE WHITE Doors V **Boundary treatments** (e.g. fences, walls) V Vehicle access and V hard-standing Lighting W Others (please specify) Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? No Yes If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

Signed - Applicant:	- PP	ion relates is, or is part of, an agricultural hol Or signed - Agent:	ding.	Date (DD/MM/YYYY)
				18/09/201
B) I have/ The applicant has giv before the date of this application, as listed below:	en the rec was a tena	quisite notice to every person other than my int of an agricultural holding on all or part of	self/ the applicant who f the land to which this	.1 1 -4.4 4
Name of Tenant		Address		Date Notice Served
			NYMNPA	
			NYMNPA 22 SEP 2011	7
				/
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
2. Planning Application Recease read the following checklist to formation required will result in you be Local Planning Authority has been	make sur	e you have sent all the information in suppo	rt of your proposal. Fa ssidered valid until all in	ilure to submit all oformation required by
copies of a completed added application form:		3 copies of a design and access statement where proposed	The correct fee:	NIFA
copies of a plan which identifies e land to which the application		works fall within one of the following designated areas:	3 copies of the com 7 Certificate (Agricu	pleted, dated Article Itural Holdings):
lates drawn to an identified scale od showing the direction of North:	ML	National Park     Site of special scientific interest     Conservation area	3 copies of the comp Ownership Certifica	oleted, dated
copies of other plans and drawings information necessary to describe e subject of the application:	DA	Area of outstanding natural beauty     World Heritage Site     The Broads	(A, B, C or D - as app	licable):
3. Declaration				
Officiality.	ssion/con	sent as described in this form and the accom	npanying plans/drawin	gs and additional
gned - Applicant:		Or signed - Agent:	Date (DD/MM	/YYYY):

V. ..

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14. Applicant Contact Details		15. Agent Contact Detail	
Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Extension number:	Telephone numbers  Country code: National num  Country code: Mobile numb  Country code: Fax number (country code: Fax numb	ber: Extension number: er (optional):
16. Site Visit  Can the site be seen from a public road, public the planning authority needs to make an a out a site visit, whom should they contact? (If Other has been selected, please provide: Contact name:  Email address:	appointment to carry	other public land? Yes Applicar Telephone number:	No Other (if different from the agent/applicant's details)
Please read the following checklist to make sinformation required will result in your applit the Local Planning Authority has been submit the Completed and dated application form  A plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of north  Other plans and drawings or information necessary to describe the subject of the application	The completed, dated Ownership Certificate  The completed, dated The completed, dated Certificate (Agricultu Ownership Certificate (A, B, C or D - as applic	Article Article (able)  Article (cable)  Article (cable) (cable)  Article (cable) (cabl	oposal. Failure to submit all duntil all information required by e following documents: ign and access ment where proposed fall within one of the ring designated areas: onal Park of special scientific interest servation area of outstanding natural beauty designated areas:

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## **VALIDATION CHECKLIST**

## HOUSEHOLDER APPLICATIONS for extensions, detached outbuildings and other alterations to existing dwellings



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

CHECKLIST AND GUIDANCE NOTE for Householder	P 2011	
Application fee Please consult our enclosed Schedule of Fees. Cheques are to be made payable to NYMNPA.	YES MNPA	NOV
Manufacturers specification/leaflet, for proposals incorporating plant/machinery (swimming pools/wind turbines)	YES	N/A
Design and Access Statement	YES□	N/A 🖸
Existing and proposed site sections and finished floor level and site levels to a scale of 1:50 or 1:100	YES[]	N/A 🗹
Roof Plans to a scale of 1:50 or 1:100 If proposed development alters the existing roof.	YES	N/A 🔽
Existing and proposed floor plans to a scale of 1:50 or 1:100 For each floor ie, ground and first floor plans required for two storey extension	YES	N/A
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□	N/A 🔽
Proposed site layout plans at a scale of 1:500, 1:200 or 1:100	YES	N/A 🔽
Existing site layout plans at a scale of 1:500, 1:200 or 1:100 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 🗌	N/A 🗹
<b>Location Plan</b> 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	N/A 🗹
Agricultural Holdings Certificate as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995	YES	N/A 🗌
<b>Completed Certificate of Ownership</b> , A, B, C or D as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995.	YES	N/A 🗌
Completed application form	YES	N/A 🗌
STANDARD REQUIREMENTS: (4 copies to be supplied unless the application is submitted electronically)		

ADDITIONAL REQUIREMENTS (where likely to be relevant to the development proposed):

B liversity Survey and Report YES N/A

Flood Risk Assessments/ Sequential Test (flood zones)

YES N/A

Tree Survey/Arboriculture Assessment

YES N/A

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