



NYM/2012/0003/FL

North York Moors National Park Authority  
The Old Vicarage  
Bondgate  
Helmsley  
York  
YO52 5BP

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2012/0003

Householder Application for Planning Permission for works or extension to a dwelling.  
Town and Country Planning Act 1990

K150#11290  
3/1/12

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:

REPLACEMENT GARAGE AND CAR PORT  
ON HARD STANDING TO REAR OF PROPERTY.

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### 3. Description of Proposed Works (continued)

Has the work already been started without planning permission?

Yes

No

DEMOLISHED

If Yes, please state when the works were started (DD/MM/YYYY):

8, 8, 2011

(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: 2 House suffix:

House name: WEST LEA

Address 1: ECHO HILL

Address 2: SLEIGHTS

Address 3:

Town: WHITBY

County: N. YORKS

Postcode (optional): YO22 5AE.

### 5. 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):

### 6. 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:

Reference:

Date (DD MM YYYY):

(must be pre-application submission)

Advice given:

PLANNING NEEDED TO BE APPLIED FOR.

### 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 plans or drawings:

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:

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### 8. Parking

Will the proposed works affect existing car parking arrangements?

Yes

No

If Yes, please describe:

IMPROVE.

### 9. 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:

**10. Materials**

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable
Walls	CORRIGATED SHEETS ON STEEL FRAME.	TIMBER FRAME GREEN OAK CLAD	<input type="checkbox"/>	<input type="checkbox"/>	
Roof	CORRIGATED SHEETS ON STEEL FRAME	CLAY TILES AS HOUSE.	<input type="checkbox"/>	<input type="checkbox"/>	
Windows			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Doors	CORRIGATED SHEETS ON STEEL FRAME	HINGED TIMBER BARN TYPE DOORS	<input type="checkbox"/>	<input type="checkbox"/>	
Boundary treatments (e.g. fences, walls)	FENCE	FENCE	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle access and hard-standing	CONCRETE PAD	CONCRETE PAD AND TARMAC FORECOURT	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>	

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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:

DRAWING, - ~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~

**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): 2,1,2012

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

Signed - Applicant: \_\_\_\_\_ Or signed - Agent: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

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**12. 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 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 type="checkbox"/>	<ul style="list-style-type: none"> <li>• National Park</li> <li>• Site of special scientific interest</li> <li>• Conservation area</li> <li>• Area of outstanding natural beauty</li> <li>• World Heritage Site</li> <li>• The Broads</li> </ul>	3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): <input type="checkbox"/>
3 copies of other plans and drawings or information necessary to describe the subject of the application: <input type="checkbox"/>		3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable): <input type="checkbox"/>

**13. 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): 2,1,2012 (date cannot be pre-application)

### 14. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

### 15. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

### 16. 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: LEE ATKINSON Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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