



2012/0618

North York Moors National Park Authority  
 The Old Vicarage  
 Bondgate  
 Helmsley  
 York  
 YO62 5BP

Telephone: 01439 770657  
 Email: [dc@northyorkmoors-npa.gov.uk](mailto:dc@northyorkmoors-npa.gov.uk)  
 Website: [www.moors.uk.net](http://www.moors.uk.net)

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

Also # 11755  
 30/8/12

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: NIGEL	Title:	First name:
Last name:	COLLINS	Last name:	
Company (optional):		Company (optional):	
Unit:	House number: 5 House suffix:	Unit:	House number: House suffix:
House name:	DARNCOMBE BUNGALOWS	House name:	
Address 1:	LANGDALE END	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	SCARBOROUGH	Town:	
County:	NORTH YORKSHIRE	County:	
Country:	ENGLAND	Country:	
Postcode:	YO13 0LJ	Postcode:	

**3. Description of Proposed Works**

Please describe the proposed works:

GARAGE WITH STORAGE UNDERNEATH

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### 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): 28-07-2011 (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: 5 House suffix:   
 House name: DARNCOMBE  
 Address 1: LANGDALE END  
 Address 2:   
 Address 3:   
 Town: SCARBOROUGH  
 County: NORTH YORKSHIRE  
 Postcode (optional): YO13 0LT

### 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):  
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### 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:

### 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:  
MARKED ON LOCATION PLAN  
 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:

### 8. Parking

Will the proposed works affect existing car parking arrangements?  Yes  No  
 If Yes, please describe:

### 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		DARK STAINED FAATHER EDGE TIMBER BOARDS	<input type="checkbox"/>	<input type="checkbox"/>	
Roof	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     NYMANIDA 30 AUG 2012                 </div>	CORRUGATED CEMENTONE SHEETS GREY COLOUR	<input type="checkbox"/>	<input type="checkbox"/>	
Windows		BROWN UPVC	<input type="checkbox"/>	<input type="checkbox"/>	
Doors		DOOR TO STORE UNDER GARAGE, TIMBER BOARDS TO GARAGE, BLACK PAINTED ROLLER SHUTTER	<input 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		BULK HEAD FITTING WITH 100WATT BULB OVER GARAGE DOOR	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>	

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:

**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 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.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Or signed - Agent: \_\_\_\_\_  
 Date (DD/MM/YYYY): 28-08-2012 (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: MRN COLLINS Telephone number:

Email address:

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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. The correct fee:  The original and 3 copies of the following documents:

The completed and dated application form <input 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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