

North York Moors National Park Authority NYM / 2013 / 0 5 8 8 / F L

2. Agent Name and Address

The Old Vicarage Bondgate Helmsley York YO62 5BP

Telephone: 01439 772700 Email: planning@northyorkmoors.org.uk Website: www.northyorkmoors.org.uk

2013/0588

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

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

1. Applicant Name and Address

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It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title:	MYC First name: CTUHHAM	Title: First name:				
Last name:	KEMP	Last name:				
Company (optional):		Company (optional):				
Unit:	House House suffix:	Unit: House House suffix:				
House name:	BEACHOLME.	House name:				
Address 1:	COULT HILL	Address 1:				
Address 2:	NOBIN HOODS BAY	Address 2:				
Address 3:	-3	Address 3:				
Town:	WHITBY	Town:				
County:	NORTH YORKSHIRE	County:				
Country:	UK	Country:				
Postcode:	Y022 45N	Postcode:				
	3. Description of Proposed Works					
L	ribe the proposed works:					
DE	MOUSH OF SHED MID	BUILD NEW FOR ANCHOPAL				
- RESIDENTIAL STORAGE TO BENCHOLINE, COVETHIL RHB.						
		\$0ate~2012-12-12 &\$ \$Revision: 4673 \$				

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed? Yes No	(date must be pre-application submission)
If Yes, please state when the work was 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
Unit: House House suffix:	proposed to or from the public highway? Yes No
House name: THE OLD COUNCIL BIN STORE	Is a new or altered pedestrian access proposed to or from the public highway? Yes No
Address 1: ALBION ROAD	Do the proposals require any diversions, extinguishments and/or creation of public
Address 2: ROBIN HOODS BAY	rights of way? If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town: WHTBU	
County: NORTH YORKSHIRE.	NYM / 2013 / 0 5 B 6 / 6 6 F*
Postcode (optional): YOZZ 4SW	
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: HHLED WEBSTER Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: STYLE IN VIELBING - WOOD CLAD ALSO LACHE SPLITH IN CONSIENVATION (LE-REMANNICE - REMANNICE -	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? 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? If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
8. Parking Will the proposed works affect existing car parking arrangements? Yes No If Yes, please describe:	9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member statements apply to you? (c) related to a member of staff (d) related to an elected member If Yes, please provide details of the name, relationship and role

O. Materials					
applicable, please star	te what materials are to be used externally. Include	type, colour and name for each material:			
,	Existing (where applicable)	Proposed 1987 F.L.	Not applicable	Don' Knov	
Walls	TIMBEN BURNDING.	TIMBER FRAMED CONSTRUCT ON a CAST CONCRETE SLAP ALL VISABLE AREA TO BE OVER CLAD IN OVERLAPPING LARCH LAP, NONE VISABLE TO BE ROOFING GRADE MINERAL FELT	3		
Roof	CORMUTATED PSISESTOS	ROOFING GRADE PLYWOOD COVERED IN MINERAL FELT AND DOUBLE CROSS BATTENS TO SUPPORT OVERLAPPING LAW LAP TO VISUALLY ENHANCE.			
Windows	ONE IMXOAM.	TWO I SINGLE PARK WITH TOLGHED WIRE GLASS 800W X 700 HIGH. I SINGLE PARK WITH WIRE GLASS 500W X 700 HIGH.			
Doors	TWO 1.74 × 1.5W. 1.74 × 2.5W.	TWO - 108 7 600 PM. 1.8 7 2.2 W RO SHUTTER IN BROWN CONTES WITH GRAIN PATERN - COLO TO MATCH TIMBER	JEPV	<u>}</u> ,	
Boundary treatments (e.g. fences, walls)	EXISTING IS A STONE REPAINING WALL TO 3 SIDES.	KEEPING SAME - RENDANG AND MAKE GOOD RYISTING			
Vehicle access and hard-standing	NONE EXCEPT 2-6M WIDE THRONG AREA ADSACENT TO PARKING SPACE AND IN FRONT OF SHED	SAME.			
Lighting		NYMNPA 14 AUG 2013	Ø		
Others (please specify)	ASPESTOS CEMENT SHEET TO BE RENOVED IN ACCONDENCE WITH HSE GRIDE ALL (NON LICENCED THOUSE)				
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No					
if Yes, please state refe	rences for the plan(s)/drawing(s)/design and acces	s statement:			

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11. Ownership Certificates (continued)					
∕ ່າwn and Country Planning (De		E OF OWNERSHIP - CERTI agement Procedure) (Enc		under Article 12	
I certi, The applicant certifies that:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
 Certificate A cannot be issued fo All reasonable steps have been t 	r this application	the names and addresses o	of everyone else who, on the day	21 days before the	
date of this application, was the	owner (owner is a	i person with a freehold inte	rest or leasehold interest with at l	least 7 years left to run)	
of any part of the land to which t	this application re	elates, but I have/ the appli	cant has been unable to do so.	•	
The steps taken were:					
			a.		
		MAN	$\frac{\sqrt{2013}}{\sqrt{0.53}}$ $\frac{\sqrt{0.53}}{\sqrt{0.5}}$ $\frac{8}{\sqrt{0.5}}$ On the following date (which	7 ()	
Notice of the application has been publis	shed in the follow	ving newspaper	On the following date (which	must not be earlier	
(circulating in the area where the land is	situated):		than 21 days before the date	or the application):	
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):	
Г					
12. Agricultural Land Declaratio	9				
12. Agricultural Land Declaratio		TIDA: 1 110 DEC 1017	1051		
Town and Country Planning (Dev	AGRICUL elonment Mana	LTURAL LAND DECLARAT	ION land) Order 2010 Certificate u	nder Article 12	
Agricul	tural Land Declar	ration - You Must Complete	Either A or B	maci minicio iz	
(A) None of the land to which the applie	ation rolatos is or	eic nort of an agricultural b	oldina		
(A) None of the land to which the applica	ation relates is, or		iolang.	Date (DD/MM/YYYY):	
Signed		Or signed - Agent:			
				15 8 13	
(D) (b / The area !! - art b			weelf/Abo anniliant who an the	der 21 dere	
(B) I have/ The applicant has given the rebefore the date of this application, was a	equisite notice to tenant of an agri	every person other than m icultural holding on all or p	art of the land to which this ap	e day 21 days olication relates.	
as listed below:	e containe or arragi	realitation from the p			
Name of Tenant		Address		Date Notice Served	
	1				
	1				
			NYMNPA 14 AUG 2013	7	
		/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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			Security and the second of the	*	
	,				
Cinnal Applicants	I	Orcianod Agonte		Date (DD/MM/YYYY):	
Signed - Applicant:	1	Or signed - Agent:			
				l L	
42. Diamino Annii antian Bannin					
13. Planning Application Requir			cupport of your proposal. Eaily	ro to cubmit all	
Please read the following checklist to ma information required will result in your ap	ke sure you nave oplication being (deemed invalid. It will not	be considered valid until all info	ormation required by	
the Local Planning Authority has been su	bmitted.			,	
The original and 3 copies of a The original and 3 copies of a The correct fee:					
proposed works fall within a					
The original and 3 copies of a pian which the conservation area or the original and 3 copies of the				oies of the	
elates drawn to an identified scale Listed Building Certificate (A, B, C or D - as applicable):					
and showing the direction of North:		andicig:			
The original and 3 copies of other plans	_		The original and 3 cor	oies of the	
and drawings or information necessary to describe the subject of the application:)		completed, dated Arti (Agricultural Holdings	cle 12 Certificate	
	L		(Agricultural Holdiffy)	y	

14. Declaration	
I/we hereby apply for planning permission/consent as described in inforr ion. I/we confirm that, to the best of my/our knowledge, an genul opinions of the person(s) giving them.	this form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the
Signed - Or signed - Agent	t: Date (DD/MM/YYYY);
NV 4 / 2013 /	(date cannot be pre-application)
15. Applicant Contact Details	16. Agent Contact Details
Telephone numbers	Telephone numbers
Extension	Extension
	code: National number: number:
	code: Mobile number (optional):
	code: Fax number (optional):
	dress (optional):
Can the site be seen from a public road, public footpath, bridleway of	or other public land? Ves No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>)	Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	
Contact name:	Telephone number:
CARHAM KEMP	
Email address:	7.10.

