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Bondgate Helmsley York YO62 5BP

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

2013/0426

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

	cant Name and Address		etion will delay the processing of your application. Name and Address
Title:	MR First name: DAV		First name:
Last name	WARD	Last name:	
Company (optional):		Company (optional):	
Unit:	House number:	House Unit:	House House number: Suffix:
louse name:	NEWLANDS COT		number: suffix:
Address 1:	NEWLANDS ROAS	·	IUN 2013
lddress 2:	CLOUGHTON	Address 2:	
ddress 3;		Address 3:	
own:	SCARBOROUGH	Town:	
ounty:	NORTH YORKSH		
ountry:	UK	Country:	
ostcode:	YOIS OAR	Bostcode:	
. Descri)(
	ribe the proposed works:		
Please desc	VK. YOIS OAR ption of Proposed Works tibe the proposed works:	Country: Bostcode:	STABLE TO LOU

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	
Has the work already been completed?	(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. House House	Is a new or altered vehicle access
Unit: House House suffix:	proposed to or from the public highway? Yes No ls a new or altered pedestrian access
House NEWLANDS COTTAGE	proposed to or from the public highway? Yes No
Address 1: NEWLANDS ROAD	Do the proposals require any diversions, extinguishments and/or creation of public
Address 2: Choug HTOH	rights of way? Yes No 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: SCARBOROUGH	NYM / 2013 / 0 4 2 6 / £ 6
County: NORTH YORKSHIRE.	
Postcode (optional): YOI3 OAR	
6. Pre-application Advice	7. Trees and Hedges
Yes No f 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 proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Reference:	11cu
Date (DD MM YYYY): must be pre-application submission) Details of the pre-application advice received:	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.
	20 JUN 2013
xisting car parking arrangements?	9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (b) an elected member O any of these statements apply to you

	Existing (where applicable)	Proposed	Not applicable	Don Kno
Walls	W.Y.M. /	2013 / 0 4 7 6 7 8 6 7	The section of the se	
Roof	RED CLAY PANTILES	SAME RED CLAY PANTILES	The state of the s	
Windows	PAINTED TIMBER	PAINTED TIMBER	E SAME	
Doors		PAINTED TIMBER		
Boundary treatments (e.g. fences, walls)	20 1130 2013		Ŋ	
Vehicle access and nard-standing		AS EXISTING		
ighting	·			
Others please specify)			N	
	itional information on submitted plan(s)/drawing rences for the plan(s)/drawing(s)/design and acc		s [] No

13. 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.

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:

The original and 3 copies of a design and access statement if proposed works fall within a conservation area or World Heritage Site, or relate to a

Listed Building:

The correct fee:

The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable):

The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):

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14. Declaration I/we hereby apply for planning permission/consent as described in t information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are				
Or signed - Agent	: Date (DD/MM/YYYY):				
	18/06/2013 (date cannot be pre-application)				
15. Applicant Contact Details	16. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension number:	Country code: National number: Extension number:				
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
Country code: Fax number (optional):	Country code: Fax pumber (optional):				
Email address (optional):	Email address (optional):				
17. Site Visit					
Can the site be seen from a public road, public footpath, bridleway or	other public land? Yes No				
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					
f Other has been selected, please provide:	agent/applicant's details)				
Contact name:	Telephone number:				
MR. DAVID WARD					
mail address:					
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