

NYM / 2013 / 0 5 0 0 / LB

) (2. Agent Name and Address

The Old Vicarage Bondgate York

LB EXEMPT

2018 0500

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

North York Moors National Park Authority

Application for listed building consent for alterations, extension or demolition of a listed building. Planning (Listed Buildings and Conservation Areas) 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

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

Title:	MR. First name: ROGER	Title:	First name:				
Last name:	BROOKS	Last name:					
Company (optional):	HACKNESS GRANGE HOTEL	Company (optional):	ALAN CAMPBELL ARCHITECTS				
Unit:	House House suffix:	Unit:	House House suffix:				
House name:	HACKNESS GRANGE HOTEL	House name:					
Address 1:	BROXA LANE	Address 1:	7 CLIFF BRIDGE TERRACE				
Address 2:	HACKNESS	Addiness 2:					
Address 3:	19 10	Âddress 3:					
Town:	SCARBOROUGH	Town:	SCARBOROUGH				
County:	NORTH YORKSHIRE	County:	NORTH PORKSHIRE				
Country:		Country:					
Postcode:	Y013 00W	Postcode:	YO11 2HA.				
3. Description of Proposed Work							
Please describe the proposals to alter, extend or demolish the listed building(s):							
A NON- MATERIAL AMENDMENT TO PLANNING							
APPROVAL NYM /2012/0810/LB TO ALLOW							
FOR AN INCREASE IN THE SIZE OF THE							
	FUNCTION ROOM RAD AT HACKNESS GRANGE HOTEL						

3. Description of Proposed Work (continued)	4. Site Address Details	
	Please provide the full postal address of the application site.	
Has the work already started without consent? Yes No	Unit: House humber: House suffix:	
if Yes, please state when the work was started (DD/MM/YYYY):	name: HACKNESS GRANGE HOME	
( ) ( ) ( ) ( ) ( ) ( )	Address 1: BROXA LANE	
	Address 2: HACKNESS	
	Address 3:	
(date must be pre-application submission)	Town: SCARBOROUGH	
Has the work been completed without consent? Yes No	Postcode W 12 - Til	
	(optional): / 0/3 80 W   Description of location or a grid reference.	
If Yes, please state the date when the work was completed (DD/MM/YYYY):	(must be completed if postcode is not known):	
	Easting: Northing: Description:	
	NYM / 2013 / 0 5 0 0 / Z 8	
(date must be pre-application submission)	111 7010 % 4 4 6 0 % 17 10	
and mast se pre application submission)		
5. Related Proposals	6. Pre-application Advice	
Are there any current applications, previous proposals or demolitions for the site?  Yes No	Has assistance or prior advice been sought from the local	
If Yes please describe and include the planning application	∏ 143 □ 140	
reference number(s), if known:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	
Description Reference number	application more efficiently).  Please tick if the full contact details are not	
ALTERATIONS & EXTENSION NTM/	known, and then complete as much as possible:	
0806) FL	Officer name:	
15 11 NYM/	HILARY SAUNDERS	
0810/08	Reference:	
12.11 2013	Date (DD/MM/YYYY): [12/06/2013]  (must be pre-application submission)	
	Betails of pre-application advice received?	
	ADVISED TO MAKE APPLICATION	
	FOR NON-MATERIAL AMENDMENT	
	AMEDINET	
. Neighbour and Community Consultation	8. Authority Employee / Member	
ave you consulted your neighbours or ne local community about the proposal? Yes No	With respect to the Authority, I am:  (a) a member of staff  (b) an elected member  Do any of these statements apply to you?	
Yes, please provide details:	(c) related to a member of staff (d) related to an elected member	
	If Yes, please provide details of the name, relationship and role	
	France provide details of the flattle, relationship and role	

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls	NATURAL SPONE.	NATURAL STONE.		
Roof covering	FELT	SLATE / 4CAZING.		
Chimney	19 JUL 20	1		
Windows	PAINTED TIMBER.	PAINTED TIMBLE.		
External doors	II AND ACAZED.	AND GLAZED.		
Ceilings	UPPLIOUS	PAINTED PUSTER.		
Internal walls	VARIOUS.	PAINTRY PLASTER & TIMBER PANEUM.		
Floors	VARIOUS.	TIMBER BOARDING & CERAMIC TILES		
Internal doors	1AINTED TIMBER.	PAINTED TIMBLE		
Rainwater goods	BUCK C.I.	NA CONCLALM EXTTERS.		
Boundary treatments (e.g. fences, walls)	NIA	~/^		
Vehicle access and hard standing	NIA	N/A.		
Lighting	LANTERNS FIXED TO BUILDINGS	LANTERNS FIXED TO BUILDINGS.		
Others (add description)		;		
lf Yes, please state plan	itional information on submitted drawings or plan s(s)/drawing(s) references: s(s)/ $s(s)$ / $s($		\$ 11	/ .,

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10. Demolition	11. Listed Building Alterations	
Does the proposal include the partial or total demolition of a listed building?  Yes  No	Do the proposed works include alterations to a listed building?	( No
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include:	
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)	
b) Demolition of a building within the curtilage of the listed building:  Yes  No	a) Works to the interior of the building? Yes	☐ No
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building?	No
If the answer to c) is Yes:	c) Works to any structure or object fixed	
i) What is the total volume of the listed building?(cubic metres)	to the property (or buildings within its curtilage) internally or externally?  Yes	No
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes	No
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)  Please provide a brief description of the building or part of the building you are proposing to demolish:	If the answer to any of these questions is Yes, please proplans, drawings, photographs sufficient to identify the loextent and character of the items to be removed, and the proposal for their replacement, including any new means structural support and state references for the plan(s)/drawing structural support and state references.	cation, e s of
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	ALL AS PRAVIOUSLY APPROVE IN APPLICAT REF. NYM/2012/0810/	
12. Listed Building Grading	13. Immunity From Listing	
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)	Has a Certificate of Immunity from Listing been sought in r this building?	espect of
Grade I Ecclesiastical Grade I	Yes No Don't know	
_ ·	If Yes, please provide the result of the application:	<del></del>
Grade II* Ecclesiastical Grade II*	A S	
Grade II Ecclesiastical Grade II	Sup har 6.	
Don't know		

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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 and drawn to an identified scale and showing the direction of North:  16. Declaration  I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, an	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 the completed dated Ownership Certificate (A, B, C, or D - as applicable):  The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):			
genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed - Agent:	Date (DD/MM/YYYY):    7   07   13   (date cannot be pre-application)			
17. Applicant Contact Details 18. Agent Contact Details				
Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):			
19. Site Visit  Gan the site be seen from a public road, public footpath, bridleway or other public land? Yes  If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide:  Contact name:  Telephone number:				
Email address:	\$Data-2012.07.17 #\$ \$Bardelon-6636 \$			