

NYM / 2013 / 0 7 4 8 / F E

2. Agent Name and Address

First name:

The Old Vicarage Bondgate Helmsley York YO62 5BP

2013/0740

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

North York Moors National Park Authority

## 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.

First name:

1. Applicant Name and Address

Title:

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

Title:

Last name: BULMER	Last name:			
Company (optional):	Company (optional):			
Unit: House number: 5 House suffix:	Unit: House number: House suffix:			
House name: GLENDOWER	House name:			
Address 1: SKEDGATES	Address 1:			
Address 2: FYLINGTHORPE	Address 2:			
Address 3:	Address 3:			
Town: WHITBY	Town:			
County: NORTH YORKSHIRE	County:			
Country: UK	Country:			
Postcode: YO22 HTZ	Postcode:			
3. Description of Proposed Works				
Please describe the proposed works:	<del></del>			
GARAGE AND WORKSHOP	IMPROVEMENTS.			
	17 OCT 2013			
·	\$Date:: 2012-12-12 #\$ \$Revision: 4673 \$			

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3. Description of Proposed Works (continued)	ν·
Has the work already started? Yes No	
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	
If Yes, please state when the work was 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: GLEHDOWER  Address 1: SLEDGATES  Address 2: FYLINGTHORPE  Address 3: Town: WHITBY  County: NORTH YORKSHIRE.	S. 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   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?  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:	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 proposed development?  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Pate (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:  MAKE Application	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.
B. 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 (c) related to a member of staff (d) related to an elected member  If Yes, please provide details of the name, relationship and role

/. Materials				
If applicable, please sta	ate what materials are to be used externally. Include	e type, colour and name for each material:	1	
	Existing NYM / 7 (where applicable)	Proposed 0 7 4 0 / 17 [ ]	Not applicable	Don't Know
Walls	ASBESTOS SHEETING	METAL PROFILE SHEETING		
Roof	ASBESTES SHEET ING	METAL PROFILE SHEETING BROWN.		
Windows	WHITE UPVe.	VAITITE UPVC.		
Doors	,		Q	
Boundary treatments (e.g. fences, walls)			Ø	
Vehicle access and hard-standing		NYMMPA 17'0CT 2013	<b></b>	
Lighting		1 7 OCT 2013	Ø	
Others (please specify)		,		
re you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  Yes No Yes, please state references for the plan(s)/drawing(s)/design and access statement:				
DRAWINGS KBOI/a KBO2/a KBO3/a KBO4/a AND DESIGN & ACCESS STATEMENT.				

CERTIFICATE OF OWNERSHIP - CERTIFICATE D  vn and Country Planning (Development Management Procedure) (England) Order 2010 Certificate und I certify, the applicant certifies that:  Certificate A cannot be issued for this application  All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.	
<ul> <li>I certify, the applicant certifies that:</li> <li>Certificate A cannot be issued for this application</li> <li>All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at lease</li> </ul>	
<ul> <li>Certificate A cannot be issued for this application</li> <li>All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at lease</li> </ul>	der Article 12
date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least	1 days hafara tha
- > Emiliary to the property of the control of the application of the	st 7 years left to run)
The steps taken were:	
	a San Armanda
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Notice of the application has been published in the following newspaper On the following date (which mu	ust not be earlier
circulating in the area where the land is situated):  than 21 days before the date of the	the application):
igned - Applicant: Or signed - Agent: Da	
Sur Approximation of the surface of	ate (55) 1111, 1111, 1111,
2. Agricultural Land Declaration	
AGRICULTURAL LAND DECLARATION  Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate unde  Agricultural Land Declaration - You Must Complete Either A or B	er Article 12
A) None of the land to which the application relates is, or is part of, an agricultural holding.	
	ate (DD/MM/YYYY)
	07/10/2013
) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day efore the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application.	y 21 days ation relates,
	ate Notice Served
	are Morice Served
	ate Notice Served
	ate Notice Served
	ate Notice Served
AVMANIPA 1/OCT 2013	
AVVIANIPA 17 OCT 2013	7
AVVIANIPA 17 OCT 2013	7
AVMANIPA 17 OCT 2013	7
igned - Applicant:  Or signed - Agent:  Da	7
gned - Applicant:  Or signed - Agent:  Da  Planning Application Requirements - Checklist ase read the following checklist to make sure you have sent all the information in support of your proposal. Failure to	ate (DD/MM/YYYY)
gned - Applicant:  Or signed - Agent:  Da  Planning Application Requirements - Checklist ase read the following checklist to make sure you have sent all the information in support of your proposal. Failure to bormation required will result in your application being deemed invalid. It will not be considered valid until all information required will result in your application being deemed invalid.	ate (DD/MM/YYYY)
gned - Applicant:  Or signed - Agent:  Da  Planning Application Requirements - Checklist ase read the following checklist to make sure you have sent all the information in support of your proposal. Failure to ormation required will result in your application being deemed invalid. It will not be considered valid until all informat Local Planning Authority has been submitted.  Poriginal and 3 copies of a The original and 3 copies of a The correct fee:	ate (DD/MM/YYYY):
Igned - Applicant:  Or signed - Agent:  Da  Or signed - Agent:  Da  Da  Description Requirements - Checklist  Da  Da  Description Requirements - Checklist  Desc	ate (DD/MM/YYYY): o submit all ation required by
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igned - Applicant:  Or signed - Agent:  Or signed - Agent:  Da  Da  Da  Da  Da  Da  Da  Da  Da  D	o submit all ation required by of the hip s applicable):

14. 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, any genuine opinions of the person(s) giving them.	is form and the accompanying plans/drawings and addition? \ facts stated are true and accurate and any opinions given ar , e
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):
	D7//0/2617 (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 number (optional):
Email address (optional):	Email address (optional):
17. Site Visit  Can the site be seen from a public road, public footpath, bridleway or if the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Agent Other (if different from the
of Other has been selected, please provide:	agent/applicant's details)
Contact name:	Telephone number:
MR KEN BULMER	
Email address:	
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