

NYM / 2014 / 0 0 3 4 / F E

2. Agent Name and Address

W

First name:

The Old Vicarage Bondgate Helmsley York YO62 5BP

2014 34

John

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**

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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

NVV

Title:

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

Title:

Last name:	empson	Last name:	blaynimes				
Company (optional):		Company (optional):					
Unit:	House House suffix:	Unit:	House number: 56 House suffix:				
House name:	keasbeck hill form	House name:					
Address 1:	harwood dale	Address 1:	posture lone				
Address 2:		Address 2:	Seamer				
Address 3:		Address 3:					
Town:	scarborough	Town:	scorbarzygh				
County:	north yorkshive	County:	north yorkshine				
Country:		Country:					
Postcode:	Y013 ODT	Postcode:	Y012 49R				
3. Description of Proposed Works							
	ribe the proposed works:						
Kitchen extension							
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•	The second section of the second seco						
	\$Date: 2012-12-12 #\$ \$Revision: 4673 \$						

3. Description of Proposed Works (continued)	
Has thereork already started? Yes No	NYM / 2014 / 0 0 3 4 P F L 1
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
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. Unit: House number: House suffix: House name: Keesbeck hill farm. Address 1: harwood dale. Address 2: Address 3: Town: scarborough County: Postcode (optional): Y013 ODT.	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):
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:	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:
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.
A. Parking Will the proposed works affect existing car parking arrangements? If Yes, please describe: AANDA 1 7 JAN 2014	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

D. Dinamina Assoliantina Describe	monte Charlelist			
13. Planning Application Require Please read the following checklist to make after the following checklist to make the following Authority has been sub-	e sure you have sent all the information in dication being deemed invalid. It will not	n support t be cons	of your proposal. Failure to submit all dered valid until all information required	ł by
Please read the following checklist to make of formation required will result in your app the Local Planning Authority has been sub- the original and 3 copies of a	e sure you have sent all the information in olication being deemed invalid. It will not mitted. The original and 3 copies of a design and access statement if	n support t be cons	of your proposal. Failure to submit all dered valid until all information required The correct fee:	d pà
lease read the following checklist to make	e sure you have sent all the information in inclication being deemed invalid. It will not mitted. The original and 3 copies of a design and access statement if proposed works fall within a	n support t be cons	dered valid until all information required	

or needy apply for planning permission/ ormation. I/we confirm that, to the best of nuine opinions of the person(s) giving the gned - Applicant:	of my/our knowledge, any	is form and the accompanying plans drawings and additional facts stated are true and accurate and any opinions given are the Date (DD/MM/YYYY):
улса пррисана		OS/01/2014. (date cannot be pre-application
i. Applicant Contact Details		16. Agent Contact Details
lephone numbers		Telephone numbers
ountry code: National number:	Extension number:	Country code: National number: Extension number:
ountry code: Mobile number (optional)	:	Country code: Mobile number (optional):
ountry code: Fax number (optional):		Country code: Fax number (optional):
mail address (optional):		Email address (optional):
7. Site Visit		
in the site be seen from a public road, pub	olic footpath, bridleway or	other public land? Yes
the planning authority needs to make an a et a site visit, whom should they contact? (appointment to carry Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
Other has been selected, please provide:		
ontact name:		Telephone number:
mail address:		

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