



NYM / 2014 / 0589 / PL 1

2014/0589

North York Moors National Park Authority
The Old Vicarage
Bondgate
Helmsley
York
YO62 5BP

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

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.

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

1. Applicant Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Description of Proposed Works

Please describe the proposed works:

ENLARGE EXISTING DORMER WINDOW BY BUILDING UP REAR CAVITY WALL WITH MATCHING STONEMWORK PROVIDE NEW FLAT ROOF WITH FIBRE GLASS FINISH - REPLACING EX. POLYCARBONATE CONSERVATORY ROOF WITH TIMBER & LIGHTWEIGHT PROFILED TILE SHEETING TO MATCH MAIN ROOF

NYMNP
15 AUG 2014

3. Description of Proposed Works (continued)

Has the work already started? Yes No

NYM / 2014 / 0589 / FL 7

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: 60 House suffix:

House name: 'HIGHVIEW'

Address 1: BURNDALE LANE

Address 2: SLEIGHTS

Address 3:

Town: WHITBY

County: N. YORKS

Postcode (optional): YO22 5DP

5. 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

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? Yes No

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:

Reference:

Date (DD MM YYYY):
(must be pre-application submission)

Details of the pre-application advice received:

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? Yes No

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? Yes No

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.

NYM/NPA
15 AUG 2014

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
(c) related to a member of staff
(d) related to an elected member
- Do any of these statements apply to you? Yes No

If Yes, please provide details of the name, relationship and role

10. Materials

NYM / 2014 / 0589 / FL 1

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	NATURAL STONEMASONRY	NATURAL STONEMASONRY TO MATCH EXISTING.	<input type="checkbox"/>	<input type="checkbox"/>
Roof	FLAT ROOF COVERED WITH FELT	FLAT ROOF WITH SPECIALIST LAIN FIBREGLASS ROOFING MEMBRANE	<input type="checkbox"/>	<input type="checkbox"/>
Windows	UPVC WHITE DOUBLE GLAZED	UPVC WHITE DOUBLE GLAZED TO MATCH	<input type="checkbox"/>	<input type="checkbox"/>
Doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> NYMNDPA 15 AUG 2014 </div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

PLAN REF PAD 0614.

12. Agricultural Land Declaration

AGRICULTURAL LAND DECLARATION

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12
 Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Signature box]

[Signature box]

11/08/14

(B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served
NYMNDPA		
15 AUG 2014		

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Signature box]

[Signature box]

[Date box]

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: N/A
- 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):

2 copies as advised by phone

14. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

11/08/14

(date cannot be pre-application)

15. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

16. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (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

If 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 agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

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15 AUG 2014