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

Telephone: 01439 770657 Email: do@northyorkmoors-npa.gov.uk Website: www.moors.uk.net

First name: MOHAND

Householder Application for Planning Permission for works or extension to a dwelling.

Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Title:

Last name:

2. Agent Name and Address

Please complete using block capitals and black ink.

First name:

1. Applicant Name and Address

Title:

Last name:

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

Company (optional):	Company (optional):
Unit: House House suffix:	Unit: House number: 33 House suffix:
House SILPHO Brow CottaGE	House name:
Address 1: SILPITO DOW	Address 1: HALL GARTH LANE
Address 2:	Address 2: WEST AYTON
Address 3:	Address 3:
TOWN: SCANBOROUGH	TOWN: SCAMSOROUSH
County: N. YOOKSHVE	County: N. YORKSHOE
Country:	Country:
Postcode: YOLS OJP	Postcode: VOIJ 9 JA
3. Description of Proposed Works	
Please describe the proposed works:	
CONVERSION OF GARACE AND S to Form Howary Cottace.	tones NYMNPA 7
	\$Date: 2007/75/11 09:53:50 \$ \$Revision: 1.43 \$

3. Description of Proposed Works (continued)	
Has the work already been started without planning permission?	Yes No
If Yes, please state when the works were started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed without planning permission?	Yes No
If Yes, please state when the works were 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.	Is a new or altered vehicle access
Unit: House House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House SILIHO Braw Cottact	proposed to or from the public highway? Yes Y No
Address 1: SIGHO Brow	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?
Address 2:	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: SCANSOROUGTY	
County: N. YONKSHUE	
Postcode (optional): YOLO OJP	
6. Pre-application Advice Has assistance or prior advice been sought from the local	7. Trees and Hedges Are there any trees or hedges on your own
authority about this application? Yes No	property or on adjoining properties which are within falling distance of your boundary? Yes No
If Yes, please complete the following information about the advice	If Yes, please mark their position on a scaled
you were given. (This will help the authority to deal with this application more efficiently).	plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not known, and then complete as much possible:	
Officer name:	
Reference:	Will any trees or hedges need
	to be removed or pruned in order to carry out your proposal? Yes No
Date (DD MM YYYY): (must be pre-application submission)	If Yes, please show on your plans, indicating the scale, which trees
Advice given:	by giving them numbers e.g. T1, T2 etc. and state the reference number of any plans or drawings:
	DAWNG NO. (HL/R/I.
<u> </u>	
8. Parking Will the proposed works affect	9. Council Employee / Member Is the applicant or agent related to any member of staff or elected
existing car parking arrangements? Yes V No	member of the Council? Yes No
If Yes, please describe:	If Yes, please provide details:
	$\left(\left(\left$

10. Materials						
If applicable, please sta	ate what materials are to be used externa	lly. Include type, colour and name for ea	1	1	<u> </u>	
	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable	
Walls	COURSES NATURAL Stant	MATCHING COURSED NOWING STONE.				
Roof	Natural NGD cury Pantues	Natural NEO Cury Printings				
Windows	ROSELLOOD UPUC.	DARKSTAINED WOOD				
Doors	DACK STAINED WOOD	DANK STAINED WOOD.				
Boundary treatments (e.g. fences, walls)			A			
Vehicle access and hard-standing			Ø			
Lighting		NYMNPA AUS 2011	Ø			
Others (please specify)			ð			
e 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: DEADWG NO. UHU/RII SITE PUM NON-14WS DRAWAGE FORM. DEATURE PUM DEAD. DEATURE STRUCTURE REPORT.						

the Local Planning Authority has been a copies of a completed and dated application form: 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: 3 copies of other plans and drawings or information necessary to describe	make s Ir appli	ure you have sent all the information in s cation being deemed invalid. It will not h	suppo be con	rt of your proposal. Failure to submit all sidered valid until all information required by The correct fee: 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable):
the subject of the application: 13. Declaration I/we hereby apply for planning permisinformation. Signed - Applicant:	ssion/co	• The Broads onsent as described in this form and the a Or signed/yageat:	accom	Date (DD/MM/YYYY): 08-08-2014 (date cannot be pre-application)

14. Applicant Contact Details	15. Agent Contact Details					
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):					
16. 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) If Other has been selected, please provide: Contact name:	other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:					
Email address:						
12. Planning Application Requirements - Checklist						
Please read the following checklist to make sure you have sent all the Information required will result in your application being deemed inv. the Local Planning Authority has been submitted. The correct fee:	alid. It will not be considered valid until all information required by					
The completed and dated application form A plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of north Other plans and drawings or information necessary to describe the subject of the application The completed, dated 7 Certificate (Agricult and Showing the direction of north and Showing the direction of north application are completed, dated Ownership Certificate (A, B, C or D - as application)	A design and access statement where proposed works fall within one of the ural Holdings)					

