

2. Agent Name and Address

First name:

BRAMHWATTE

GREG

MR

NYM / 2014 / 0 6 3 5 / F

Bondgate Helmsley York

The Old Vicarage

2014/635

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

First name: CARES

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

BRANHWATTE

Title:

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

Title:

Last name:

Company (optional):	HOLOWGATE FARMS LTD	(optional):	GREG BRAMHWAME ASSOCIATES
Unit:	House number: House suffix:	Unit:	House number: House suffix:
House name:	HOLLOWGATE	House name:	HOLLOW GATE
Address 1:	MAIN STREET	Address 1:	MAIN STILLET
Address 2:	CADEBY	Address 2:	CADEBY
Address 3:		Address 3:	
Town:	DONCASTER	Town:	PONCASTER
County:	SOUTH YORKENHIRE	County:	SOUTH YORKSHIRE
Country:		,Country:	
Postcode:	DNS 7SW	Postcode:	DNS 75W
3. Descr	iption of Proposed Works		
Please desc	iption of Proposed Works	AGE/S	
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Please desc	iption of Proposed Works ribe the proposed works: CTOD OF OAK-FRAMED GAR	AGE/S	TORE ADJACENT TO NYMNPA
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Please desc	iption of Proposed Works ribe the proposed works: CTOD OF OAK-FRAMED GAR	AGE/S	TORE ADJACENT TO NYMNPA

3. Description of Proposed Works (continued)				
Has the work already started? Yes No				
If Yes, please	e state when the work was started (DD/MM/YYYY):		(date must be pre-application submission)	
Has the worl	k already been completed?			
If Yes, please	e state when the work was completed (DD/MM/YYYY):		(date must be pre-application submission)	
4. Site Ad	Idress Details	1	5. Pedestrian and Vehicle Access, Roads and Rights of Way	
Please provi	de the full postal address of the application site.	I	Is a new or altered vehicle access proposed to or from the public highway? Yes V No	
Unit:	House House suffix:		Is a new or altered pedestrian access	
House name:	WHEJOOD		proposed to or from the public highway? Yes V No Do the proposals require any diversions,	
Address 1:	DOWNDALE ROAD		extinguishments and/or creation of public rights of way? Yes No	
Address 2:	STAINTONDALE		If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/	
Address 3:			drawing(s):	
Town:	SCARBOROUGH		NYMNPA	
County:			1 5 SEP 2014	
Postcode (optional):	YOB OEZ			
6. Pre-ap	plication Advice)	7. Trees and Hedges	
authority ab If Yes, please you were give application of please tick if known, and Officer name Reference: NYM (must be pre	Date (DD MM YYYY): 19 08 2013		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: 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	
TUTTE AND A	ne pre-application advice received: AL CONJULTATION ON PROPERTY EXTERNION MILLETING REF : EARA GE BILL .		numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.	
	posed works affect parking arrangements? Yes V No		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	

	Existing (where applicable)	Proposed	Not applicable	Don't Know	
Walls		TIMBER/BRICK - SEE DR	ANING		
Roof		CLAY PANTLUES - SEE THE	:AwnsG		
Windows		TIMBEL - SEE DRAUM			
Doors	NYMNPA 15 SEP 2014				
Boundary treatments (e.g. fences, walls)	1	N/A			
Vehicle access and hard-standing		EKSTILS G-			
Lighting		Domestic			
Others (please specify)					
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? If Yes, please state references for the plan(s)/drawing(s)/design and access statement: DRAWING GS REF: 1211/5 SITE PLAN 1211/2 SCHEME DESIGN LOCATION PLAN					

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 applica	tion relates is, or i	s part of, an agricultural ho	olding.			
Signed - Applicant:		Or signed - Agent:	_		Date (DD/MM/Y)	YYY):
			_		12/09/201	4
(B) I have/ The applicant has given the rec before the date of this application, was a as listed below:	quisite notice to e tenant of an agric	very person other than my cultural holding on all or pa	self/ the appli art of the land	icant who, on the o to which this appl	day 21 days ication relates,	
Name of Tenant		Address			Date Notice Serv	/ed
				NYMNPA 15 SEP 2014		
Signed - Applicant:		Or signed - Agent:			Date (DD/MM/Y	YYY):
13. Planning Application Require Please read the following checklist to makinformation required will result in your appeted to be 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:	ke sure you have sopplication being domitted. The original design and proposed conserval World Helphare Listed But proposed and the conserval world see the conservation with the	sent all the information in seemed invalid. It will not be nal and 3 copies of a nd access statement if d works fall within a action area or eritage Site, or relate to a	The considered The considered The considered The considered	or proposal. Failure valid until all infor correct fee: original and 3 copie oleted, dated Own ficate (A, B, C or D original and 3 copie oleted, dated Articl cultural Holdings):	es of the ership - as applicable): es of the es of the le 12 Certificate	by d

14. Declaration	2 12 QV 1			
I/we hereby apply for planning permission/conse	ent as described in th Jour knowledge, any	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the		
genuine opinions of the person(s) giving them.		, a particular of the same of		
Signed - Applicant:	Arcianad Agent	Date (DD/MM/YYYY):		
		12/8 /2014 (date cannot be		
	J	pre-application)		
15. Applicant Contact Details		16. Agent Contact Details		
Telephone numbers		Telephone numbers		
	Extension	Extension		
Country code: National number:	number:	Country code: National number: 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 fo	ootpath, bridleway or	r 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)				
If Other has been selected, please provide:				
Contact name:		Telephone number:		
Email address:				

NYMNPA 15 SEP 2014