

NYM / 2014 / 0 6 4 5 / P &

2. Agent Name and Address

MR

REED

REEDESIGN

First name:

Helmsley York YO62 5BP

The Old Vicarage

STEVEN

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

North York Moors National Park Authority

2014 645

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

MICHAEL

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.

ALLISON

First name:

1. Applicant Name and Address

Title:

Last name:

Company

(optional):

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):

Unit:	number: House suffix:	Unit:	number:	
House name:	THE FARM	House name:		
Address 1:	STAINSACRE	Address 1:	LARPOOL MEWS	
Address 2:		Address 2:	LARPOOL DRIVE	
Address 3:		Address 3:		
Town:	WHITBY	Town:	WHITEY	
County:	NORTH YORKSHIRE	County:	NORTH YORKSHIRE	
Country:	ENGLAND	Country:	ENGLAND	
Postcode:	Y022 4NT	Postcode:	Y022 4NF	
3. Description of Proposed Works Please describe the proposed works: TO BUILD A GARAGE/VILLITY AND ADD TO EXISTING REAR EXTENSION. TO AMON FUR EXTRA SPACE TO KITCHEN. NYMNPA 19 SEP 2014				
			\$Date: 2012-12-12 #\$ \$Revision: 4673 \$	

3. Description of Proposed Works (continued)					
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?					
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.	Is a new or altered vehicle access				
Unit: House number: House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access				
House THE FARM	proposed to or from the public highway? Yes No				
Address 1: STAINSACRE	Do the proposals require any diversions, extinguishments and/or creation of public				
Address 2:	rights of way? Yes No 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: WHITBY					
County: NORTH YORKSHIRE					
Postcode (optional): Y022 4NT					
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: Ms. HLARY SALVAGES Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: GENGEAL TREAHONE ENQUIRY WAY	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 numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.				
8. Parking Will the proposed works affect existing car parking arrangements? If Yes, please describe: IT WILL INCREASE AVAILABLE SPACE BY I VEHICLE.	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				

O. Materials applicable, please state what materials are to be used externally. Include type, colour and name for each material:					
	Existing (where applicable)		Not applicable	Don't Know	
Walls	RED BRICK (GROSMONT OR GLASSARE IN ORIGIN)	AS EXISTING			
Roof	Res Parties	AS EXISTING.			
Windows	WHITE UPVC D/GLAZING	AS EXISTING.			
Doors	WHITE UPVC	AS EXISTING.			
Boundary treatments (e.g. fences, walls)			Ø	6	
Vehicle access and hard-standing	GRAVEL DRIVEWAY VIA DROP KERB	AS EXISTING. FROM CRIGINAL ACCESS.			
Lighting		NYMNPA			
Others (please specify)		19 SEP 2014			
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: MLA OO 1:—EXISTING PROPOSED GROWD FLOOR PLANS MLA OOS!—EUSTING ELEVATIONS MLA OOO 3:—FROPOSED FLAN VIEW MLA OOO 3:—PROPOSED FLAN VIEW MLA OOO 3:—PROPOSED FLAN VIEW MLA OOO 3:—FROPOSED FLAN VIEW MLA OOO 3:—FROPOSED FLAN VIEW MLA OOO 3:—SITE LOCATION FLAN					

12. Agricultural Land Declaration Town and Country Planning (Dev Agricul	AGRICULT elopment Manag	URAL LAND DECLARATI ement Procedure) (Englation - You Must Complete	and) Or	der 2010 Certificate u \ or B	nder Article 12	
(A) None of the land to which the applica	ation relates is, or i	s part of, an agricultural h	olding.			
Signed - Applicant:		Or signed - Agent:		A	Date (DD/MM/Y	YYY):
					17/09/2	1014
(B) I have/ The applicant has given the re before the date of this application, was a as listed below:	quisite notice to e tenant of an agric	very person other than my ultural holding on all or p	yself/ th art of th	e applicant who, on the e land to which this app	e day 21 days plication relates,	
Name of Tenant		Address			Date Notice Ser	ved
		NA.		- In A	7	
				NYMNPA		
				1 9 SEP 2014		
Signed - Applicant:	3	Or signed - Agent:			Date (DD/MM/Y	YYY):
						_
13. Planning Application Requir Please read the following checklist to mal information required will result in your ap the Local Planning Authority has been sul	ke sure you have so pplication being de bmitted.	ent all the information in seemed invalid. It will not b	support pe consi	dered valid until all info	re to submit all ormation required	
The original and 3 copies of a completed and dated application form:	design an	nal and 3 copies of a id access statement if		The correct fee:		1
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:	conservat	tion area or ritage Site, or relate to a	q	The original and 3 cop completed, dated Ow Certificate (A, B, C or D	nership	d
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	<u>'</u>			The original and 3 cop completed, dated Arti (Agricultural Holdings	cle 12 Certificate	Ø

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/pur 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):				
	17/89/2014 (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):				
Con div vii ii					
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 agent/applicant's details)					
If Other has been selected, please provide:					
Contact name:	Telephone number:				
Email address:					

NYMNPA 19 SEP 2014