

2. Agent Name and Address

First name:

House

number:

Helmsley York NYM / 2014 / 0 7 7 7 / F L Y062 5BP

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

North York Moors National Park Authority

The Old Vicarage Bondgate

House

suffix:

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

NA

TOMN

House

suffix:

NA

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.

GOLLAND

House

number:

11611815126

First name:

1. Applicant Name and Address

Title:

Unit:

House

name:

Address 1:

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:

House

name:

Address 1:

Address 1:	FILINGHALL	Address 1:			
Address 2:	FYLINGTHORPE	Address 2:			
Address 3:		Address 3: NYMINDA			
Town:	WHITBY	Town: 1 1 NOV 2014			
County:	NORTH YORKSHIRE	County:			
Country:	ENGLAND	Country:			
Postcode:	Y0224QE	Postcode:			
3. Description of Proposed Works					
Please describe the proposed works: INSTALLATION OF 16N° SOLAR PHOTOVOLTAIC PANELS					
ON THE EAST ROOF SLOPE					
1		11			
		\$Date:: 2012-12-12 #\$ \$Revision: 4673 \$			

3. Description of Proposed Works (continued)					
Has the work already started?					
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: WA House suffix: WA	proposed to or from the public highway? Yes No Is a new or altered pedestrian access				
House name: MIGMRISING	proposed to or from the public highway? Yes V No				
Address 1: FYLINGHALL	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No				
Address 2: FYLINGTHORPE	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: WHITBY	NYMMOA				
County: NORTH YORKSHIRE	1 1 NOV 2014				
Postcode (optional): YOZZ 4QE					
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: MA	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? 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 If Yes, please provide details of the name, relationship and role				

	Existing (where applicable)	Proposed	100	Don't Know
Walls			Ø	
Roof	STANDING SEAM ZINC ROOF	OVERLAY WITH 16N° BLACK P.V. PANELS		
Windows			Ø	
Doors	134		Ø	
Boundary treatments (e.g. fences, walls)	11 NOV 2014		Ø	
Vehicle access and hard-standing			Ø	
Lighting			Ø	
Others (please specify)			Ø	
If Yes, please state refer	itional information on submitted plan(s)/drawing(s rences for the plan(s)/drawing(s)/design and access	s statement:] No
DESIGN & A	COESS STATEMENT - DE, PLAN - LPI - SPI	A-01, O&A-02		

12. Agricultural Land Declaration AGRICULTURAL LAND DECLARATION						
Town and Country Planning (Devo Agricult	elopment Management Procedure) (Engla ural Land Declaration - You Must Complete	and) Order 2010 Certific Either A or B	ate under Article 12			
STOCKED CONTROL OF THE	tion relates is, or is part of, an agricultural he	olding.				
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):			
_			11/11/2014			
(B) I have/ The applicant has given the red before the date of this application, was a as listed below:	quisite notice to every person other than my tenant of an agricultural holding on all or pa	/self/ the applicant who, c art of the land to which th	on the day 21 days is application relates,			
Name of Tenant	Address		Date Notice Served			
	NOV 2014					
	THO.					
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):			
13. Planning Application Require	ements - Checklist					
Please read the following checklist to mak information required will result in your ap the Local Planning Authority has been sub	e sure you have sent all the information in s plication being deemed invalid. It will not b pmitted	upport of your proposal. e considered valid until a	Failure to submit all Il information required by			
The original and 3 copies of a completed and dated application form:	The original and 3 copies of a design and access statement if	The correct fee:				
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:	proposed works fall within a	The original and completed, dated Certificate (A, B, C	3 copies of the d Ownership C or D - as applicable):			
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:		The original and completed, dated (Agricultural Hold	d Article 12 Certificate			

14. Declaration	14. Declaration					
I/we hereby apply for planning permission/consent as d information. I/we confirm that, to the best of my/our kn- genuine opinions of the person(s) giving them.	lescribed in th owledge, any	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the				
Signed - Applicant: Or sig	gned - Agent:	Date (DD/MM/YYYY):				
		10/11/2014 (date cannot be pre-application)				
15. Applicant Contact Details		16. Agent Contact Details				
Telephone numbers		Telephone numbers				
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Extension number:	Country code: National 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:						

