

2014/0793 Emali:

North York Moors National Park Authority The Old Vicarage Bondgate Helmsley York YOS 58P

Telephone: 01439 770657 Email: do@morthyorkmoors npa.gov.uk

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.

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. Applica	ant Name and Address	2. Agent Name and Address
Title:	REVD First name: ANDREW	Title: First name:
Last name:	ALLINGTON	Last name:
Company (optional):		Company (optional):
Unit: [House 5 House suffix:	Unit: House number: House suffix:
House [name:	THE VICARAGE	House name:
Address 1:	BELLE VUE CRESCENT	Address 1:
Address 2:		Address 2:
Address 3:		Address 3: NYMNPA
Town:	FILEY	Town: 2 1 NOV 2014
County:	NORTH YORKSHIRE	County:
Country:	UNITED KINGDOM	Country:
Postcode:	4014 9AD	Postcode:

3. Description of Proposed Works

Please describe the proposed works:

INSTALLATION OF GARDEN SUMMERHOUSE SIGMX 4.0M
IN AREA OF GARDEN 30M FROM HOUSE BUILDING.
WE MAY ALSO NEED RETROSFECTIVE PERMISSION FOR
A STEPPED GARDON BARRET WALL, IOM LONG AND 2M HIGH,
IN THE SAME AREA WHICH HAS GREATED A LEVEL AREA
IN THE GARDEN HILLSIDE,

3. Descrip	tion of Proposed Works (continued)	
	already been started without planning permission?	Yes No (BUT SEE COMMENTS)
If Yes, please :	state when the works were started (DD/MM/YYYY): GABIOペングし	(data must be pro-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):	30 06 2013 (date must be pre-application submission)
4. Site Add	dress Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provid	e 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 name:	ROCK HOUSE LODGE	proposed to or from the public highway? Yes No Do the proposals require any diversions,
Address 1:	HACKNESS	extinguishments and/or creation of public rights of way?
Address 2:		If Yes to any questions, please show details on your plans of
Address 3:		drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town:	SCARBOROUGH	
County:	NORTH YORKSHIRE	
Postcode (optional):	4013 0135	
you were give application m Please tick if t known, and t Officer name Reference: (must be pre- Advice given	HELEN WEBSTER NYM/ENQ/10803 Date (DD MM YYYY): -application submission) 11/11/2014	Will any trees or hedges need to be removed or pruned in order to carry out your plans, indicating the scale, which trees by giving them numbers e.g. T1, T2 etc. and state the reference number of any plans or drawings:
	osed works affect Darking arrangements? Yes No	9. Council Employee / Member Is the applicant or agent related to any member of staff or elected member of the Council? Yes No If Yes, please provide details:

	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable
Walls		TIMBER 45 mm PLANED SPRUCE LOGS PAINTED WITH PRESENTATIVE "MUSHROOM" PROTEK EXTERNO DR SPAILLAR			
Roof		BITUMEN POOF SHINGLES IN BLACK		□	
Windows		THERER HALL EXPERIENT PROTEK ROYAL EXPERIENT			
Doors		TIMBER PANTED WITH PRETERVATIVE "SNOW" PROTEK EXTERIOR OR SIMILAR			
Boundary treatments (e.g. fences, walls)					
Vehicle access and nard-standing					
Lighting	NYMNPA 21 NOV 2014				
Others (please specify)					
	tional information on submitted plan ences for the plan(s)/drawing(s)/desig	(s)/drawing(s)/design and access statement? gn and access statement:			Yes 🗸

	Is	15. Agent Contact D	etails
Telephone numbers		Telephone numbers	
Country code: National number:	Extension number:	Country code: National	number: Extension number;
Country code: Mobile number (o	ptional):	Country code: Mobile n	umber (optional):
Country code: Fax number (optio	onal):	Country code: Fax numl	per (optional):
Email address (optional):		Email address (optional):	
16. Site Visit			
Can the site be seen from a public ro	ad, public footpath, bridleway or	other public land? Yes	
If the planning authority needs to ma out a site visit, whom should they co	ake an appointment to carry intact? (Please select only one)	Agent App	
If Other has been selected, please pro	ovide:		
If Other has been selected, please pro Contact name:	ovide:	Telephone number:	
If Other has been selected, please pro	ovide:	Telephone number:	
If Other has been selected, please pro Contact name:	ovide:	Telephone number:	
If Other has been selected, please pro Contact name:	ovide:	Telephone number:	
If Other has been selected, please pro Contact name: Email address:		Telephone number:	
If Other has been selected, please pro Contact name: Email address: 12. Planning Application Rec	quirements - Checklist		
If Other has been selected, please pro Contact name: Email address: 12. Planning Application Rec Please read the following checklist to information required will result in you	quirements - Checklist o make sure you have sent all the	information in support of you	ur proposal. Failure to submit all
If Other has been selected, please pro Contact name: Email address: 12. Planning Application Rec Please read the following checklist to information required will result in you the Local Planning Authority has bee The completed and dated application form	quirements - Checklist o make sure you have sent all the ur application being deemed inv. n submitted. The correct fee:	information in support of you alid. It will not be considered The original and 3 copies	or proposal. Failure to submit all valid until all information required by of the following documents: design and access tatement where proposed
If Other has been selected, please pro- Contact name: Email address: 12. Planning Application Recomplease read the following checklist to information required will result in your the Local Planning Authority has been the completed and dated application form A plan which identifies the land to which the application form	quirements - Checklist o make sure you have sent all the ur application being deemed inv n submitted. The correct fee: The completed, date 7 Certificate (Agricult	information in support of you alid. It will not be considered The original and 3 copies of Article	ur proposal. Failure to submit all valid until all information required by of the following documents: A design and access tatement where proposed vorks fall within one of the ollowing designated areas:
If Other has been selected, please pro- Contact name: Email address: 12. Planning Application Records and the following checklist to information required will result in yout the Local Planning Authority has been the completed and dated application form A plan which identifies	quirements - Checklist o make sure you have sent all the ur application being deemed inv. n submitted. The correct fee:	information in support of you alid. It will not be considered The original and 3 copies d Article ural Holdings)	or proposal. Failure to submit all valid until all information required by of the following documents: A design and access tatement where proposed

