



NYM / 2014 / 11856 / LB
22 DEC 2014
141856

Application for listed building consent for alterations, extension or demolition of a listed building.
Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply *LB exempt*

Publication of applications on planning authority websites

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.

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

1. Applicant Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Description of Proposed Work

Please describe the proposals to alter, extend or demolish the listed building(s):

- REMOVAL OF MASS CONCRETE WIDENINGS TO BRIDGE AND REPLACEMENT WITH MASONRY TO MATCH ORIGINAL TO IMPROVE APPEARANCE.
- CONCRETE REPAIRS AND CRACK INJECTION TO ADJACENT WING WALLS AND COATING WITH TEXTURED BUFF STONE-COLOURED ACRYLIC PAINT, ADDITION OF NEW SANDSTONE COPINGS.
- IMPROVEMENTS TO SIGNING AND CARRIAGEWAY MARKINGS IN ORDER TO REDUCE IMPACT DAMAGE TO PARAPETS.

3. Description of Proposed Work (continued)

Has the work already started without consent? Yes No

If Yes, please state when the work was started (DD/MM/YYYY): 08/05/16 / LB

-

(date must be pre-application submission)

Has the work been completed without consent? Yes No

If Yes, please state the date when the work was completed (DD/MM/YYYY):

-

(date must be pre-application submission)

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4. Site Address Details

Please provide the full postal address of the application site.

Unit: - House number: - House suffix: 0

House name: -

Address 1: MOWTHORP BRIDGE

Address 2: MOWTHORP ROAD

Address 3: EVERLEY, HACKNESS

Town: SCARBOROUGH

County: NORTH YORKSHIRE

Postcode (optional): YO12 5TB

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: 498009 Northing: 488234

Description:
GRADE II - LISTED 2-SPAN MASONRY ARCH BRIDGE WITH LATER MASS CONCRETE WIDENINGS. CARRIES UNCLASSIFIED MOWTHORP ROAD OVER RIVER DERWENT SEA CUT AT EVERLEY, NEAR SCARBOROUGH.

5. Related Proposals

Are there any current applications, previous proposals or demolitions for the site? Yes No

If Yes please describe and include the planning application reference number(s), if known:

Description	Reference number

6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

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 as possible:

Officer name:
EDWARD FREEDMAN + HILARY SAUNDERS

Reference:
MEETING 17 DECEMBER 2014

Date (DD/MM/YYYY): -
(must be pre-application submission)

Details of pre-application advice received?
MEETING NEIL DARBY & PHIL CLARK (JACOBS), ANDREW WOOD (NYCC) WITH ABOVE NAMED NYMNP OFFICERS. SCOPE OF WORKS & MATERIALS AGREED IN PRINCIPLE AS PER JACOBS PROPOSALS.

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? Yes No

If Yes, please provide details:

LOCAL PARISH COUNCILS, BUSINESSES AND RESIDENTS CONSULTED BY LETTER.

8. Authority Employee / Member

With respect to the Authority, I am: Do any of these statements apply to you?
(a) a member of staff Yes No
(b) an elected member Yes No
(c) related to a member of staff Yes No
(d) related to an elected member Yes No

If Yes, please provide details of the name, relationship and role

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9. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
		NYM / 2014 / 0856 / LB		
External walls + ARCHES	ORIGINAL BUFF SANDSTONE WITH LATER MASS CONCRETE WIDENINGS/ALTERATIONS.	BUFF SANDSTONE WITH HERRINGBONE TOOLING TO MATCH ORIGINAL STONEMWORK.	<input type="checkbox"/>	<input type="checkbox"/>
Roof covering			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chimney			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows			<input checked="" type="checkbox"/>	<input type="checkbox"/>
External doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceilings			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internal walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internal doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rainwater goods			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (add description)	MASS CONCRETE WING WALLS.	TEXTURED ACRYLIC STON-COLOURED COATING + NEW SANDSTONE COPINGS.	<input type="checkbox"/>	<input type="checkbox"/>

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Are you supplying additional information on submitted drawings or plans? Yes No

If Yes, please state plan(s)/drawing(s) references:

DRAWING B1930100/001 - GENERAL ARRANGEMENT
 ANNOTATED PHOTOGRAPHS
 LOCATION PLAN (NTS), LOCATION PLAN (1:1250)
 HERITAGE STATEMENT
 CORE SAMPLING REPORT

10. Demolition

Does the proposal include the partial or total demolition of a listed building? Yes No

If Yes, which of the following does the proposal involve?

a) Total demolition of the listed building: Yes No

b) Demolition of a building within the curtilage of the listed building: Yes No

c) Demolition of a part of the listed building: Yes No

If the answer to c) is Yes: NYM / 2014 / 10856 / LE

i) What is the total volume of the listed building?(cubic metres)

ii) What is the volume of the part to be demolished?(cubic metres)

iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)

Please provide a brief description of the building or part of the building you are proposing to demolish:

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

11. Listed Building Alterations

Do the proposed works include alterations to a listed building? Yes No

If Yes, do the proposed works include: (you must answer each of the questions)

a) Works to the interior of the building? Yes No

b) Works to the exterior of the building? Yes No

c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally? Yes No

d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes No

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

DRAWING B1930100/001 - GENERAL ARRANGEMENT
ANNOTATED PHOTOGRAPHS
HISTORIC HERITAGE STATEMENT

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12. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)

Grade I Ecclesiastical Grade I

Grade II* Ecclesiastical Grade II*

Grade II Ecclesiastical Grade II

Don't know

13. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

Yes No Don't know

If Yes, please provide the result of the application:

NORTH YORKSHIRE COUNTY COUNCIL
APPLIED TO ENGLISH HERITAGE IN
FEBRUARY 2012 TO HAVE BRIDGE DE-
LISTED BUT REQUEST WAS DECLINED.

15. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

The 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 and 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:

The original and 3 copies of the completed dated Ownership Certificate (A, B, C, or D - as applicable):

The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):

16. 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/our 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):

19/12/2014 (date cannot be pre-application)

17. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

18. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

19. 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: