

16 JAN 2015

North York Moors National Park Authority The Old Vicarage Bondgate York YO62 5BP

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

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

20/1/15

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.

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

1. Applic	ant Name and Address		2. Agent l	Name and	Address
Title:	Dr & Mrs First name: David & Jean		Title:	Mr.	First name: Michael
Last name:	CUNION	1	Last name:	Miller	
Company (optional):				Michael Miller : Architectural C	BA (Hons) ARCH MCIAT' onsultant
Unit:	House House suffix:	,	Unit:		ouse House umber: suffix:
House name:	LOW FARM		House name:	PARK VIE	W
Address 1:	UGGLEBARNBY	1	Address 1:	GLAISDAI	LE
Address 2:		1	Address 2:		
Address 3:		1	Address 3:		
Town:	WHITBY	1	Town:	WHITBY	
County:	NORTH YORKSHIRE		County:	NORTH Y	ORKSHIRE
Country:			Country:		
Postcode:	YO22 5HX	F	Postcode:	YO21 2PP	
3. Descri	ption of Proposed Works				
Please desc	ribe the proposed works:				

RAISING ROOF AND WALLS OF EXISTING BUILDING TO PROVIDE BEDROOM ACCOMMODATION.

3. Description of Proposed Works (continued)	M / 2015 / 0 0 3 2 / 1 1 = 4
-las the work already started? Yes X N	
f Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application such ission
Has the work already been completed?	to MAL ALL
f Yes, please state when the work was completed (DD/MM/YYYY)	: (date must be pre-application submission
4. Site Address Details Please provide the full postal address of the application site. Unit: House number: House suffix: House name: LOW FARM Address 1: UGGLEBARNBY	S. Pedestrian and Vehicle Access, Roads and Rights of Walls a new or altered vehicle access proposed to or from the public highway? Yes X No Is a new or altered pedestrian access proposed to or from the public highway? Yes X No Do the proposals require any diversions, extinguishments and/or creation of public
Address 2:	rights of way? Yes X 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	NYMNPA
County: NORTH YORKSHIRE	1 6 JAN 2015
Postcode (optional): YO22 5HX	
las assistance or prior advice been sought from the local authority about this application? Yes Yes No f 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: Peter Jones Reference: PJ/ENQ/10665 Date (DD MM YYYY): must be pre-application submission) Details of the pre-application advice received: No detrimental concerns.	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:	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

f applicable, please sta	ate what materials are to be used externally. Inc	clude type, colour and name for each material:		
\bigcirc	Existing (where applicable) Proposed		Not applicable	Don' Know
Walls Natural coursed sandstone with herringbone drilled face.		Natural coursed sandstone with herringbone drilled face.		
Roof	Natural clay pantiles	Natural clay pantiles		
Windows	White painted softwood White painted softwood			
Doors	<u>;</u> =	NYMNPA 16 JAN 2015	X	
Boundary treatments (e.g. fences, walls)			X	
Vehicle access and hard-standing			X	
Lighting			X	
Others please specify)			X	
	tional information on submitted plan(s)/drawin		es	No
	ences for the plan(s)/drawing(s)/design and acc			
158.01 Site Layout 158.02 Existing Plan 158.03 Existing Elev				

12. Agricultural Land Declaratio	n	
Town and Country Planning (Dev Agricul	AGRICULTURAL LAND DECLARATION elopment Management Procedure) (England) Order 2010 Certificato tural Land Declaration - You Must Complete Either A or B	e under Article 12
(A) None of the land to which the applications Signed - Applicant:	tion relates is, or is part of, an agricultural holding.	5 . /55 //
эідпей «Арріїсапі.	Or signed - Agent:	Date (DD/MM/YYY 16/01/2015
(B) I have/ The applicant has given the re- before the date of this application, was a as listed below:	quisite notice to every person other than myself/ the applicant who, on t tenant of an agricultural holding on all or part of the land to which this a	the day 21 days application relates,
Name of Tenant	Address	Date Notice Served
1/50 en sy		
incles		
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYY
nformation required will result in your app	e sure you have sent all the information in support of your proposal. Fai plication being deemed invalid. It will not be considered valid until all in	lure to submit all formation required by
he Local Planning Authority has been sub he original and 3 copies of a ompleted and dated application form:	mitted. The original and 3 copies of a The correct fee: design and access statement if	X
he original and 3 copies of a plan which dentifies the land to which the applicatior elates drawn to an identified scale nd showing the direction of North:	proposed works fall within a	wnership 🗔
he original and 3 copies of other plans nd drawings or information necessary to escribe the subject of the application:	The original and 3 co completed, dated Ar (Agricultural Holding	ticle 12 Certificate

genuine opinions of the person(s) giving them. Signed - Applicant:		Or signed - Agent:		Date (Date (DD/MM/YYYY):		
				16/0	01/2015	(date cannot b pre-application	
15. Applicar	nt Contact Details		16. Agent Conta	act Details			
Telephone num Country code:	National number:	Extension number:	Telephone numbers Country code: Na	s itional number:		Extension number:	
Country code:	Mobile number (optional):		Country code: Mc	obile number (c	pptional):		
Country code:	Fax number (optional):		Country code: Fax	x number (opti	onal):		
Email address (optional):		Email address (option	onal):			
17. Site Visi	t						
Can the site be	seen from a public road, public	footpath, bridleway or	other public land?	X Yes	☐ No		
f the planning a out a site visit, v	authority needs to make an app whom should they contact? (Plea	ointment to carry ase select only one)	Agent 2	Applicant		different from the oplicant's details)	
	n selected, please provide:		T. 1				
Contact name:			Telephone number:				
Email address:							

16 JAN 2015