

1. Applicant Name and Address

Title:

Last name:

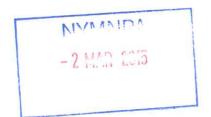
Company

Unit:

House

name:

(optional):



North York Moors National Park Authority The Old Vicarage Bondgate Helmsley 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

First name:

House

HIGH POINT

number:

2-3-15

STEPHEN

House

suffix:

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.

Title:

Last name:

Company

(optional):

Unit:

House

name:

STEPHEN

House

suffix:

2. Agent Name and Address

First name:

GIVER

POETS COTTAGE

House

number:

Address 1: 5	TREET LANE	Address 1:	LEALHOLM	
Address 2:		Address 2:		NYMNPA
Address 3: E	AST MORTON	Address 3:		- 2 MAR 2015
Town: BE	2ADFORD	Town:	NHTBY	
County:		County:		
Country:		Country:		
Postcode: R	2055E	Postcode:	1021 ZAQ	
57	7 40 5 5 5		1001 0114	
	n of Proposed Works		1001 0119	
3. Descriptio				
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3. Description Please describe to the total tota	n of Proposed Works  he proposed works:  SE OF USE FROM H  DAY COTTAGE	OTEL A	MNEXE T	
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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? Yes No	
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 proposed to or from the public highway? Yes No
Unit: House House suffix:	proposed to or from the public highway? Yes No Is a new or altered pedestrian access
House name: COTTAGE TWO	proposed to or from the public highway? Yes No
Address 1: DUNSLEY HALL	Do the proposals require any diversions, extinguishments and/or creation of public
Address 2:	rights of way?  If Yes to any questions, please show details on your plans or
Address 3: WHTBY	drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town:	
County:	
Postcode (optional): 40 21 3TZ	
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:  CHERYL WARD  Reference:  Date (DD MM YYYY):  (must be pre-application submission)  Details of the pre-application advice received:  VERBAL AGREEMENT	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 statements apply to you? (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	Not applicable	Don't Know
Walls				
Roof				
Windows		UPUC DOUBLE GLAZED		
Doors		NYMNPA -2 MAR 2015		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				
Lighting				
Others (please specify)				
	l itional information on submitted plan(s)/drawi rences for the plan(s)/drawing(s)/design and ac		Yes	No

12. Agricultural Land Declaratio  Town and Country Planning (Dev	n AGRICULTURAL LAND DECLARATION elopment Management Procedure) (England) Order 20 tural Land Declaration - You Must Complete Either A or B	10 Certificate under Article 12
(A) None of the land to which the application	ation relates is, or is part of, an agricultural holding.	D + /DD // 1100000
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
(B) I have/The applicant has given the rebefore the date of this application, was a as listed below:	quisite notice to every person other than myself/ the appli- tenant of an agricultural holding on all or part of the land	cant who, on the day 21 days
Name of Tenant	Address	Date Notice Served
		NYMNPA
		- 2 MAR 2015
Signed - Applieant:	Or signed - Agent:	Date (DD/MM/YYYY):
information required will result in your a the Local Planning Authority has been su	ke sure you have sent all the information in support of you oplication being deemed invalid. It will not be considered	valid until all information required by
The original and 3 copies of a completed and dated application form:	design and access statement if	orrectiee.
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:	conservation area or The common World Horizago Site, or relate to a Common Comm	original and 3 copies of the pleted, dated Ownership ficate (A, B, 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:	comp	original and 3 copies of the oleted, dated Article 12 Certificate cultural Holdings):

		is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the		
Signed - Applicant: Or si	igned - Agent:	Date (DD/MM/YYYY):		
		lo (02(2015) (date cannot be pre-application)		
15. Applicant Contact Details		16. Agent Contact Details		
Telephone numbers	I.	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):		
17. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or other public land?				
If the planning authority needs to make an appointment out a site visit, whom should they contact? (Please select	nt to carry :t only one)	Agent Applicant Other (if different from the agent/applicant's details)		
If Other has been selected, please provide:		W 1)		
Contact name:		Telephone number:		
Email address:				

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NYMNDS -2 MAR 2015