



NYM / 2012 / 0248 / CU

2012/0248

Application for Planning Permission and consent to display advertisement(s).
 Town and Country Planning Act 1990
 Town and Country Planning (Control of Advertisement) Regulations 2007

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.

K335#11475
 17/4/12

1. Applicant Name and Address

Title: Mr Mrs First name: DAVID & SANDRA
 Name: WREGLESWORTH
 Company (optional):
 House number: House suffix:
 Address: HIGH DALBY HOUSE
 Address 1: DALBY
 Address 2:
 Address 3:
 Town: PICKERING
 County: NORTH YORKSHIRE
 Country: ENGLAND
 Postcode: YO18 7LP

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: N/A
 Town:
 County:
 Country:
 Postcode:
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Description of Proposed Works

Please describe the proposal including any change of use:

CHANGE OF USE OF HIGH DALBY HOUSE TO GUEST HOUSE
 RETROSPECTIVE PERMISSION TO DIVIDE EXISTING 3
 BEDROOMED COTTAGE TO CREATE TWO SINGLE BEDROOMED
 HOLIDAY COTTAGES
 BUSINESS SIGN TO BE ERECTED INSIDE OUR BOUNDARY
 WALL FACING DALBY FOREST DRIVE

Are any works already

carried out or use

already started?

Yes

No

Have any works been

completed or change

of use already occurred?

Yes

No

If Yes, please state the date when building

works or use were started (DD/MM/YYYY):

(date must be pre-application submission)

01/04/2011

If Yes, please state when the works were

completed or use occurred (DD/MM/YYYY):

(date must be pre-application submission)

01/03/2012

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: HIGH DALBY HOUSE

Address 1: DALBY

Address 2:

Address 3: NYM / 2012 / 0 2 4 8 / CU

Town: PICKERING

County: NORTH YORKSHIRE

Postcode (optional): YO18 7LP

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

Easting: Northing:

Description:
COUNTRY HOUSE WITH ONE DETACHED COTTAGE AND TWO SEMI DETACHED COTTAGES, STABLES & TENNIS COURT.

5. 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: HELEN WEBSTER

Reference: NYM/ENQ/05804

Date (DD/MM/YYYY): 22/01/2010
(must be pre-application submission)

Details of pre-application advice received?

ADVICE GIVEN ABOUT PROPOSED CHANGE OF USE TO GUEST HOUSE

6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? Yes No Unknown

Is a new or altered pedestrian access proposed to or from the public highway? Yes No Unknown

Are there any new public roads to be provided within the site? Yes No Unknown

Are there any new public rights of way to be provided within or adjacent to the site? Yes No Unknown

Do the proposals require any diversions /extinguishments and/or creation of rights of way? Yes No Unknown

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

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8. Neighbour and Community Consultation

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

If Yes, please provide details:

MY NEAREST NEIGHBOUR AT HIGH RIGG FARM WAS CONSULTED IN 2009 & HAS OBSERVED ONGOING WORKS WITHOUT ANY OBJECTION

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? Yes No Unknown

If Yes, please provide details:

A WASTE STORAGE AREA HAS BEEN CREATED CLOSE TO THE MAIN BUILDING.

Have arrangements been made for the separate storage and collection of recyclable waste? Yes No Unknown

If Yes, please provide details:

GUESTS IN THE COTTAGES WILL BE REQUIRED TO SEPERATE RECYCLABLE WASTE & PLACE IT IN THE DESIGNATED STORAGE AREA

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:

10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable
		NYM / 2012 / 0 2 4 8 / CU			
Walls		THE REAR DOOR HAS BEEN REMOVED & REPLACED BY A WALL IN MATCHING RANDOM STONE	<input type="checkbox"/>	<input type="checkbox"/>	
Roof		A CHIMNEY HAS BEEN REMOVED & REPLACED WITH MATCHING TILES	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	WOODEN SEALED UNIT DOUBLE GLAZING	2 DOUBLE GLAZED WOODEN UNITS HAVE BEEN FITTED TO NEW ENSUITE BATHROOMS. 2 WINDOWS HAVE BEEN ENLARGED FOR MORE LIGHT & ONE ENLARGED TO COMPLY WITH FIRE REGS.	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	FRONT OF BUILDING:- ONE WOODEN DOOR (WHITE) REAR: ONE WOODEN DOOR (WHITE)	REAR DOOR REMOVED & NEW WOODEN DOOR CREATED AT FRONT IN WHITE WOOD	<input 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	COURTESY LIGHT AT FRONT & REAR DOOR	NOW ONE COURTESY LIGHT AT SIDE OF EACH FRONT DOOR (BLACK)	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>	

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

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11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	20	20	-
Light goods vehicles/ public carrier vehicles	-	-	-
Motorcycles	-	-	-
Disability spaces	0	1	1
Cycle spaces	0	20	20
Other (e.g. Bus)	-	-	-
Other (e.g. Bus)	-	-	-

12. Foul Sewage

Please state how foul sewage is to be disposed of:

- | | |
|--|---|
| <input type="checkbox"/> Mains sewer | <input type="checkbox"/> Cess pit |
| <input type="checkbox"/> Septic tank | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Package treatment plant | <input type="checkbox"/> Unknown |

Are you proposing to connect to the existing drainage system? Yes No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

THE ORIGINAL SEPTIC TANK HAS BEEN REPLACED BY A KLARGESTER WASTE SYSTEM WHICH IS BURIED IN THE GARDEN.

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13. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary)

Yes No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No Unknown

How will surface water be disposed of?

- | | |
|---|--|
| <input checked="" type="checkbox"/> Sustainable drainage system | <input checked="" type="checkbox"/> Existing watercourse |
| <input checked="" type="checkbox"/> Soakaway | <input type="checkbox"/> Pond/lake |
| <input type="checkbox"/> Main sewer | <input type="checkbox"/> Unknown |

14. Biodiversity and Geological Conservation

Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

c) Features of geological conservation importance:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

15. Existing Use

Please describe the current use of the site:

GUEST HOUSE & HOLIDAY COTTAGES

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

When did this use end (if known)?
(DD/MM/YYYY)
(date where known may be approximate)

Does the proposal involve any of the following:

Land which is known to be contaminated? Yes No
Land where contamination is suspected for all or part of the site? Yes No

A proposed use that would be particularly vulnerable to the presence of contamination? Yes No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

16. Trees and Hedges

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No

If Yes to either or both of the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. Your Local Planning Authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to construction - Recommendations'.

17. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

18. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?
If Yes please complete details of the changes in the tables below:

Yes No

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Proposed Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>	2					2
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							2

Existing Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>			1			1
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							1

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

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Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Total existing residential units (A+B+C+D)=

Total proposed residential units (E+F+G+H)=

Total net gain / loss of residential units

+ 1

19. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>	NYM / 2012 / 0 2 4 8 / C U -			
Office (other than A2)	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please specify	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total					

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In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
Other	Hostels	<input type="checkbox"/>			

20. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent	Not known
Existing employees	2	-	-	-
Proposed employees	-	2	-	-

21. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
Guest Accommodation	24 hrs	24 hrs	24 hrs	

22. Site Area

Please state the site area in hectares (ha)

23. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant ventilation or air conditioning. Please include the type of machinery which may be installed on site:

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Is the proposal a waste management development? Yes No

If the answer is Yes, Please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Please provide the maximum annual operational throughput of the following waste streams:
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

N/A

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Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

24. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? Yes No Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>

Other:

Other:

Amount (kilograms):

Amount (kilograms):

25. Description of Proposed Advertisement(s)

Please describe the proposed advertisement(s):

POST + PANEL SIGN (ARCHED) TO
RIGHT OF MAIN GATE ON LAND
OWNED BY US ABOVE EXISTING WALL

Please indicate the number of the following types of advertisement(s) you are applying for: Number of advertisement(s)

Application for fascia sign(s)	
Application for a projecting or hanging sign(s)	
Application for a hoarding(s)	
Other	1

If you selected Other, please describe:

POST + PANEL SIGN
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26. Advertisement Display

Is the advertisement you are applying for already in place? Yes No

If Yes please provide details of when the use or work started

Is an existing advertisement(s) to be removed and replaced by the advertisement(s) in this proposal?

Yes No Not applicable

If Yes to either or both above, please show the existing sign(s) on an elevation drawing or photograph and state the references for the drawing(s) or photographs.

Will the proposed advertisement(s) project over a footpath or other public highway? Yes No

27. Advertisement Period

Please state the period of time for which consent is sought for the advertisement: From 15/04/2012 To IN PERPETUITY date (DD/MM/YYYY)

28. Interest in the Land

Does the applicant own the land or buildings where the adverts are to be placed? Yes No

If No, has the permission of the owner or any other person entitled to give permission for the display of an advertisement been obtained? Yes No

If No, why not?

29. Details of Proposed Advertisement(s)

Please provide a full description of each proposed advertisement (e.g. fascia sign, box sign, projecting sign, hoarding, flag etc)

	Advertisement 1	Advertisement 2	Advertisement 3
Type:	POST + PANEL		
a) The Height from the ground to the base of the advertisement (in metres)	1.62m		
b) The dimensions of the proposed advertisement (H x W x D) (in metric)	1m x 0.05m x 1.5m		
c) The maximum height of any of the individual letters and symbols (in metric)	125cm		
d) The colour of the text and background	GOLD TEXT BLACK BACKGROUND		
e) Materials of the proposed sign(s)	WOOD		
f) The maximum projection of advertisement from the face of the building	N/A		
Will any of the sign(s) be illuminated	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes for any of the proposed signs, answer g), h) and i)	-		
g) Details of method of illumination (internally illuminated/externally illuminated)	-		
h) illuminance levels (cd/m ²)	-		
i) Will the illumination be static or intermittent?	-		

AGRICULTURAL HOLDINGS CERTIFICATE

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

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Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

31. 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.

- | | | | |
|--|--------------------------|---|--------------------------|
| 3 copies of a completed dated application form: | <input type="checkbox"/> | The correct fee: | <input type="checkbox"/> |
| 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: | <input type="checkbox"/> | 3 copies of a design and access statement: | <input type="checkbox"/> |
| 3 copies of other plans and drawings or information necessary to describe the subject of the application: | <input type="checkbox"/> | 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): | <input type="checkbox"/> |
| | | 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable): | <input type="checkbox"/> |

32. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

(date cannot be pre-application)

33. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional): <input type="text"/>		

34. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional): <input type="text"/>		

35. 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: <input type="text"/>	Telephone number: <input type="text" value="NYM / 2012 / 0 2 4 8 / C U"/>
Email address: <input type="text"/>	

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