



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

13976

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: KATHR-IN

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.

COCLIN SON

1. Applicant Name and Address

Title:

Last name:

Company

(optional):

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):

2. Agent Name and Address

First name:

Unit:	House number:	House suffix:		Unit:		House number:		House suffix:
House name:	HIGH CAP	THES		House name:				
Address 1:	HAWSKER	an .		Address 1:		-		
Address 2:				Address 2:			-	
Address 3:				Address 3:				
Town:	WHITBY			Town:				
County:	NORTH 40	RISHIRE		County:				
Country:				Country:		-		
Postcode:	4022 452	2		Postcode:				
3. Descri	ption of Proposed	l Works		-14		• • • • • • • • • • • • • • • • • • • •		
Please describe the proposed works:								
TIMBER STABLE BLOCK TO BE BUILT. 12M LONG X								
4M WIPE, TO INCLUDE THE USE OF GREEN STEEL								
TO CONSIST OF 4 STABLES.								
TO STAND ON A CONCRETE BASE, 14M LONG X								
GM WIDE.								
REPCACING EXISTING BARNS X 2 THAT ARE POOR								
· · · · · · · · · · · · · · · · · · ·			•			78	\$Date: 2012-12-12 #\$	\$Revision: 4673 \$

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?	
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. Unit: House House	Is a new or altered vehicle access proposed to or from the public highway? Yes No
number: sumix;	Is a new or altered pedestrian access
name: SONSET HOUSE	proposed to or from the public highway? Yes No Do the proposals require any diversions,
Address 1: NORMANBY	extinguishments and/or creation of public rights of way? Yes No
Address 2:	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: WHITTSY	
County: NORTH YORKSHIRE	
Postcode (optional): YOZZ 4PS	
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 possible: Officer name: HECEN WEBSTER Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	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? Yes No 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

	Existing (where applicable)	Proposed	Not applicable	Don' Knov
Walls		TIMBER STEEL SHIPLAP GREEN BROWN		
Roof		STEEC/PLASTIC		×
Windows			×	
Doors	-6 OCT 2015	TIMBER BROWN		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing		CONCRETE		
Lighting				X
Others please specify)				
	tional information on submitted plan(s)/drawing(s), ences for the plan(s)/drawing(s)/design and access	9		No

14. 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):						
	3 (10 / 15 (date cannot be pre-application)						
15. Applicant Contact Details	16. Agent Contact Details						
Telephone numbers	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?							
f 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 agent/applicant's deta							
If Other has been selected, please provide:							
Contact name:	Telephone number:						
Email address:							

