

-5 NOV 2015

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

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

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. Applic	ant Name and Address	2. Agent	Name and Address				
Title:	Mr. & Mes First name:	Title:	First name:				
Last name:	RAJAB	Last name:					
Company (optional):	1.07	Company (optional):	PETER RAYMENT DESIGN GO				
Unit:	House number: House suffix:	Unit:	House House suffix:				
House name:	COMBER HOUSE	House name:	UPGANG				
Address 1:	HIGH STREET	Address 1:	WEST GATE				
Address 2:	thornton le bale	Address 2:	THURNON LE DALE				
Address 3:	the second secon	Address 3:					
Town:	PICKERING	Town:	PICKERING				
County:	V	County:					
Country:		Country:					
Postcode:	YO 18 794	Postcode:	Y018 45G				
3. Description of Proposed Work							
	ibe the proposals to alter, extend or demolish the listed						
partial removal of internal wall							

3. Description of Proposed Work (continued)	4. Site Address Details Please provide the full postal address of the application		
Has the work already	Unit: House House		
started without consent?	number: suffix:		
If Yes, please state when the	name: OLD BAR CCHAGE		
work was started (DD/MM/YYYY):	Address 1: 41641 STREET		
	Address 2: THORNTON LE DALE		
	Address 3:		
(diameter)	N		
(date must be pre-application submission)	Town: DICKERING		
Has the work been	County:		
completed without consent? Yes No	Postcode (optional): YO18 7aW		
	Description of location or a grid reference. (must be completed if postcode is not known):		
If Yes, please state the date when the work was completed (DD/MM/YYYY):	Easting: Northing:		
	Description:		
(date must be pre-application submission)			
5. Related Proposals	6. Pre-application Advice		
Are there any current applications, previous	Has assistance or prior advice been sought from the local		
proposals or demolitions for the site? Yes No	authority about this application?		
If Yes please describe and include the planning application reference number(s), if known:	If Yes, please complete the following information about the advice		
Description Reference	you were given. (This will help the authority to deal with this application more efficiently).		
number	Please tick if the full contact details are not		
	known, and then complete as much as possible:		
30	Officer name:		
, P	EDWARD FREEDMAN		
2	Reference:		
5	NYM/2015/ENQ/11668		
	Date (DD/MM/YYYY): 25 09 15 (must be pre-application submission)		
	Details of pre-application advice received?		
x ** ***	EMAIL		
	- X		
7 Najahkawand Carrier in Carrier			
7. Neighbour and Community Consultation	8. Authority Employee / Member With respect to the Authority, I am: Do any of these		
Have you consulted your neighbours or the local community about the proposal? Yes No	(a) a member of staff statements apply to you?		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(b) an elected member		
If Yes, please provide details:	(c) related to a member of staff (d) related to an elected member		
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	Existing (where applicable)	Proposed	applicable	Do Kn
External walls	STONE			, [
Roof covering	PANTILES] [
Chimney	Below			
Windows	TIMBER			
External doors	N .			
Ceilings	Drastas			
Internal walls	BRICK/Block/STONE			
Floors	CONCRETE			
Internal doors	TIMBER			
Rainwater goods		THE NAME OF THE PARTY OF THE PA	uny 2015	
Boundary treatments (e.g. fences, walls)		-51	404	
/ehicle access and nard standing				
ighting				
Others add description)				
re you supplying additi Yes, please state plan(s	ional information on submitted drawings or pla s)/drawing(s) references:	ans? Yes No	I	L

10. Demolition	11. Listed Building Alterations			
Does the proposal include the partial or	Do the proposed works include alterations			
total demolition of a listed building? Yes No	to a listed building?			
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include:			
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)			
b) Demolition of a building within	a) Works to the interior of the building?			
the curtilage of the listed building:				
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building? Yes No			
If the answer to c) is Yes:	c) Works to any structure or object fixed to the property (or buildings within			
i) What is the total volume of the listed building?(cubic metres)	its curtilage) internally or externally? Yes No			
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?			
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:	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):			
	DRG Nº 051 115 1			
INTERNAL WALL BETWEEN KITCHEN	Des to ost try			
& DINING ROOM TO BE PARTIALLY	45			
END & CENTIC DOMNSTAND.	Se la			
END & COUNT DOWNSTAND.				
Why is it necessary to demolish or extend (as applicable) all or part				
of the building(s) and or structure(s)?				
TO CREATE A WORKABLE KITCHIN				
DINING SPACE				
1 21100 37720				
	-			
12. Listed Building Grading	13. Immunity From Listing			
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only	Has a Certificate of Immunity from Listing been sought in respect of this building?			
one box must be ticked)	Yes No Don't know			
Grade I Ecclesiastical Grade I	If Yes, please provide the result of the application:			
Grade II* Ecclesiastical Grade II*				
Grade II Lectesiastical Grade II	- " = - x			
Grade II 🖊 Ecclesiastical Grade II 🗌	n			
Don't know				
DOIT KNOW [