



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

181925

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

#13929
 21-12-15

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. Applicant Name and Address				2. Agent Name and Address			
Title:	MR & MRS	First name:		Title:		First name:	
Last name:	BRYARS			Last name:			
Company (optional):				Company (optional):	PETER RAYMENT DESIGN LTD		
Unit:		House number:		House suffix:		Unit:	
House name:	COOMBOOTS			House name:	UPGANG		
Address 1:	CUMBOOTS			Address 1:	WESTGATE		
Address 2:	SCALBY			Address 2:	THORNTON LE DALE		
Address 3:				Address 3:			
Town:	SCARBOROUGH			Town:	PICKERING		
County:				County:			
Country:				Country:			
Postcode:	YO13 0PQ			Postcode:	YO18 7SG		

3. Description of Proposed Works

Please describe the proposed works:

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EXTENSION TO OUTBUILDING

3. Description of Proposed Works (continued)

Has the work already started? Yes No

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

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

5. 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

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

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

If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s):

6. 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 possible:

Officer name:

Reference:

Date (DD MM YYYY):
(must be pre-application submission)

Details of the pre-application advice received:

7. Trees and Hedges

Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? Yes No

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? Yes No

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
- Do any of these statements apply to you? Yes No

If Yes, please provide details of the name, relationship and role

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
Walls	STONE	TIMBER CLADDING	<input type="checkbox"/>	<input type="checkbox"/>
Roof	FELT	FELT	<input type="checkbox"/>	<input type="checkbox"/>
Windows	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Doors	TIMBER	TIMBER	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	HEDGE / FENCE	HEDGE / FENCE	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing	TARMAC / GRAVEL		<input type="checkbox"/>	<input type="checkbox"/>
Lighting			<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>

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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:

DRG NOS ISI 215 1 & 2

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:

Alan Raymond

Date (DD/MM/YYYY):

18/12/15

(date cannot be pre-application)

15. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

16. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

17. 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:

Telephone number:

Email address:

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