



NYMNPA
 04 SEP 2019

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 Helmsley
 York
 YO62 5BP

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 Website: www.northyorkmoors.org.uk

Application for a non-material amendment following a grant of planning permission.
 Town and Country Planning Act 1990

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: <input type="text" value="Mr."/> First name: <input type="text" value="STUART"/>	Title: <input type="text"/> First name: <input type="text"/>
Last name: <input type="text" value="BLACK ."/>	Last name: <input type="text" value="N/A ."/>
Company (optional): <input type="text" value="—"/>	Company (optional): <input type="text"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text" value="SOUTH BECK COTTAGE ."/>	House name: <input type="text"/>
Address 1: <input type="text" value="HACKNESS RD."/>	Address 1: <input type="text"/>
Address 2: <input type="text" value="SCALBY"/>	Address 2: <input type="text"/>
Address 3: <input type="text" value="SCARBOROUGH"/>	Address 3: <input type="text"/>
Town: <input type="text"/>	Town: <input type="text"/>
County: <input type="text" value="NORTH YORKSHIRE ."/>	County: <input type="text"/>
Country: <input type="text" value="UK ."/>	Country: <input type="text"/>
Postcode: <input type="text" value="YO13 0QY"/>	Postcode: <input type="text"/>

Please provide the full postal address or the application site.

Unit: House number: House suffix:
 House name: SOUTH BECK COTTAGE
 Address 1: HACKNESS RD.
 Address 2: SCALBY
 Address 3: SCARBOROUGH.
 Town:
 County: NORTH YORKSHIRE
 Postcode (optional): YO13 0QY
 Description of location or a grid reference. (This must be completed if postcode is not known):
 Easting: Northing:
 Description:

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: JILL BASTOW.

Reference: NYM/2018/0213/FL

Date of advice (DD/MM/YYYY): 26/10/2018.

Details of pre-application advice received:
 Change of cladding material from Corten steel to western red cedar likely to be acceptable.

3. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates? Yes No

you have answered No to this question, you cannot apply to make a non-material amendment.

If you are not the sole owner, has notification under article 9 of the DMPO been given? Yes No Not Applicable

you have answered No to this question, you cannot apply to make a non-material amendment.

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification
	N/A.	

4. Authority Employee / Member

With respect to the Authority, I am: Do any of these statements apply to you?

- a) a member of staff
 - b) an elected member
 - c) related to a member of staff
 - d) related to an elected member
- Yes No

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

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:

Alterations and construction of two storey extension to front elevation and single storey rear extension following demolition of conservatory at South Beck Cottage, Hackney Rd, Scarborough.

Ref N^o: NYM/2018/0213/FL. 8th July 2018

Application reference number:

Date of decision (DD/MM/YYYY):

4.

08th/07/2018.

What was the original application type?
e.g. 'Full', 'Householder and Listed Building', 'Outline'

Full.

For the purpose of calculating fees, which of the following best describes the original application type?

Householder development: development to an existing dwelling-house or development within its curtilage

Other: anything not covered by the above category

Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

Change of cladding material ~~on~~ from Corten steel to western red cedar.

Are you intending to substitute amended plans or drawings?

Yes

No

If Yes, please complete the following:

Old plan/drawing number(s):

1329_AR50_01_D.

New plan/drawing number(s):

1329_AR50_01-J.

Please state why you wish to make this amendment:

Practical difficulties in successfully detailing Corten steel in small domestic situations.

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 not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The correct fee:

D. 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): 03/09/2019.

1. 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): _____

12. Agent Contact Details

Telephone numbers N/A.

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): _____

3. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No

When 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)

Other has been selected, please provide:

Contact name: _____ Telephone number: _____

Email address: _____