



NYMNPA

02/04/2020

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 approval of details reserved by condition.

Town and Country Planning Act 1990

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. Applicant Name and Address		2. Agent Name and Address		
Title:	MR First name: ROBULT	Title: First name:		
Last name:	BROYSAM	Last name:		
Company (optional):		Company (optional):		
Unit:	House House suffix:	Unit: House House suffix:		
House name:	HIGH LAITHES TORM	House name:		
Address 1:	HONSKER LAME	Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	WHIBY	Town:		
County:	MERTY YOLKSHIRE	County:		
Country:	UK	Country:		
Postcode:	40224J2	Postcode:		

3. Site Address Details	4. Pre-application Advice					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local					
Unit: House House suffix:	authority about this application? Yes No					
House NICH LAITHES MRM	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1: WINCKER LANE	application more efficiently). Please tick if the full contact details are not					
Address 2:	known, and then complete as much as possible:					
Address 3:	Officer name:					
Town: WATBY	Reference:					
County: NORA YORKSHIRE						
Postcode (optional): 40.22 4.7 Z	Date (DD/MM/YYYY): (must be pre-application submission)					
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?					
Easting: Northing:						
Description:						
5. Description Of Your Proposal Please provide a description of the approved development as shown	on the decision letter, including the application reference number					
Please provide a description of the approved development as shown and date of decision in the sections below:						
"APPENAL OF DETAILS RESDEVED BY CO	NOTHEN.					
1. EXTERNAL LIGHTING 2. EXTRE	HOR MINAM GAME COLUNK					
Reference number: NYIN 2019 9382 FL Date of decision:	2) (0 · 20)9 (Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application relate	Sabinission (DD/WW/1111)					
1. Nº6 - EXTIKMAC CICHTING	6.					
2. NO 15- TO LOVE OF WINDOW ROMES	7.					
3.	8.					
4.	9.					
5.	10.					
Has the development already started?	Yes No					
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)					
Has the development been completed?	Yes No					
If Yes, please state when the development was completed (DD/MM/	(date must be pre-application submission)					
6. Discharge Of Condition						
Please provide a full description and/or list of the materials/details th						
1. EXTECUAL LIGHTING - SEE ATTYCHED	Plad					
2. EXTERNAL WINDOW FRME CULOUR - SEE ATTACHED LIST						
7. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition? Yes Yes						
If Yes, please indicate which part of the condition your application re	lates to:					

8. 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.						
e original and 3 copies of other plans and drawings information necessary to describe the subject of the application:						
Arts 1 topskide 11						
this form and the accompanying plans/drawings and additional ny facts stated are true and accurate and any opinions given are the Or signed - Agent:						
11. Agent Contact Details						
Telephone numbers						
Country code: National number: Extension number: Country code: Mobile number (optional):						
Country code: Fax number (optional): Email address (optional):						
12. Site Visit Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No						
Agent Applicant Other (if different from the agent/applicant's details)						
f Other has been selected, please provide: Contact name: Telephone number:						

Email address:

Validation Checklist

Approval of Details Reserved by Condition



There are no national requirements for applications for the approval of details reserved by condition except that they should be made in writing and be accompanied by the appropriate fee. However, you may submit the following information:

Completed Application Form with Signed and Dated Declaration	YES	NO
Other Drawings/Details Relevant to the Application (All plans should include paper size, key dimensions and scale)	YES	NO
Application Fee Please see the Authority's Fee Sheet for further information.	YES	NO 🗌
Please do not hesitate to contact the Development Management Administration Tea	m if you requ	ire further

assistance.