

North York Moors National Park Authority The Old Vicarage Bondgate Helmsley York Y062 5BP

Telephone: 01439 772700 Email: planning@northyorkmoors.org.uk Website: www.northyorkmoors.org.uk

Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990

NYMNPA 29 OCT 2020

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.

Applicant Name and Address		2. Agent	Name and Address
Title:	MR First name: CHRISTOPHER	Title:	MR First name: STEVEN
Last name:	HOWARD	Last name:	REED
Company (optional):		Company (optional):	RECOESIGN
Unit:	House House suffix:	Unit:	House number: 5 House suffix:
House name:	FERN FARM	House name:	
Address 1:	NORMANBY	Address 1:	LARPOOL MENS
Address 2:		Address 2:	LARROL DRIVE
Address 3:		Address 3:	
Town:	WHITBY	Town:	WHITBY
County:	NORTH YORKSHIRE	County:	NORTH YORKSHIRE
Country:	ENGLAND	Country:	ENGLAND
Postcode:	Y022 4PS	Postcode:	Y022 4NF
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	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 number: House suffix:	authority about this application? Yes No
House name: FERN FARM	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: NORMANBY	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: WHITBY	Reference:
County: NORTH YORKSHIRE	
Postcode (optional): \(\sqrt{02.2 4PS} \) Description of location or a grid reference. (must be completed if postcode is not known):	Date of advice (DD/MM/YYYY): Details of pre-application advice received:
Easting: Northing:	
Description:	
5. 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 relatives.	on, Yes No
If 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 D	
If 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 pers	ons notified:
Person Notified	Address Date of Notification
	A/
	A
	1
A B 41 24 P	
6. Authority Employee / Member	
With respect to the Authority, I am: Do	any of these statements apply to you?
	any of these statements apply to you? Yes No
With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff	
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	
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	

7. Description Of Your Proposal				
Please provide a description of the approved development as shown on the date of decision in the sections below. Please also provide the original app				
DEMOLITION OF MODERN BUILDINGS AND CON	WERSION OF AND EXTENSION TO			
REDUNDANT BUILDINGS TO FORM 3 NO. HOUDAY COTTAGES WITH ASSOCIATED				
PARKING AND LANDSCAPING WORKS AT	FERN FARM, XLORMANBY.			
	, , , , , , , , , , , , , , , , , , ,			
	erija – Program Richard II. – Program Program II. – Program Program II. – Program Program II. – Program II. – Program III. – P			
Reference number:	Date of decision (DD/MM/YYYY):			
NYM / 2018 / 0623/FL	25th JANUARY 2019			
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') FULL 1	PLANNING APPLICATION.			
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				
8. Non-Material Amendment(s) Sought				
Please describe the non-material amendment(s) you are seeking to make:	/			
TO INTINODUCE A DUCK SUDE DORMER TO ACCOMODED THE DOORWAY ENTRANCES FOR DISABLES ACCESS WITHOUT AITERING THE WIGHT FROM HEIGHT.				
FOR DISABLES ACCESS WITHOUT AITERING THE WIGHEN TOOK HEIGHT.				
(SEE DRAWING CHW 041)				
TO RESULE THE GARAGE OFENING AND P GLALES ANEA TO ACCOMMISSATE MORE VSGRS WITHIN THE ROOM.	REDUCE THE ORIGINATION PROPOSED MANOURABLE SPACE FOR WHEELCHAIR			
(SEE DRAWING CHN 040).				
Are you intending to substitute amended plans or drawings?	Yes No			
If Yes, please complete the following:				
Old plan/drawing number(s):				
CHWOZG AND CHWOZT				
New plan/drawing number(s):				
CHW 040 AND CHW 041				
Please state why you wish to make this amendment:				
BOTH THESE, INFACT AU PROPOSED COTTAG	GES SHOULD BE ABLES TO BE			
ACCESSIBLE FOR DISABLES USE.				
THIS SHOULD BE DONE WITH AS LITTLE CHANGE TO THE ORIGINAL CHARACTER				
BLEND IN WITH THE ISLIGUEDE ROOF WOULD BE LESS DUTURING THAN CAMPRING LEVE				

 Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application not being accepted Local Planning Authority has been submitted. 	information in support of your proposal. Failure to submit all d. It will not be accepted until all information required by the
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:	1-70 BE PAID OVER THE PHONE OR
10. Declaration I/we hereby apply for planning permission/consent as described in thi information. I/we confirm that, to the best of my/our knowledge, any if genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent:	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Date (DD/MM/YYYY): 27/10/2020
11. Applicant Contact Details	12. Agent Contact Details
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Email address:	other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number: