

NYMNPA 10/08/2021 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			
Title:	MRS First name: Andrew		
Last name:	Winkfield		
Company (optional):			
Unit:	House House suffix:		
House name:	Rockwood farm		
Address 1:	gowland lane		
Address 2:	cloughten		
Address 3:			
Town:	Scarborough		
County:	north Yorkshire		
Country:			
Postcode:	YOB ODU.		

2. Agent Name and Address			
Title:	mrs First name: Victoria		
Last name:	wharten.		
Company (optional):	Architectural Design		
Unit:	House number:		
House name:			
Address 1:	7 Red soor lane		
Address 2:	newby		
Address 3:			
Town:	Scarboraugh		
County:	north Yorkshire		
Country:			
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 authority about this application?			
Unit: House House suffix:	authority about this application? Yes No			
House name: Rackwaged form	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: Gowland lane	application more efficiently). Please tick if the full contact details are not			
Address 2: clcughton	known, and then complete as much as possible:			
Address 3:	Officer name:			
Town: Scarboraugh	Reference:			
County: North Yorkshine				
Postcode (optional): VOIS OOU	Date (DD/MM/YYYY):			
Description of location or a grid reference.	(must be pre-application submission) Details of pre-application advice received?			
(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 show and date of decision in the sections below:				
construction of triple gara	ge/Storage Building with Aryroom			
	above.			
Reference number: NYH/2021/0313Fi_ Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state the condition number(s) to which this application relate				
1. 5	6.			
2.	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/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details the				
Ine Proposed rooflights are velu	x code SCL 25704 MKOB. 78 X 140 cm.			
The Proposed roof-lights are velux code SCL 2570H MKOB. 78 X 140 cm. The Stain we will be using Minwax wood Finish Ecicur Cherry 235 to match house. The Strone is grit stone scout theorem quarry.				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates 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.						
The original and 3 copies of a completed and dated application form: The original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings of ormation necessary to describe the subject of the application:					
The correct fee:						
9. 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):						
3/8/2021 (date cannot be pre-application)						
10. Applicant Contact Details	11. Agent Contact Details					
Telephone numbers	Telephone numbers					
Country code: National number: Extension number:	Country code: National number: Extension number:					
Country code: Mobile number (optional):	Country code: Mobile number (optional):					
Country code: Fax number (optional):	Country code: Fax number (optional):					
Email address (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						
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)	Applicant Other (if different from the agent/applicant's details)					
If Other has been selected, please provide:						
Contact name:	Telephone number:					
Trish winkfield						

Email address: