

1. Site Address

Number

Suffix

NYMNPA 15/11/2021 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 removal or variation of a condition following grant of planning permission. Town and Country Planning Act 1990. Planning (Listed Buildings and Conservation Areas) 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.

Property name	Westfield Farm	
Address line 1	Station Lane	
Address line 2	Cloughton	
Address line 3		
Town/city	Scarborough	
Postcode	YO13 0AD	
Description of site loa	cation must be completed if postcode is not known:	
Easting (x)	501487	
Northing (y)	493773	
Description		
2. Applicant Det	tails	
Title	Mr	
First name	Thomas	
Surname	Pilgrim	
Company name		
Address line 1	3 Wydale Low Cottages	
Address line 2	Road From Low Garth To West Brow	
Address line 3		
Town/city	Brompton By Sawdon	

2. Applicant Detai	ils	
Country		
Postcode	YO13 9DF	
Are you an agent actin	g on behalf of the applicant?	
Primary number		
Secondary number		
Fax number		
Email address		
3. Agent Details No Agent details were s	submitted for this application	
<b>4. Description of</b> the Please provide a description	the Proposal ription of the approved development as shown on the dec	cision letter
Conversion of 2 no. ex	isting barns to form three units of holiday accommodation	n.
Reference number		
NYM/2006/0245/FL		
Date of decision (date must be pre- application submission)	25/07/2006	
	ition number(s) to which this application relates	
Condition number(s)		
Condition 3 - The holid	ay let(s) may only be used for holiday lettings.	
Has the development a	already started?	© Yes ■ No
5. Condition(s) - F	Removal/Variation	
Please state why you w	vish the condition(s) to be removed or changed	
same outbuilding. I wo	uld like to join these to create a single 1 bedroom annex	y lets. 2 of the 3 holiday lets for which permission was granted are part of the for use by a family member. I do not believe the buildings have been let out eted, removing this condition would allow us to start work to create a useful property.
If you wish the existing	condition to be changed, please state how you wish the	condition to be varied
N/A		
6. Site Visit		
Can the site be seen fr	om a public road, public footpath, bridleway or other pub	lic land?
If the planning authority The agent The applicant Other person	y needs to make an appointment to carry out a site visit,	whom should they contact?

7. Pre-application	on Advice	•			
Has assistance or prior advice been sought from the local authority about this application?   ☐ Yes ● No					
8. Ownership C	ertificates	s and Agricultural Land Declaration			
<del>-</del>		P - CERTIFICATE B - Town and Country Planning (Development Management Procedure) (England) Order 2015 Ce	rtificate		
I certify/The applicar	nt certifies th	nat:			
I have/The application  I have/I	ant has give	n the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the t** of any part of the land or building to which this application relates; or er of all the land or buildings to which this application relates and there are no other owners* and/or agricultural tenants**.			
* 'owner' is a perso	n with a fre	ehold interest or leasehold interest with at least 7 years to run. ** 'agricultural tenant' has the meaning given in se Planning Act 1990.			
Owner/Agricultural To	_	Fialling Act 1990.			
Name of Owner/Agricultural Tenant		Gabrielle Lawson			
Number					
Suffix					
House Name		Westfield Farm			
Address line 1		Station Lane			
Address line 2		Cloughton			
Town/city		Scarborough			
Postcode		YO13 0AD			
Date notice served (DD/MM/YYYY)	d	15/11/2021			
Person role  The applicant					
Title	Mr				
	Thomas				
First name					
Surname	Pilgrim				
Declaration date (DD/MM/YYYY)	15/11/20	)21			
✓ Declaration made	•				
9. Declaration					
I/we hereby apply fo		ermission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm edge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them			

Date (cannot be preapplication) 15/11/2021