

North York Moors National Park Authority
The Old Vicarage
Bondgate
Helmsley
York
YO62 5BP

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NYMNPA
19/11/2021

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			
Title:	MRS	First name:	ANGELA
Last name:	WIDDUP		
Company (optional):			
Unit:	House number:	House suffix:	
House name:	ROCK HAVEN		
Address 1:	NEWLANDS ROAD		
Address 2:	CLOUGHTON		
Address 3:			
Town:	SCARBOROUGH		
County:	NORTH YORKSHIRE		
Country:			
Postcode:	YO13 0AR		

2. Agent Name and Address			
Title:		First name:	
Last name:			
Company (optional):	ALAN CAMPBELL ARCHITECTS		
Unit:	House number:	House suffix:	
House name:			
Address 1:	7 CLIFF BRIDGE TERRACE		
Address 2:			
Address 3:			
Town:	SCARBOROUGH		
County:	NORTH YORKSHIRE		
Country:			
Postcode:	YO11 2HA		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

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 relates? 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 DMPO been given? Yes No Not Applicable

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 persons notified:

Person Notified	Address	Date of Notification

6. Authority Employee / 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

Do any of these statements apply to you?

Yes No

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

7. Description Of Your Proposal

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:

CHANGE OF USE OF DISUSED STABLES TO FORM
2 No. HOLIDAY UNITS.
APPROVED AT APPEAL IN MARCH 2017 AND RATIFIED
THAT WORK HAD COMMENCED IN MARCH 2020

Reference number:

APP/W9500/W/16/3166289.

Date of decision (DD/MM/YYYY):

30/03/2017.

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

FULL (NYM/2016/0349/FL)

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:

MINOR CHANGES TO INTERNAL LAYOUT AND
SUBSTITUTION OF COLOUR COATED ALUMINIUM
WINDOWS FOR STAINED TIMBER
COTTAGE 1. REDUCED TO 1 BEDROOM.

Are you intending to substitute amended plans or drawings? Yes No

If Yes, please complete the following:

Old plan/drawing number(s):

1446/10, 11, 12, 13, 18, 19, 20 & 21

New plan/drawing number(s):

PLANS NOS. 1690/10, 11, 12, 13 AND 14.

Please state why you wish to make this amendment:

NEW OWNERS WITH THEIR OWN IDEAS - MAINLY TO
REDUCE LONG TERM MAINTENANCE WHILE RETAINING
APPEARANCE.

9. 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 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:

BY BACS :- £34

10. 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):

11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

13. 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) Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

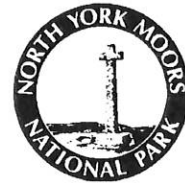
Contact name:

Telephone number:

Email address:

Validation Checklist

Application for Non Material Amendment Following Grant of Planning Permission



To ensure that the Planning Officer dealing with your planning application has a complete picture on which to base their judgments and to ensure proper public consideration, the following information is required at application submission stage. Failure to supply the required information with a planning application submission will delay a decision on the proposal as the statutory determination period will not begin until the required information is submitted and the validation requirements fulfilled.

Please complete the attached checklist to indicate what you have included with your application. All plans should include paper size, key dimensions and scale.

Standard National Validation Requirements

(Three copies are to be supplied unless the application is submitted electronically)

Completed Application Form with Signed and Dated Declaration YES NO

Application Fee YES NO

Please see the Authority's Fee Sheet for further information.

Some or all of the Following Information may also be Required Depending on the Nature of the Proposed Changes:

Amended Site Layout Plans to a recognised scale i.e. 1:100, 1:200 or 1:500 with a north arrow labelled. YES NO

Other Plans and Drawings or Information Necessary to describe the subject of the application. YES NO

Please do not hesitate to contact the Development Management Administration Team if you require further assistance.