

North York Moors National Park Authority The Old Vicarage Bondgate Helmsley York YO62 58P

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

Application for approval of details reserved by condition.

NYMNPA

06/12/2021

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: J.	Title: MS First name: URSULA
Last name: NOBLE	Last name: BRADLELL
(optional): NOBLE RECTCLING * SKIPHIRE	Company (optional): URSULA BRADWELL ARCHITEC
Unit: House House suffix:	Unit: House House suffix:
House SMEATON LAME	House name: CHURCH HALL
Address 1: RUSWARP	Address 1: ST HILDAS TERRACE
Address 2:	Address 2:
Address 3:	Address 3:
Town: WHITBY	Town: WHITBY
County: Not TH YOURSHIRE	County: M. YORKS
Country:	Country:
Postcode: TO22 5HL	Postcode: YOZI 3AG

3 Site A	ddress Details	A Dro application Advice
Course descents as	ride the full postal address of the application site.	4. Pre-application Advice Has assistance or prior advice been sought from the local
Unit:	House number: House suffix:	authority about this application?
House name:	LAND AT FAIRFIELD WAT	If Yes, please complete the following information about the advice
Address 1:	HANSKER- CUM-STAINSACRE	you were given. (This will help the authority to deal with this application more efficiently).
Address 2:		Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:		Officer name:
Town:	WHITBY	Reference:
County:	NORTH YORKSHIRE	Reference:
Postcode (optional):	T022 4PU	Date (DD/MM/YYYY):
Description	n of location or a grid reference.	(must be pre-application submission)
Easting:	Northing:	Details of pre-application advice received?
Description		
CHAN	TRUCTION OF SITE ARCESS	
	6 BUILDINGS.	
5. Descri	ption Of Your Proposal	
Please prov	vide a description of the approved development as show	n on the decision letter, including the application reference number
and date of	r decision in the sections below:	200F , Man Da TREATMENT
-12	DISCHARGE CONDITION	MO 11.
PRO	OPOSED GFT TIMBER CLOSE BOA	RDED FENCE TO BOUNDARY TO DISCHARGE COND
Reference r		12 Date must be pre-application 13
Please state	e the condition number(s) to which this application relate	Submission) (DD/MMV/YYYY)
1.,		6.
2.		7.
3.		8.
4.		9.
5.		10.
Has the dev	velopment already started?	Yes No
If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)		
Has the dev	velopment been completed?	Yes No
lf Yes, plea	se state when the development was completed (DD/MM	/YYYY): (date must be pre-application submission)
6. Discha	arge Of Condition	
	vide a full description and/or list of the materials/details t	hat are being submitted for approval:
	PISCHARGE OF CONDITION	
		A.
7. Part Di	ischarge 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:		
	5	
L		
		\$Date:: 2012-07-17 #\$ \$Revision: 4636 \$

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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 The completed and dated application form:	original and 3 copies of other plans and drawings formation 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): 02/12/2021 (date cannot be pre-application)			
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers			
Extension	Telephone numbers		
Country code: National number: number:	Country code: National number: Extension		
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):		
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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			
If Other has been selected, please provide:			
Contact name:	Telephone number:		
Email address:	<u> </u>		

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