

NYMNPA

26/06/2023

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		2. Agent Name and Address
Title:	MPL First name: STEPHEN	Title: First name:
Last name:	WELFORD	Last name:
Company (optional):	ST OTE WELFORD	Company (optional):
Unit:	House number: House suffix:	Unit: House House suffix:
House name:	BUTTERPACK FARM	House name:
Address 1:	EGTON BRIDGE	Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	WHOTBY	Town:
County:	N. YORKS	County:
Country:	ENGLAD	Country:
Postcode:	Y022 SAZ	Postcode:

3. Site Address Details Please provide the full postal address of the same transfer.	4. Pre-application Advice			
Please provide the full postal address of the application site. Unit: House House	Has assistance or prior advice been sought from the local authority about this application?			
number: suffix:	res No			
Address 1: EGTON BRIDGE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: EGTON BRIDGE	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: WHTBY	D.f.			
County: N. YORK-S	Reference:			
Postcode (optional): YOZZ SAZ	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)			
	Details of pre-application advice received?			
Description:				
	i l l			
5. Description Of Your Proposal				
Please provide a description of the approved development as shown and the device of the development as shown and the development as shown as the development as the				
CREATE SLURRY STURE AT BUTTERPARK FARM				
Reference number: N-1m/2022 /0700 Date of decision: 29/3/2023 (Date must be pre-application submission) (DD/MM/VVVV)				
Please state the condition number(s) to which this application relates	·· Sasimission) (DD/MINI/111)			
1. BEGIN NOT CAPER THAN MARCH 2026	6 NATIVE SPECIES			
2. Conput wint 012376-03 012336-04	7. A MIXTURE OF NATIONAL			
3. CLASE WING EXISTING STURES	8 - WILLDING HAWTHORN & DLACK THORN			
4. DETAILS OF BOUNDRY SPECIES TO BE	6. 7. A MIXTURE OF NATIVE SPEUTS 8. INCLUDING HAWTHORN & DLACK THORN 9. SEE D-12336 OS			
5. NO EXTERNAL LIGHTING	10.			
Has the development already started?				
If Yes, please state when the development started (DD/MM/YYYY):	Yes No (date must be pre-application			
Has the development been completed?	submission) Yes No			
If Yes, please state when the development was completed (DD/MM/Y				
5. Discharge Of Condition				
Please provide a full description and/or list of the materials/details that are being submitted for approval:				
NOT APPLICABLE				
. Part Discharge Of Condition(s)				
re you seeking to discharge only part of a condition? Yes, please indicate which part of the condition your application relates to:				
NA				
\ \ \ \ \	11			

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 other plans and drawings or information 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:			
	of signed - Agent.			
Date (DD/MM/YYYY):				
26-6-23 (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 number:			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):				
arran address (optional).	Email address (optional):			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or	other public land?			
If the planning authority needs to make an appointment to carry				
If Other has been selected, please provide:	Agent Applicant Other (if different from the agent/applicant's details)			
Contact name: Telephone number:				
$N \mid P$	receptione families.			
Email address:				