

NYMNPA 19/06/2023 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 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. Applic	ant Name and Address	2. Agent Name and Address	
Title;	MR First name: TIM	Title: First name: ERIC	
Last name:	LYNDON	Last name: MATTHEW	
Company (optional):		Company (optional):	
Unit;	House number: 42 House suffix:	Unit: House number: House suffix:	
House name:		House name: UALLEY UIEW	
Address 1:	IGURNDALE LANE	Address 1: UNDERHILL	
Address 2:	SLEIGHTS	Address 2: GLAISDALE	
Address 3:		Address 3:	
Town:	WHITBY	Town: WHITOY	
County:	NORTH YORKSHIRE	County: NORTH YORKSHIRE	
Country:	ENGLAND	Country: ENGLAWD	
Postcode:	Y022 5DP	Postcode: YOZI ZPF	

3. Site Ad	ldress Details	4. Pre-application Advice					
Please prov	ide the full postal address of the application site. House House	Has assistance or prior advice been sought from the lauthority about this application?					
Unit:	House number: 42 House suffix:						
House name:		If Yes, please complete the following information about you were given. (This will help the authority to deal was a selection more efficiently)					
Address 1:	I BURNDALE LANE	application more efficiently). Please tick if the full contact details are not					
Address 2:	SLEIGHTS	known, and then complete as much as possible:					
Address 3:		Officer name: Ms MEGAN OMARA					
Town:	WHITTSY	Reference:					
County:	NORTH YORKSHIPE	NYM 2021 0545 FL					
Postcode (optional):	Y022 5DP	Date of advice (DD/MM/YYYY):					
Description	of location or a grid reference. Completed if postcode is not known):	Details of pre-application advice received:					
Easting:	Northing:	CHEUX 30% OF BY FLO	32				
Descriptio	n:	ARTO					
	5. Eligibility						
Do you, or t have an int	the person on whose behalf you are making this a erest in the part of the land to which this amendm	pplication, Yes No					
		annot apply to make a non-material amendment.					
	ot the sole owner, has notification under article 9 o		Applicable				
			• •				
_		annot apply to make a non-material amendment.					
If you have	answered Yes to this question, please give details Person Notified		f Notification				
	1 CISON NOUNEU	/Marcos					
And the second s							
1 }		1					
	ority Employee / Member	Do any of these statements apply to you?					
With respe	ect to the Authority, I am: ber of staff	Do any of these statements apply to you?					
With responsion (a) a mem (b) an election (c) related	ect to the Authority, I am: ber of staff cted member I to a member of staff	Do any of these statements apply to you? Yes No					
With responding (a) a mem (b) an election (c) related (d) related	ect to the Authority, I am: ber of staff cted member I to a member of staff I to an elected member	Yes No					
With respe (a) a mem (b) an elec (c) related (d) related	ect to the Authority, I am: ber of staff cted member I to a member of staff	Yes No					
With respe (a) a mem (b) an elec (c) related (d) related	ect to the Authority, I am: ber of staff cted member I to a member of staff I to an elected member	Yes No					

PROPOSED REAR DIN	ING ROOM AND
PORCH EXTENSION	
eference number:	Date of decision (DD/MM/YYYY):
NYM 1 2021 0545/FL	IST SEPTEMBER 2021
/hat was the original application type?:	3EHODER
or the purpose of calculating fees, which of the following best desc	ribes the original application type?
ouseholder development: development to an existing dwelling-	/
ther: anything not covered by the above category	
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RECTANGE SHOWN ON PLANS Are you intending to substitute amended plans or drawings?	OLAREA
RECTANGE SHOWN OWN PLANS Are you intending to substitute amended plans or drawings? FYes, please complete the following:	OLAREA
Ilease describe the non-material amendment(s) you are seeking to reflect the non-material amendment(s) you are seeking to reflect the following:	OLAREA
Ilease describe the non-material amendment(s) you are seeking to reflect the non-material amendment(s) you are seeking to reflect the following: Old plan/drawing number(s): 21 ERM 53	OLAREA
Ilease describe the non-material amendment(s) you are seeking to reflect the non-material amendment(s) you are seeking to reflect the following: Old plan/drawing number(s): 21 ERM 53	OLAREA
SHOWN ON PLANS Are you intending to substitute amended plans or drawings? If Yes, please complete the following: Old plan/drawing number(s): 21 ERM 153 New plan/drawing number(s):	OLAREA

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:						
10. Declaration I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent	y facts stated are true and accurate and any opinions given are the					
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	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? If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) Applicant Applicant Other (if different from the agent/applicant's details)						
out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:						
Contact name:	Telephone number:					
ERIC MATTHEW						

Email address: