

NYMNPA

03/01/2024

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. Age	2. Agent Name and Address			
Title:	MR	First name:	ANTHONY	Title:	MR	First name:	MICHAEL	
Last name:	STOCKI	STOCKING			me: MILLER			
Company (optional):				Compar (optiona		iller BA (Hons) ral Consultant	ARCH. MCIAT	
Unit:		House number:	House suffix:	Unit:		House number: 16	House suffix:	
House name:	THE NU	JRSERIES		House name:				
Address 1:	EGTON LANE			Address	a 1: PARK V	/IEW		
Address 2:	EGTON	J		Address	S 2: GLAISE	DALE		
Address 3:				Address	5 3:			
Town:	WHITB	Y		Town:	WHITBY	Y		
County:	NORTH	YORKSHI	RE	County:	NORTH	YORKSHI	RE	
Country:				Country	/:			
Postcode:	YO21 17	T		Postcod	le: YO21 2F	р]	

3. Site Address Details			4. Pre-application Advice				
Please provide the full postal address of the application site.				Has assistance or prior advice been sought from the local authority about this application?			
Unit:	House number:	House suffix:	autio	rity about this application? Yes X No			
House name:	THE NURSERIES		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1:	EGT'ON LANE			application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible:			
Address 2:	EGTON						
Address 3:			Office	er name:			
Town:	WHITBY		Reference:				
County:	NORTH YORKSHIRE						
Postcode (optional):	YO21 2PP		Date (DD/MM/YYYY):				
Description (must be co	of location or a grid reference. mpleted if postcode is not known):		(must be pre-application submission) Details of pre-application advice received?				
Easting:	Northing:						
Description	:						
)					
-	ption Of Your Proposal						
Please prov and date of	ide a description of the approved de decision in the sections below:	velopment as showr	on the o	decision letter, including the application reference number			
Construe	ction of replacement conservator	y at The Nurseries	s, Egtor	Lane, Egton			
	umber: NYM/2023/0506		27.09.	2023 (Date must be pre-application			
Reference n	e the condition number(s) to which the	Date of decision:		submission) (DD/MM/YYYY)			
	ONDITION 3. re: PAINT COL	•••	5. 6.				
2.			7.				
3.			8.				
4.			9.				
5.			10.				
Has the dev	velopment already started?		1	Yes X No			
lf Yes, pleas	se state when the development starte	ed (DD/MM/YYYY):	ſ	(date must be pre-application submission)			
Has the dev	velopment been completed?		_	Yes \overline{X} No			
lf Yes, pleas	se state when the development was o	completed (DD/MM/	YYYY): [(date must be pre-application submission)			
	rge Of Condition						
	ide a full description and/or list of the						
	COLOUR WINDOW & DOOR PLE SEE BELOW.	R FRAMES & DO	ORS: P	'EBBLE GREY RAL 7032.			
7. Part Di	scharge 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:							

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 the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant: Date (DD/MM/YYYY): 03/01/2024 (date cannot be pre-application)							
10. Applicant Contact Details Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional):	11. Agent Contact Details Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional):						
12. Site Visit Can the site be seen from a public road, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Email address:	r other public land? Yes X No Agent X Applicant Other (if different from the agent/applicant's details) Telephone number:						

 EXAMPLE OF PAINT COLOUR.

 MAY VARY SLIGHTLY DUE TO UNDERCOAT/PAINT

 MANUFACTURER &/or LIGHT CONDITIONS etc.

 RAL 7032

 Pebble Grey

Validation Checklist



Approval of Details Reserved by Condition

There are no national requirements for applications for the approval of details reserved by condition except that they should be made in writing and be accompanied by the appropriate fee. However, you may submit the following information:

Completed Application Form with Signed and Dated Declaration	YESX	NO
Other Drawings/Details Relevant to the Application (All plans should include paper size, key dimensions and scale)	YES	NOX
Application Fee Please see the Authority's Fee Sheet for further information.	YESX	NO

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

NB. APPLICANT WILL ARRANGE FOR PAYMENT FOLLOWING OFFICIAL REQUEST FROM NYMNP.