

NYMNPA

10/05/2024

North York Moors National Park Authority
The Old Vicarage
Bondgate
Helmsley
York
Y062 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:	MR First name: MARTIN	Title: First name:
Last name:	HARRISON	Last name:
Company (optional):		Company (optional):
Unit:	House number: 40 House suffix:	Unit: House number: House suffix:
House name:		House name:
Address 1:	IBURNDALE LANE	Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	SLEIGHTS	Town:
County:	NORTH YORKSHIRE	County:
Country:		Country:
Postcode:	Y022 5DP	Postcode:

	ddress Details 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 10 House	authority about this application?	7 No
House	number: 40 suffix:	If Yes, please complete the following information about the ad	
name:		you were given. (This will help the authority to deal with this	advice
Address 1:	IBURNDALE LANE	application more efficiently). Please tick if the full contact details are not	
		known, and then complete as much as possible:	
Address 3:		Officer name:	
Town:	SCEIGHTS	Reference:	
County:	NORTH YORKSHIRE		
Description	of location or a grid reference. Impleted if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)	
Easting:		Details of pre-application advice received?	
Description	Northing:		
5. Descri	ption Of Your Proposal		
Please prov	vide a description of the approved development as show	vn on the decision letter, including the application reference num	har
	eccision in the sections below.		
STO	REY EXTENSIONS FOLLOW	RUCTION OF SINGLE AND TO WING DEMOLITION OF	10
	SERVATORY		
Reference r	number: NYM/2021/0360FL Date of decision:	5/7/2921 (Date must be pre-application	
Please state	e the condition number(s) to which this application relat	tes:	
(1.)	DMMENCEMENTS AND TRIAL EXCAVATION	6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
Has the de	evelopment already started?	Yes No	
If Yes, plea	ase state when the development started (DD/MM/YYYY):	(date must be pre-application submission)	
Has the de	evelopment been completed?	☐ Yes ☐ No	
If Yes, plea	ase state when the development was completed (DD/MM	(date must be pre-application submission)	
6. Disch	arge Of Condition		3
Please pro	ovide a full description and/or list of the materials/details t	hat are being submitted for approval:	
TRI	AL HOLE DUG TO DETE	RMINE EXISTING *	
(FOU	NDATIONS (DEPTH) S	EE ATTACHED PHOTOS	
7. Part I	Discharge Of Condition(s)		7
Are you se	eeking to discharge only part of a condition? ease indicate which part of the condition your application re	Yes No	
<u></u>			
* B	UILDING INSPECTOR ATT	5Date: 2012-07-17 \$\$ \$Revision: 4636 \$	5

BUILDING INSPECTOR ATTENDED

10/5/2024 AND PASSED AS EXCELLENT FOUNDATIONS
ON WHICH TO PROCEED

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed in the Local Planning Authority has been submitted.	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
The original and 3 copies of a The	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.	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the
Signed - Applicant:	Or signed - Agent:
Date (DD/MM/YYYY): 10/05/2024 (date cannot be pre-application)	
O. Applicant Contact Details Felephone numbers	11. Agent Contact Details
Country code: National number: Extension number:	Country code: National number: National number: National number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: rax number (optional);	Country code: Fax number (optional):
mail address (optional):	Email address (optional):
2. Site Visit	
an the site be seen from a public road, public footpath, bridleway or	r other public land? Yes No
the planning authority needs to make an appointment to carry it a site visit, whom should they contact? (Please select only one) Other has been selected, please provide:	Applicant Other (if different from to agent/applicant's detail
ontact name:	Telephone number: