

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 removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

KI9S # 16693

Planning (Listed Buildings and Conservation Areas) Act 1990 16-2-17

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				
Title:	MR First	name: c	JOHN	
Last name:	NOBLE			
Company (optional):				
Unit:	- House	r:	House suffix:	_
House name:	BRIDGE COTTAGE			
Address 1:	RUSWARP			
Address 2:				
Address 3:				
Town:	WHITBY			
County:	NORTH YORKSHIRE			
Country:	UK			
Postcode:	Y021 5N	Н		

2. Agent Name and Address			
Title:	MR First name: LOUIS		
Last name:	STAINTHORPE		
Company (optional):	BELL SNOXELL BUILDING CONSULTANTS LED		
Unit:	House House suffix:		
House name:	MORTAR PIT FARM		
Address 1:	SNEATONTHORPE		
Address 2:			
Address 3:	`		
Town:	WHITBY .		
County:	NORTH YORKSHIRE		
Country:	UK		
Postcode:	Y022 509		

16 FEB 2017

\$Date: 2012-07-17 #\$ \$Revision: 4636 \$

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 House suffix:	Z ies Livo		
House name: JOHN NOBLES BUILDERS YARD	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently)		
Address 1: FORMER ESK NURSERIES	application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible:		
Address 2: SNEATON LANE	known, and then complete as much as possible: Officer name:		
Address 3: RUSWARP	MRS ROSIE GEE		
Town: WHITBY	Reference:		
County: NORTH YORKUNIRE	NYM014 8/2010		
Postcode (optional): Y022 5HC	Date (DD/MM/YYYY): $(3/07/2016)$		
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?		
Easting: Northing:	VARIATION OF CONDITION NEEDED		
Description:	TO ALLOW EXTERNAL STORAGE.		
5. Description Of Your Proposal Please provide a description of the approved development as shown	are the decision letter including the application reference number		
and date of decision in the sections below:			
ORIGINAL PERMISSION: - REF: NYM4/031/00	187A/PA, GRANTED 17th MARCH 2003		
-> CHANGE OF USE OF HORTICULTURAL STOR	AGE BUILDING AND LAND TO BUILDERS		
YARD AND COMMERCIAL STORAGE,			
Reference number: NYM4/031/0087A/ppDate of decision (D	PD/MM/YYYY): $17/03/2003$ (date must be pre-application submission)		
Please state the condition number(s) to which this application relates	S:		
1. CONDITION 4	6.		
2. CONDITION 5	7.		
3.	8.		
4.	9. NYRANIE A. 10. 16 FEB 2017		
5.	10. 16 FEB 2017		
Has the development already started?	Yes No		
If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)			
Has the development been completed?			
has the development been completed?			
If Yes, please state when the development was completed (DD/MM/	(data must be are application		
	(date must be pre-application		
If Yes, please state when the development was completed (DD/MM/ 6. Condition(s) - Removal Please state why you wish the condition(s) to be removed or changed	(date must be pre-application submission)		
If Yes, please state when the development was completed (DD/MM/) 6. Condition(s) - Removal	(date must be pre-application submission)		
If Yes, please state when the development was completed (DD/MM/ 6. Condition(s) - Removal Please state why you wish the condition(s) to be removed or changed	d: DECT TO FENCING AND RANTING		
If Yes, please state when the development was completed (DD/MM/) 6. Condition(s) - Removal Please state why you wish the condition(s) to be removed or changed EXTERNAL STORAGE REQUIRED SUB:	d: DECT TO FENCING AND RANTING		

7. Ownership Certificates (conti	3"					
Town and Country Planning (De	CERTIFICAT				er 2010 Cartificate	under Article 12
I certify/ The applicant certifies that:			occuarcy (EII	giaila, Ora	ei 2010 Certificate	under Atticle 12
 C ficate A cannot be issued fo All reasonable steps have been t 	r this application taken to find out t	he names ar	d addresses	of everyone	else who, on the da	v 21 days before the
date of this application, was the of any part of the land to which	owner (owner is a	i person with	a freehold inte	rest or lease	shold interest with at	least 7 years left to run)
The steps taken were:	uns application re	erates, out i n	ave/ tne appi	icant nas p	een unable to do so.	
			····			
Notice of the application has been public	shed in the follow	ing newspa	per	On the f	ollowing date (which	must not be earlier
(circulating in the area where the land is situated): than 21 days before the date of the application				or the application):		
	~					
Signed - Applicant:		Or signed -	Agent:			Date DD/MM/YYYY:
8. Agricultural Land Declaration						
o. Agricultural cand Decraration		THEAT I AM	D DECLARAT	ION		
Town and Country Planning (Dev	elopment Mana	gement Pro	cedure) (Eng	land) Orde	r 2010 Certificate u	nder Article 12
Agricul	tural Land Declar	ation - You N	lust Complet	e Either A o	r B	
(A) None of the land to which the applica	ation relates is, or			nolding.		
Signed - Applicant:		Or signed -	Kakht /			Date (DD/MM/YYYY):
						14/02/2017.
(P) I have/The applicant has given the re	guisite metice to	 				
(B) I have/ The applicant has given the re before the date of this application, was a as listed below:	tenant of an agri	cultural hold	ing on all or p	part of the l	and to which this ap	olication relates,
Name of Tenant			Address			Date Notice Served
				_		
				-		
Signed - Applicant:		Or signed -	Agent:			Date (DD/MM/YYYY):
		<u> </u>				<u></u>
9. Planning Application Require	ments - Check	dist				
Please read the following checklist to mak	ke sure you have s	ent all the in	formation in	support of	your proposal. Failu	re to submit all
nformation required will result in your ap	plication being d	eemed invali	d. It will not	oe consider	ed valid until all info	rmation required by
he Local Planning Authority has been sub	omitted.					
he original and 3 copies of a completed and dated application form:			The origina Ownership	and 3 copi Certificate	es of the completed (A, B, C, or D - as app	, dated licable):
The original and 3 copies of other plans are	nd drawings or		The origina	and 3 copi	es of the completed	, dated
nformation necessary to describe the sub	yeer or the applic	الطر:auvii ر	Article 12 C	ertificate (A	gricultural Holdings	
he correct fee: $f = 95 - 00$	> .	Z			NIVERNIE	\mathcal{L}_{i}
F					16 FEB ?	
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				j _{ee} uliri.		

10. Declaration				
I/we hereby apply for planning permission/consent information. I/we confirm that, to the best of my/our genuine opinions of the person(s) giving them.	as described in th r knowledge, any	his form and the accompanying plans/drawings and additional r facts stated are true and accurate and any opinions given are the		
Signed - A cant: Or	signed Agent:	Date (DD/MM/YYYY):		
		14/02/2817 (date cannot be pre-application)		
11. Applicant Contact Details		12. Agent Contact Details		
Telephone numbers		Telephone numbers		
Country code: National number:	Extension 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):		Email address (optional):		
13. 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 out a site visit, whom should they contact? (Please select only one) Applicant Other (if different from the agent/applicant's details)				
If Other has been selected, please provide:		, ago, applicanto actualo,		
Contact name:		Telephone number:		
Email address:				

16 FEB 2017