Nym 2016 0230. 3 0 MAR 2016

North York Moors National Park Authority The Old Vicarage Bondgate York

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. t 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 Addres
Title: MR First name: DAVID	Title: M2 First nan
Last name: LALDEN	Last name: BAYLEY
Company (optional):	Company (optional): LEUSTONE
Unit: House number: House suffix:	Unit: House number:
name: MILLFIELD HOUSE	House name:
Address 1: THE ANCHUE	Address 1: NORMAN
Address 2: BURTON-WON-STATHER	Address 2: LYSAGHVS
Address 3:	Address 3:
Fown: Sem-HORPE	Town: Schother
County: N. LINCCLNSHIRE	County: N. Linean
Country:	Country:
'ostcode: DNIIS EIDI	Postcode: DN 15 944

Title:	MR First name: JON CHRISTOPHUR	
Last name:	BAYLEY	
Company (optional):	KEYSTONE ARCHITECTURE	
Unit:	House House suffix:	
House name:	3	
Address 1: NORMANBY GAVELIA		
Address 2: LYSAGHYS WAY		
Address 3:		
Town:	Schotholle	
County: W. LINCOLNSHIPE		
Country: '		
Postcode:	DN 15 944	

3. Site Address Details	A Dro application Advice	
Plea rovide the full postal address of the application site.	4. Pre-application Advice Has assistance or prior advice been sought from the local	
Unit: House House suffix:	authority about this application? Yes No	
House NEW BALD	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	
Address 1: CIZAKIN GAIZTH.	application more efficiently). Please tick if the full contact details are not	
Address 2: 2086DALE EAST	known, and then complete as much as possible:	
Address 3: ROSEDIALE	Officer name:	
Town: PICKGRING	Reference:	
County: N. YORKSHIRE	HYM12016 0028 FL	
Postcode (optional): YOIS SEH	Date (DD/MM/YYYY): (must be pre-application submission)	
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?	
Easting: Northing:	ONE HERRE SQUARE FREESTANDING	
Description:	PAREL OF STENE WORK SHOWING TYPE	
NEW BUILD, PETACHED HOUSE.	IN CONSTRUCTION	
Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below: IND PLEATH ASSOCIATED ACCESS, MENTY SPACE AND LANDSCAPING LOUKS (LOUSGO SCHEME TO NYM3/107/0012A) AT CLANCH GARTH FARM, PALESIDE CO, ROSEDALE EASC.		
,	2011/2016 (Date must be pre-application submission) (DD/MM/VVVV)	
Please state the condition number(s) to which this application relate	Saprinssion (DD/MM/ 1117)	
1. 4	6.	
2. 6	7.	
3.	8.	
4.	9.	
5.	10.	
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?	Yes No	
If Yes, please state when the development was completed (DD/MM/	YYYY): (date must be pre-application submission)	
5. Discharge Of Condition Please provide a full description and/or list of the materials/details the	nat are being submitted for approval:	
215 HT COURSED STOLE SCURCED BARNARD CASILE.		
Decre + Lindows		
. Part Discharge Of Condition(s)		
Are you seeking to discharge only part of a condition?		
Yes, please indicate which part of the condition your application relates to: 215 MM COURSED SCOOK		
LUMA LOGOTO SIOCE		
	The state of the s	

The same of the sa		
8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all th influentian required will result in your application being deemed in the Local Planning Authority has been submitted.	ne information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by	
The original and 3 copies of a completed and dated application form:	e original and 3 copies of other plans and drawings information necessary to describe the subject of the application:	
The correct fee:	a a a	
9. Declaration i/we hereby apply for planning permission/consent as described in tinformation. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the Or signed - Agent:	
Date (DD/MM/YYYY):		
2a 13 2016 (date cannot be pre-application)	8 5 8 9	
(==== 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):	
	(Spatial).	
Email address (optional):	Email address (optional):	
	Estas dedicas (obtional),	
2. Site Visit		
an the site be seen from a public road, public footpath, bridleway or other public land? Yes.		
the planning authority peeds to make an appointment to save		
or a site visit, whom should they contact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)	
onlast assessment of the control of		
Telephone number:		
nail addrace.		