



North York Moors National Park Authority The Old Vicarage Bondgate York YO62 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

697 # 16400 t 1990 1918/16

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. Applica	ant Name and Address	2. Agent Name and Address	
Title:	MR First name: Paul.	Title:	First name:
Last name:	WHARRICK.	Last name:	
Company [(optional):		Company (optional):	
Unit:	House number: 2 \ Suffix:	Unit:	House House suffix:
House name:		House name:	
Address 1:	WESTROURNE ROAD	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
own:	WHITBT	Town:	
ounty:	N-YORKS	County:	
Country:	ENGLAND YOZI 3NE	Country:	
ostcode:	Y0213NE	Postcode:	

3. Site Address Details	A Dro populication B t t				
Ple provide 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	authority about this application?				
House name:	If Yes, please complete the following information about the advice				
Address 1: ESKNALE ENGINEERING, COILING	you were given. (This will help the authority to deal with this application more efficiently).				
Address 2: SNETTON CANE	Please tick if the full contact details are not				
	known, and then complete as much as possible:				
Town	Officer name:				
Walis	Reference:				
County: NORTH YORKSHIRE					
Postcode (optional):	Date (DD/MM/YYYY):				
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)				
Easting: 489044 Northing: 509024	Details of pre-application advice received?				
Description:	A CO.				
	WANTE !				
	1 9 AUG 2016				
5. Description Of Your Proposal					
Please provide a description of the approved development as shown	on the dealers are				
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:					
'S INDUSTRIAC UNITS.					
Reference number: NV(x) have staged by Date of decision:	100 / Data would				
1177 7267376054712 Bate of decision.	18/c2/2015 (Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relates: 1. 7 MEASURES TAKEN TO CIMIT					
1 NOISE TRANSMISSIONS	6.				
2. 9 DETAILS OF BRICKS TO BEUSED 10 THE CONSTRUCTION 3. 11 DETAILS MAD FINISH OF	7.				
3. IT EXTERNAL MORES	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 VNo				
If Yes, please state when the development was completed (DD/MM/YY	YY): (date must be pre-application submission)				
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details that	are being submitted for approval:				
PEETSE FIND THE COVERING NOTE AND PRINTED PHOTOGRAPHS					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition? Yes Ves, please indicate which part of the condition your application relates to:					
part of the condition your application relates to:					

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8. Planning Application Requirements - Checklist Pl 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 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:					
9. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. Or signed - Agent:					
	2016				
Date (DD/MM/YYYY):					
11/08/2016 (date cannot be pre-application)					
10. Applicant Contact Details	11. 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):				
12. 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) Agent Applicant Other (if different from t					
If Other has been selected, please provide:					
Contact name:	Telephone number:				
Email address:					