

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

2017/0138

Application for approval of details reserved by condition.

NYMNPA

Town and Country Planning Act 1990

2 1 FEB 2017

Planning (Listed Buildings and Conservation Areas) Act 1990

21/2/17

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. Applic	ant Name and Address	2. Agent Name and Address			
Title:	HON First name: FRANCIS	Title: MR First name: JONATHAN			
Last name:	JOHNSTONE	Last name: W1LSON			
Company (optional):	HACKNESS ESTATE	Company (optional): CARTER JONAS LLP			
Unit:	House number: House suffix:	Unit: House number: House suffix:			
House name:	HACKNESS HALL	House name:			
Address 1:	HACKNESS	Address 1: 82 MICKLECATE			
Address 2:		Address 2:			
Address 3:		Address 3:			
Town:	SCARBOROUGH	Town: YORK			
County:	NORTH YORKSHIRE	County: NORTH YORKSHIRE			
Country:		Country:			
Postcode:	YOIZ OBL	Postcode: YO1 GLF			

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:							
House name: OLD JOINERS SHEP	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this						
Address 1: WRENCH GREEN	application more efficiently). Please tick if the full contact details are not						
Address 2:	known, and then complete as much as possible:						
Address 3:	Officer	name:					
TOWN: SCARBOROUGH	Refere	nce:					
County: NORTH YORKSHIRE							
Postcode (optional):	(must k	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:							
Description:			Si .				
					-		
	\sqsubseteq						
5. Description Of Your Proposal	and the same		.1	··			
Please provide a description of the approved development as shown and date of decision in the sections below:	on the d	ecision letter, including	tne applica	ition reference	number		
Reference number: NYM12015108641A Date of decision: 1510212016 (Date must be pre-application submission) (DD/MM/YYYY)							
Please state the condition number(s) to which this application relates	s:						
1. CONDITION 5 - EXTERNAL LIGHTING	6.	×					
2. CONDITION 11 - PAINT COLOUR OF WINDOWS	7.		\d	700			
3.	8.		Z	2			
4.	9.		3				
5.	10.		2	2			
Has the development already started?	[Yes No					
If Yes, please state when the development started (DD/MM/YYYY): TUNE 2016 (date must be pre-application submission)							
Has the development been completed?							
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)							
6. Discharge Of Condition							
Please provide a full description and/or list of the materials/details the				- 7.0			
CONDITION 5 - IT IS PROPOSED TO INSTALL EXTERNAL LIGHTING AS MARKED ON THE ATTACHED PLANTING AS MARKED ON THE ATTACHED PLANTING UNDITION II - IT IS PROPOSED TO PAINT THE LIGHTERAL BIGHADON (FRONT) IN HOLY BUSH GREE							
CONDITION 11- IT IS PROPOSED TO PAINT THE WESTERN ELEVATIONS (FRONT) IN HOWY BUSH GREE AND THE OTHER ELEVATIONS IN WHITE.							
7. Part Discharge 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 or information necessary to describe the subject of the application:								
The correct fee:	<u> </u>							
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.								
Signed - Applicant:	Or signed - Agent:							
	2 1 FEB 2017							
Date (DD/MM/YYYY):								
20102117. (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 the agent/applicant's details)							
If Other has been selected, please provide:								
Contact name: Telephone number:								
Email address:								