

2017/0650

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.

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. Applic	Applicant Name and Address)∫2. Agent
	Title:	MR	First name:	STEPHEN	Title:
	Last name:	HAF	UR 1501	V	Last name:
	Company (optional):				Company (optional):
	Unit:		House number:	House suffix:	Unit:
I nome: First Cut o			House name:		
	Address 1:	BROU	USIDE	-	Address 1:
	Address 2:	Rave	NSCAF	2	Address 2:
	Address 3:				Address 3:
	Town:	5CAR	BOROL	SGH.	Town:
	County:	NORT	H YOR	RSHIRE	County:
	Country:	U.K			Country:
	Postcode:	Y013	ONH		Postcode:

2. Agent Name and Address		
Title:	First name:	
Last name:		
Company (optional):		
Unit:	House NPA number:	House suffix:
House name:	1 2 SEP 2017	
Address 1:		
Address 2:		
Address 3:		
Town:		
County:		1
Country:		
Postcode:	50.5	

(2 Site Adduses Dataile			
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		
Unit: House number: House suffix:	authority about this application? Yes No		
House EWEFIELD HOUSE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this		
Address 1: BROWSIAE,	application more efficiently). Please tick if the full contact details are not		
Address 2: ROVENSCAR	known, and then complete as much as possible:		
Address 3:	Officer name:		
Town: SCARBOROUGH	MRS HILARY SAUNDERS Reference: NYM120171ENQ13477		
County: NORTH YORKSHIRE			
Postcode (optional): YO13ON1+	Date (DD/MM/YYYY):		
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) コブレウブ し2017		
	Details of pre-application advice received?		
Description:	OR PROPOSAL COULD BE		
	APPROVED BUT WE WOULD NEED		
	TO HAKE A FORMAN APPLICATION		
5. Description Of Your Proposal			
Please provide a description of the approved development as shown and date of decision in the sections below:	on the decision letter, including the application reference number		
The section of the sections below.			
CONVERSION OF WORKSHOP TO FO JUSTALLATION OF SEPTIC TANK AND	DOU TRANS ERECTIONS OF STORY		
BLOCK, RE-ROOFING EXISTING STA	ARIGS AND TEMPORAL STATE		
OF A CARAVAN	THE COURT OF THE PROPERTY STIFFER		
Reference number: WYM /2005 Date of decision (DD/MM/YYYY): 13/09/2005 (date must be pre-application submission)			
Please state the condition number(s) to which this application relates:			
1.			
2.	6. NYMNPA		
	7. 1.2 SEP 2087		
3. APPROXED DEVELOPMENT NOT TO BE SEPARATE FROM MAIN DUELLING	8.		
4.	9.		
5.	10.		
Has the development already started?	Yes No		
If Yes, please state when the development started (DD/MM/YYYY): $[5] \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ (date must be pre-application submission)			
Has the development been completed?	Yes No		
If Yes, please state when the development was completed (DD/MM/Y	(YY): (date must be pre-application submission)		
5. Condition(s) - Removal			
Please state why you wish the condition(s) to be removed or changed:			
PLEASE SEE ATTACHMENT A JN BRICE A FAMILY MOUBER OCCUPYUM			
THE ANNEX IS SEKIOUSLY THE AND REGIVERS DAILYCARE VISIT			
WOULD LIKE TO SELL THE ANNEX TOREMOVE FROM REMOTE SITE			
you wish the existing condition to be changed, please state how you wish the condition to be varied.			
WE WOULD LIKE THIS TO BE REMEURD AND WE FEEL IF IT WERE REPLACED BY A LUCAL OCCUPANCY RESTRICTION, THAT WOULD IMPEDE THE AIM OF BEING ABLE TO MOVE QUICKLY (BUT SEE)			
THE THE PROPERTY OF THE PARTY O	= 10 MOVE QUICKET A)		

7. Ownership Certificates			
One Cert	ificate A, B, C, or D, must	be completed with this application form	•
owner (owner is a person with a freehold i which the application relates.	evelopment Managemen he day 21 days before the c interest or leasehold interest	INERSHIP - CERTIFICATE A It Procedure) (England) Order 2010 Certificat date of this application nobody except myself/ it t with at least 7 years left to run) of any part of the	
Signed - Applicant:	Or sign	ned - Agent:	Date DD/MM/YYYY:
21 days before the date of this application left to run) of any part of the land or build	evelopment Management ave/the applicant has giver on, was the owner lowner is	NERSHIP - CERTIFICATE B t Procedure) (England) Order 2010 Certificate in the requisite notice to everyone else (as listed is a person with a freehold interest or leasehold interest or leasehold interest.	
Name of Owner		Address	Date Notice Served
11	CUEFIELD !	House, Bransins,	
MRS. HARRISON	ROUGUSCIAR, S	SCARBOROUGH, YOIBONH	30-07-2017
Massit HARRISON	11	11	30-07-2017
MRD PARKINSON	1 (<i>)</i> (36-07-2017
MRS XI PARKINGO	1,	1/	30-07-2017
MAS D. BANNISTER	,,	11	30-07.2017
Signed - Applicant:	Or signe	ed - Agent:	Date DD/MM/YYYY:
			03/09/2014
Neither Certificate A or B can be All reasonable steps have been to interest or leasehold interest with a been unable to do so. The steps taken were:	aken to find out the names	s and addresses of the other owners <i>(owner is a p</i> f the land or building, or of a part of it , but I hav	person with a freehold re/ the applicant has
	MYM	NPA	
Name of Owner	1.0 SEP	201 Address	Date Notice Served
	I J ULI	2017	
	Land Control of Contro		
Notice of the application has been publist circulating in the area where the land is s	hed in the following newsp situated):	paper On the following date (which than 21 days before the date	must not be earlier of the application):
iigned - Applicant:	Or signed	d - Agent:	Date DD/MM/YYYY:

7. Ownership Certificates (c	ontinued)				
CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so. The steps taken were:					
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated): On the following date (which must not be earlier than 21 days before the date of the application):					
Signed - Applicant:	Orci	gned - Agent:			
	Of sig	gneu - Agent:	Date DD/MM/YYYY:		
8. Agricultural Land Declara	tion				
AGRICULTURAL LAND DECLARATION Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 Agricultural Land Declaration - You Must Complete Either A or B (A) None of the land to which the application relates is, or is part of, an agricultural holding.					
C The state of the	Orsig	gned - Agent:	Date (DD/MM/YYYY):		
(B)Thave/The applicant has given the before the date of this application, was listed below:	(B) Thave/The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:				
Name of Tenant		Address	Date Notice Served		
	NYMNPA				
	1 2 SEP 2017				
Signed - Applicant:	Or sign	ned - Agent:	Date (DD/MM/YYYY):		
9. Planning Application Requ	irements - Checklist				
Please read the following checklist to i	make sure you have sent all rapplication being deemed	the information in support of y invalid. It will not be consider	our proposal. Failure to submit all ed valid until all information required by		
The original and 3 copies of a completed and dated application form		The original and 3 copic Ownership Certificate	es of the completed, dated A, B, C, or D - as applicable):		
The original and 3 copies of other plan information necessary to describe the	subject of the application:	✓ The test of t	es of the completed, dated		
The correct fee:	N/A	2	N/A IA		

10. 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 prolicant. Or signed - Agent:	Date (DD/MM/YYYY):		
	O3_ 69 - 2017 (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?			
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			
If Other has been selected, please provide:			
Contact name:	Telephone number:		
Email address:			

NYMNPA

12 SEP 2017