



North York Moors National Park Authority The Old Vicarage Bondgate Helmsley York Y062 5BP

Telephone: 01439 772700 Email: planning@northyorkmoors.org.uk Website: www.northyorkmoors.org.uk

> #14185 dition. 19917

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. It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applica	nt Name and Address	
Title:	First name:	
Last name:		
Company (optional):	lifestyle hotels ltd	
Unit:	House number: 31 House suffix:	
House name:	scawby house	
Address 1:	high sheet	
Address 2:	Kirton Undsey	
Address 3:		
Town:	Kirton lindsey	
County:	north luccolnshire	
Country:		
Postcode:	DN21 4LX.	

Title:	First name:					
Last name:						
Company (optional):	John blaymines					
Unit:	House number: 56 House suffix:					
House name:						
Address 1:	pasture lone					
Address 2:	SEOMEC					
Address 3:						
Town:	scortweigh					
County:						
Country:						
Postcode:	Y012 4QR.					

2. Agent Name and Address

3. Site Address Details Please provide the full postal address of the application site.			re-application Advice sistance or prior advice been sought from the local				
House House		autho	rity about this application?				
House name:	number: suffix: ox pastvre hall hotel	If Yes,	please complete the following information about the advice ere given. (This will help the authority to deal with this				
Address 1		applic	ation more efficiently).				
Address 2:			tick if the full contact details are not n, and then complete as much as possible:				
Address 3		Office	er name:				
Town:	scarbaaysh	Refere	ence:				
County:							
Postcode (optional)	Y012 STD.	(t	Date (DD/MM/YYYY):				
Description (must be	Description of location or a grid reference. (must be completed if postcode is not known):		be pre-application submission) Is of pre-application advice received?				
Easting:	Northing:						
Description	on:						
<u></u>							
Please pro	ription Of Your Proposal ovide a description of the approved development as shown of decision in the sections below:	on the o	decision letter, including the application reference number				
dia date		no. hot	rel sites (revised scheme to NYM/2014/0306/FL)				
	at ox posture hall hotel lady ediths d	rive s	icarberrugh.				
			(Date must be pre-application				
Reference Please sta	number: NYM/2015/0421/FL Date of decision: te the condition number(s) to which this application relate		submission) (DD/MM/YYYY)				
	(4) stone pomel	6.					
2.	6 rod sheeling	7.					
3.	(6) hardsurfacing	8.					
4.	(8) levels,	9.					
5.		10.					
Has the d	evelopment 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?							
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)							
6. Disch	6. Discharge Of Condition						
	Please provide a full description and/or list of the materials/details that are being submitted for approval:						
(B) drawing of hard surfacing debail. (C) sample of reaf-sheeting on site (B), drawing of levels in relation to kisine complex.							
7. Part	7. Part Discharge Of Condition(s)						
Are you s	Are you seeking to discharge only part of a condition?  If Yes, please indicate which part of the condition your application relates to:						
If Yes, ple	ase maicate which part of the condition your application re	nates 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. Fallure 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 (LPA) has been submitted.							
The original and 3 copies* of a completed and dated application form:	original and 3 copies* of other plans and drawings information necessary to describe the subject of the application:						
The correct fee:							
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.							
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:							
ognou Application	Ol signed - Agent.						
Date (DD/MM/YYYY):							
(date cannot be pre-application)							
10. Applicant Contact Details	11. Agent Contact Details						
Telephone numbers	Telephone numbers						
Country code: National number: Extension number:	Extension Country code: National number: number:						
	notional named.						
Country code: Mobile number (optional):	Country code: Mobile number (optional):						
Country code: Fax number (optional):	Country code: Fax number (optional):						
Empil address (antionally	Fuell edition ( )						
Email addréss (optional):	Email address (optional):						
12. 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?  Agent Applicant Other (if different from the agent/applicant's details)							
f Other has been selected, picase provide:							
Contact faint.	Telephone number:						
Email address:							
	TO AN						

