

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

201710751

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. Applicant Name and Address				
Title:	MK、 First name: ANA代EW			
Last name:	FILALER			
Company (optional):				
Unit:	House number: House suffix:			
House name:	THE VICTORIA HOTEL			
Address 1:	LAGS HOITATL			
Address 2:	ROBIN HOOLY BAY			
Address 3:				
Town:	WHITEY			
County:	NORTH YORKUHIRE			
Country:				
Postcode:	Y022 4RL.			

2. Agent Name and Address			
Title:	MC, First name: TIM		
Last name:	HARRIVON		
Company (optional):	BHA PARTNER VHIP		
Unit:	House number: House suffix:		
House name:	AIRY HILL MANOR		
Address 1:	WATER / TEAL LANE		
Address 2:			
Address 3:			
Town:	WHITEY		
County:	NORTH YORKIHIRE.		
Country:	4		
Postcode:	7021 1 QZ.		



3. Site Address Details			re-application Advice			
Please prov	ide the full postal address of the application site.		ssistance or prior advice been sought from the local prity about this application?			
Unit:	House House suffix:					
House name:	THE VICTORIA HOTEL	you v	please complete the following information about the advice vere given. (This will help the authority to deal with this			
Address 1: JTATION POAK application more efficiently		cation more efficiently). e tick if the full contact details are not				
Address 2:			n, and then complete as much as possible:			
Address 3:	ROBIN HOODY BAY	Offic	er name:			
Town:	WHITBY	Refer	ence:			
County:	NORTH YORKVHIRE					
Postcode (optional):						
Description (must be co	of location or a grid reference. mpleted if postcode is not known):	19821004	ls of pre-application advice received?			
The state of the s	95 150 Northing: 505180					
Description	LOCATEL AT TOP OF BANK LOWN INTO					
ROBIN APEA C	HECAY BAY WITH GARLEN AND VEATING IN WHICH ORANGERIE IT TO BE CONTRUCTED.					
ANG	A JAMON OKAMATIMO II. D. 222 TIMON III.					
	otion Of Your Proposal	- on the	desisted letter including the application reference number			
and date of	decision in the sections below:		decision letter, including the application reference number			
主X.L	TENVION TO FORM ORANGERIE,	ATERIA	VICTORIA HOTEL, ROBIN HORDS BAY L AMENDMENT) TO ALLOW ROOFING - APPROVAL NYM/2015/0675/FL).			
MATE	ERIALY TO BE PARTIALLY TILES. (OR	CIAINA	APPROVAL NYM / 2015/0675/FL).			
Reference no	Reference number: NYM /2017/co23/n Date of decision: 05 APRIL 2017 (Date must be pre-application submission) (DD/AMA/VVVV)					
Please state	the condition number(s) to which this application relate		submission) (DD/MM/YYYY)			
1.		6.				
2.		7.				
3.		8.				
4.		9.	· PROVIVIOU OF DRAINAGE INFORMATION AND CHROLING WORKY.			
5.		10.				
Has the deve	elopment already started?	1	Yes No			
If Yes, please	e state when the development started (DD/MM/YYYY):	[(date must be pre-application submission)			
Has the deve	elopment been completed?		Yes No			
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
	ge Of Condition					
Please provide a full description and/or-list-of-the-materials/details that are being submitted for approval:						
· EARTHWORKS AND DRAINAGEREPORT BY RICHARD BIRDSALL, ENGINEER, EILS, OROUND INVESTIGATION REPORT BY JOINER DECTECH. • YORKNHEE WATER APPLICATION TO LIVERT MINOR JEWER INFORMATION,						
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 L. Planning Authority has been submitted.						
The original and 3 copies of a	e original and 3 copies of other plans and drawings 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.						
Signed - Applicant:	Or signed - Agent:					
Date (DD/MM/YYYY): 19.10.2017 (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	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? (<i>Please select only one</i>)	Applicant Other (if different from the agent/applicant's details)					
If Other has been selected, please provide:	Telephone number					
Contact name: MR. ANDREW FIDALER	Telephone number:					
Email address:						

