

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 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.

Address 1: Worsall Hall Address 2: Low Worsall Address 3: Town: Yarm Country: Count									
Last name: Rubin Company (optional): Unit: House number: House suffix: House name: West Gate Address 1: Worsall Hall Address 2: Low Worsall Address 3: Town: Yarm County: Country: Last name: Miller Company (optional): Unit: House number: 16 House suffix: House name: Address 1: Park View Address 2: Glaisdale Address 3: Town: Whitby County: North Yorkshire Country:	I. Applic	ant Name	and Addre	ss	2. Agent Name and Address				
Company (optional): Unit: House number: House suffix: House name: West Gate Address 1: Worsall Hall Address 2: Low Worsall Address 3: Town: Yarm Company (optional): Unit: House number: 16 House number: 16 Address suffix: House name: Address 1: Park View Address 2: Glaisdale Address 3: Town: Whitby County: County: North Yorkshire Country:	Γitle:	Dr.	First name:	Gregory	Title:	Mr	First name:	Michael	
Coptional): Coptional: Copti	Last name:	Rubin			Last name:	Miller			
House name: West Gate Address 1: Worsall Hall Address 2: Low Worsall Address 3: Glaisdale Address 3: Town: Yarm County: Country: Country: Country: Country: Country:	Company (optional):				Company (optional):				
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Country: Country:	Town:	Yarm			Town:	Whitby			
	County:				County:	North Yo	orkshire		
Postcode: TS15 9PJ Postcode: YO21 2PP	Country:				Country:				
<i></i>	Postcode:	TS15 9PJ			Postcode:	YO21 2P	PP		

NYMNPA 24/04/2018

3. Site A	ddress Details)	│ (4. Pre-application Advice				
Please prov	ride the full postal address of the application			•	orior advice been sought fr		
Unit:	House number: House suffix: authority about this application? x Yes No						
House name:	Shirley 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:	Sunny Place		application more efficiently). Please tick if the full contact details are not				
Address 2:	Robin Hoods Bay		known, and then complete as much as possible:				
Address 3:				cer name: Is. Clair Shields			
Town:	Whitby		Reference:				
County:	North Yorkshire		NYM/2017/0491/Invalid				
Postcode (optional): Description	YO22 4SA of location or a grid reference.		Date (DD/MM/YYYY): (must be pre-application submission) $20/07/2017$				
(must be co	ompleted if postcode is not known):		Details of pre-application advice received?				
Easting:	Northing:		II NY	e approvals /M/2017/()779/FL &		
Description	ո։		NY	/M/2017/0	0780/LB.		
5. Description Of Your Proposal 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: Planning: 'Installation and replacement of windows and doors at Shirley House, Sunny Place, Robin Hoods Bay.'							
internal a	Listed Building: Installation and replacement of windows and doors, refurbishment and repair works and internal alterations at Shirley House, Sunny Place, Robin Hoods Bay.'						
Reference i	Reference number:						
Please stat	e the condition number(s) to which this ap	plication relates	5:				
	Planning Condition 3. (External door. 6.						
2. I	Listed Building Conditions 3,4 & 6.						
3.			8.				
4.			9.				
5.			10.				
Has the de	velopment already started?		-	X Yes	No		
If Yes, please state when the development started (DD/MM/YYYY): March 2018 (date must be pre-application submission)							
Has the de	Has the development been completed?						
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)							
6. Discha	arge Of Condition						
Please provide a full description and/or list of the materials/details that are being submitted for approval: 100.10 CEL Compar Cychograd Shoot 1 100.22 Papelling to SUS Sections							
190.19 GFL Corner Cupboard Sheet 1. 190.20 GFL Corner Cupboard Sheet 2. 190.21 Bathroom Door 190.22 Panelling to SHS Sections 190.23 Front Door.							
7. Part Discharge Of Condition(s)							
-	Are you seeking to discharge only part of a condition? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$						

	ke sure you have sent all t oplication being deemed i	he information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by				
The original and 3 copies of a completed and dated application form:	X Th	original and 3 copies of other plans and drawings information necessary to describe the subject of the application: \boxed{x}				
The correct fee:	x					
	t of my/our knowledge, a	this form and the accompanying plans/drawings and additional ny facts stated are true and accurate and any opinions given are the Or signed - Agent:				
Date (DD/MM/YYYY): (date can	not be pre-application)					
10. Applicant Contact Details		11. Agent Contact Details				
Country code: National number: Country code: Mobile number (option Country code: Fax number (optional): Email address (optional):	Extension number:	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):				
12. Site Visit Can the site be seen from a public road, p If the planning authority needs to make a out a site visit, whom should they contact	n appointment to carry ? (Please select only one)	or other public land? \boxed{X} Yes $$ No $$ Agent \boxed{X} Applicant \boxed{X} Other (if different from the agent/applicant's details)				

Telephone number:

Contact name:

Email address: