

2018/0282

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.

1. Applicant Name and Address		2. Agent Name and Address	
Title:	MR First name: Levin	Title: First name:	
Last name:	FRANKS	Last name:	
Company (optional):		Company (optional):	
Unit:	House number: House suffix:	Unit: House number: House suffix:	
House name:	_	House name:	
Address 1:	NewHOLM CREEN FARM	Address 1:	
Address 2:	NewHolm	Address 2:	
Address 3:	WHYBY	Address 3: NYMMPA	
Town:		Town:	
County:	NORTH YORKSHIRE	County:	
Country:	ENCLAND	Country:	
Postcode:	YOS LEOY	Postcode:	

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 number: House suffix:	authority about this application? Yes No			
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1: NewHolm CREEN FARM	application more efficiently). Please tick if the full contact details are not			
Address 2: NEWHOLM	known, and then complete as much as possible:			
Address 3:	Officer name:			
Town: WHITRY	Reference:			
County: NORTH YORKSHIRE				
Postcode (optional): 4021 304	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?			
Easting: Northing:				
Description:				
_				
5. Description Of Your Proposal				
Please provide a description of the approved development as shown and date of decision in the sections below:	NO 197.0			
Crection on let Cloor juliet to orde	solvening ord in stall before of			
OPVC French doors to side	- elevantion.			
Reference number: NYMACI > DA 3CP ate of decision:	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state the condition number(s) to which this application relate	es:			
1.	6.			
2.	7. 8 1 MAY 2018			
(3) Details of design, moterals	8.			
4. French doors must match	9.			
5.	D 10.			
Has the development 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?	Yes No			
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 that are being submitted for approval:				
O. Devign of Ferch Dors. D. Devign of Balcony for Joliet style				
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 re	Yes No			

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 completed and dated application form: The original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings formation 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): (date cannot be pre-application)				
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	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, public footpath, bridleway or If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name:	r other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:			
Email address:				

