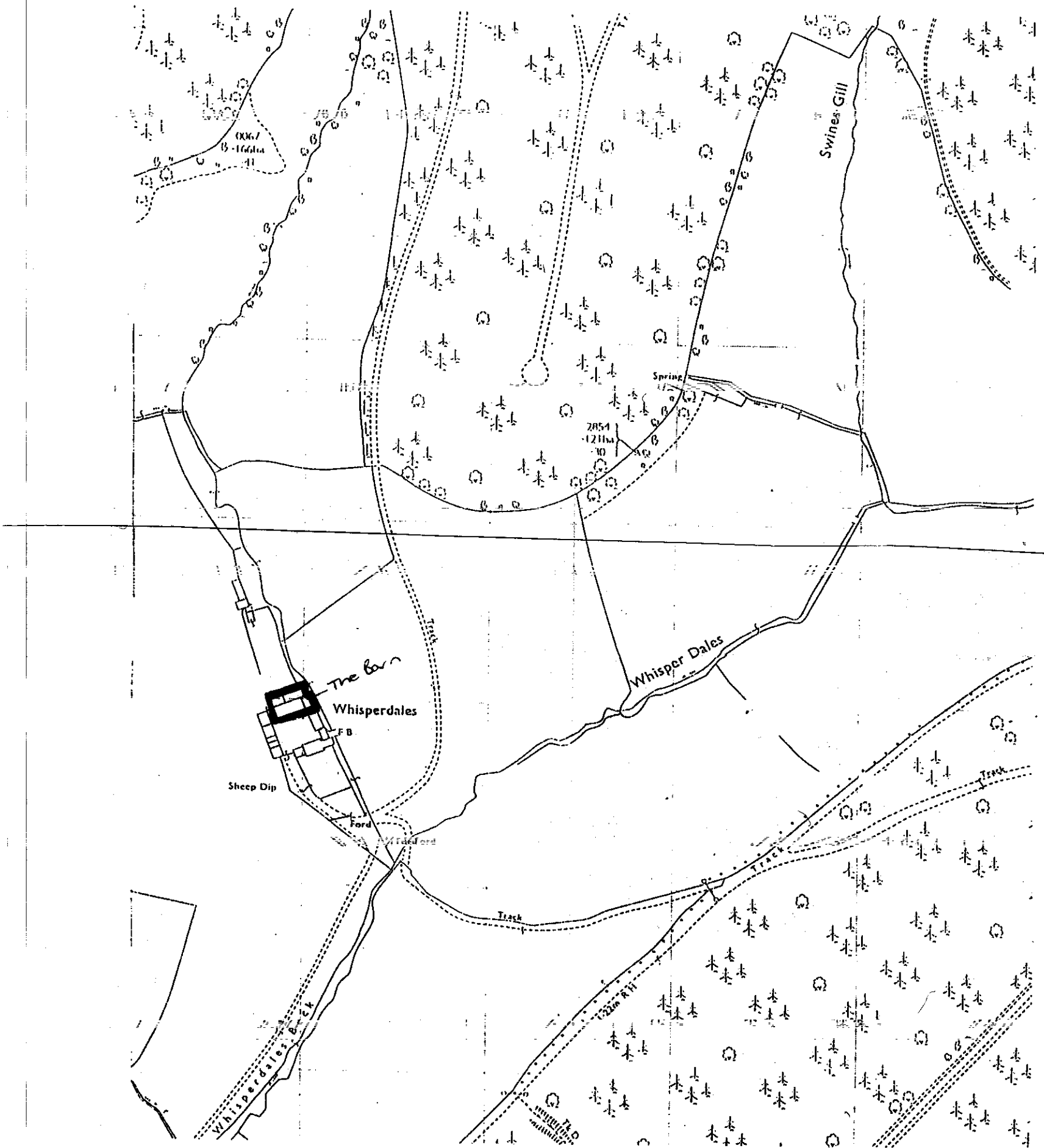
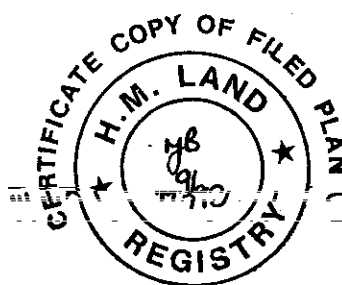


H.M. LAND REGISTRY		TITLE NUMBER NYK118104
ORDNANCE SURVEY PLAN REFERENCE	SE9693	Scale 1/2500
COUNTY NORTH YORKSHIRE	DISTRICT SCARBOROUGH	All rights reserved © Crown copyright



The boundaries shown by dotted lines have been plotted from the plans on the deeds. The title plan may be updated from later survey information

NIMPA
 - 8 JAN 2008



NYM/2008/00177/PL



North York Moors National Park

Planning Application Form

Please read the booklet
How to fill in your Planning Application before completing
this form.

For office use only	
Ref:	
Admin Ref:	08/17
Date Valid:	
Grid ref:	SE 96091, 93400

SECTION 1 YOUR DETAILS

<p>1. Applicant</p> <p>Name <u>MR + MRS K DUNBOBBIN</u></p> <p>Address <u>WHISPERDALE FARM</u> <u>SILPHO</u> <u>SCARBOROUGH</u></p> <p>Post Code <u>YO13 0JT</u></p> <p>Tel No _____</p>	<p>2. Agent</p> <p>Name <u>N/A</u></p> <p>Address _____</p> <p>Post Code _____</p> <p>Tel No _____</p>
<p>3. Applicant's interest in the land</p> <p style="text-align: center;"><u>OWNER</u></p>	

SECTION 2 YOUR PROPOSAL

4. Full postal address or location of the application site
WHISPERDALE FARM, SILPHO, SCARBOROUGH
YO13 0JT

5. Applicant's interest in adjoining land
N/A

6. Brief description of proposed development
~~REMOVE~~ VARIATION OF CONDITION ON BARN CONVERSION
FROM 'EXTENDED FAMILY USE' TO HOLIDAY COTTAGE

SECTION 3 YOUR APPLICATION

<p>7. Type of application (please tick ONE box only)</p> <p><input type="checkbox"/> A. Full application including building works</p> <p><input type="checkbox"/> B. Application for change of use (no building works)</p> <p><input type="checkbox"/> C. Outline application</p> <p><input type="checkbox"/> D. Reserved matters application</p> <p><input checked="" type="checkbox"/> E. Removal or variation of condition</p> <p><input type="checkbox"/> F. Renewal of temporary permission</p>	<p>NYMNP</p> <p>8 JAN 2008</p>	<p>go to Question 12</p> <p>go to Question 12</p> <p>go to Question 8</p> <p>go to Question 9</p> <p>go to Question 10</p> <p>go to Question 11</p>
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8. Outline Application
What is the area of the site? _____

Please tick those details which you wish the Planning Committee to consider formally at this stage.

Siting Design External appearance Means of access Landscaping None
go to Question 12

9. **Reserved Matters Application**

Date of outline permission _____ Application No _____

Please tick those details which you wish the Planning Committee to consider formally at this stage.

- Siting Design External appearance Means of access Landscaping
go to Question 12

10. **Removal or variation of condition**

Date condition imposed 9 MARCH 1992 Application No. NYM4/025/0004/PA

Condition No 7 go to Question 12

11. **Renewal of temporary permission**

Date permission granted _____ Application No _____

12. **Use**

What is the building/land used for at present? UNOCCUPIED

If it is unused at present, what was its last use? PREVIOUS OWNERS EXTENDED FAMILY

and on what date did it stop being used for this? (if known) JUNE 2007

13. **Access**

Does your proposal require new or altered access? ~~YES~~/NO (delete as appropriate)
If YES, please tick the relevant boxes:

- New access to a road Vehicular Pedestrian
Altered access to a road Vehicular Pedestrian

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14. **Water Supply and Drainage**

Please state (please tick one box in each section) the method of:

- | | | | |
|------------------------|---|---|---|
| Water Supply | <input type="checkbox"/> Mains | <input checked="" type="checkbox"/> Private | existing/proposed* |
| Surface Water Disposal | <input type="checkbox"/> Public Surface Water Sewer | <input type="checkbox"/> River/Stream | existing/proposed* |
| | <input type="checkbox"/> Soakaway | <input checked="" type="checkbox"/> Other | existing/proposed* |
| Foul Sewage | <input type="checkbox"/> Public Foul Sewer | <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Cesspit <input type="checkbox"/> Other |

Note: If foul drainage is not to be via a public foul sewer, a drainage assessment will be required. Please see Question 14 in the accompanying booklet.

15. **Trees**

Does the application involve: Felling or lopping trees/hedgerows ~~YES~~/NO (delete as appropriate)
Planting trees ~~YES~~/NO (delete as appropriate)

16. **Materials**

Walls STONE

Roof TILE

17. **Is your application for business, retail or other commercial use?**

~~YES~~/NO (delete as appropriate) If NO go to Section 5
If YES please complete Questions 18-23 of Section 4 on page 4 of this form

SECTION 5

WHAT YOU NEED TO INCLUDE WITH YOUR APPLICATION

24. **Plans**

Please list below the plans which will accompany this application.

LOCATION PLAN
(BARN EDGED IN RED)

SECTION 4 BUSINESS, RETAIL OR OTHER COMMERCIAL USE

18. Proposed Use

Which of the following is involved in the development?

Business Retail

Other (please specify)

If industrial, please describe the process

Is the proposal part of a larger scheme? YES/NO (delete as appropriate).

19. Floor Space

Please provide the measurements of the following:

Existing m²

Proposed m²

Total floor space of all buildings to which this application relates

Industrial floor space

Office floor space

Retail trading floor space

Storage floor space

Warehouse floor space

Other

20. Employment

Industrial

Other

a) How many staff in total will be employed on the site as a result of the proposed development?

b) How many of the employees will be new staff?

c) If staff are to be transferred from other premises, how many will be affected?

21. Car Parking

How many car parking spaces are to be provided?

22. Traffic

How many vehicles will be visiting the site each day?

23. Hazardous Materials

Please read Note 23 in the accompanying booklet. Does the proposal involve use or storage of hazardous materials? YES/NO (delete as appropriate). If YES, please state which materials.

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Please go back to Section 5 on page 2

Please send or deliver to:
 North York Moors National Park Authority
 The Old Vicarage, Bondage
 Helmsley
 York, YO62 5BP

25. **Certificate of Ownership and Agricultural Holdings Certificate**
You are required by law to complete either Certificate A or Certificate B (Ownership) and the Agricultural Holdings Certificate. It is an offence knowingly to make a false declaration.

CERTIFICATE OF OWNERSHIP: A

Complete if you are the owner of the building/land, along with Agricultural Holdings Certificate below.

I certify that: On the 21 days before the date of the accompanying application nobody, except the applicant, was the owner of any part of the land to which this application relates.

Signed _____ (Applicant/Agent)

* On behalf of K + A DUNBOBBIN (Applicant)

Date 6.12.07

CERTIFICATE OF OWNERSHIP: B

Complete if you do not own any or all of the building/land, along with Agricultural Holdings Certificate below.

I certify that: I have/the applicant has given the requisite notice to everyone else who, on the 21 days before the date of the accompanying application, was the owner of any part of the land to which the application relates, as listed below.

Owner's name _____

Address at which notice served _____

Date on which notice was served _____

Signed _____ (Applicant/Agent)

*On behalf of _____ (Applicant)

Date _____

AGRICULTURAL HOLDINGS CERTIFICATE

This section MUST be completed. Delete either A or B and complete C.

A. I certify that none of the land to which this application relates is, or forms part of, an agricultural holding.

~~B. I have/the applicant has given requisite notice to every person other than myself/himself who, 20 days before the date of the application was a tenant of any agricultural holding any part of which was comprised in the land to which this application relates.~~

~~Name of tenant~~ _____

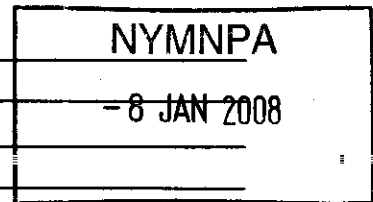
~~Address~~ _____

~~Date notice was served~~ _____

C. Signed _____ (Applicant/Agent)

On behalf of K + A DUNBOBBIN (Applicant)

Date 6.12.07



26. I/We hereby apply for planning permission or approval of reserved matters as described in this application and the accompanying plans. I/We attach:

- the necessary plans, numbered _____
- completed, dated and signed Certificate of Ownership (A or B above).
- completed, dated and signed Agricultural Holdings Certificate.
- the fee of £ _____ by cheque/postal order no _____

Signed _____ (Applicant/Agent)

On behalf of K + A DUNBOBBIN (Applicant)

Date 6.12.07 * delete as appropriate

PLEASE COMPLETE THIS FORM AND SUBMIT 4 COPIES AS PART OF YOUR PLANNING APPLICATION TO THE LOCAL PLANNING AUTHORITY

1. Please indicate distance to and location of the nearest mains drainage... N/A
 (Note: the Sewerage Undertaker can be contacted for this information).

2. Please indicate by ticking which method of final drainage is proposed:

- Package treatment plant to soakaway []
- Package treatment plant to watercourse []
- Septic tank to soakaway []
- Septic tank to watercourse []
- Sealed Cass tank []
- Other method such as reed bed. Please specify

3. Is this a new or existing system? EXISTING

4. If this is an existing system, what is the current capacity of the system and how many additional people will regularly be expected to use it? If this is a domestic property, what is the number of bedrooms now and how many bedrooms will be provided by development on property?
1500 GALLONS

5. If this is an existing system, do you have Consent to Discharge from the Environment Agency? YES/NO

If Yes, please give the reference number:

6. If you intend to discharge to a watercourse, what is the name of the watercourse?

N/A

Please indicate the discharge position on your site plan submitted with the planning application, clearly marked as such.

(Note: the watercourse must be capable of sufficient dilution (ten fold) to accept the flow. Without such dilution, there is the possibility of the build up of poor water quality during dry periods.)

7. If the discharge is to a soakaway, indicate on your site plan its position and size.

What is the average percolation test result? N/A
 (Note: Guidance for carrying out tests is given in these notes. You may be required to carry out a percolation test for an existing system if the size of development justifies an increase in the size of the soakaway).

8. Are there any wells, springs or boreholes within 50 metres of the soakaway or point of discharge into the watercourse? NO

Please give details:

(Note: The Environment Agency and your Local Authority Environmental Health Department may be contacted for information on licensed and unlicensed water abstractions. Neighbouring landowners should also be contacted.)

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