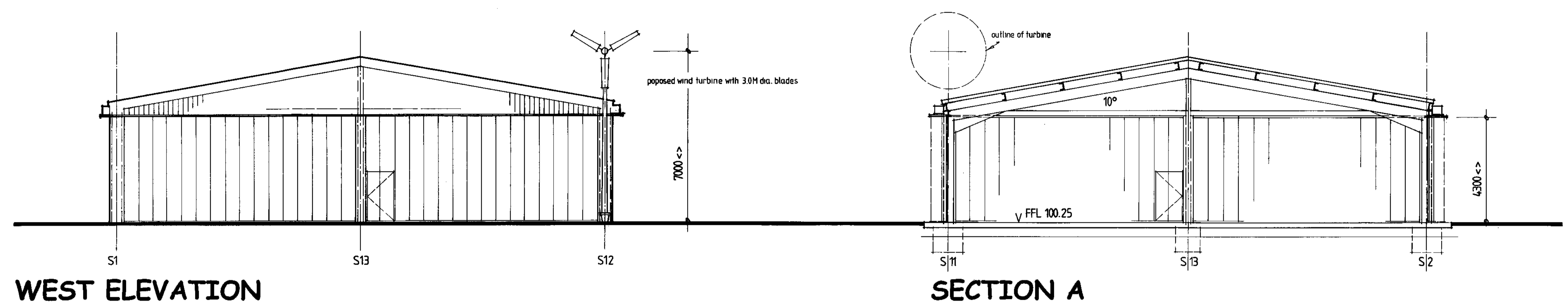


NYM NPA
31 OCT 2008

ARCHITECTURAL DESIGN
richard winn

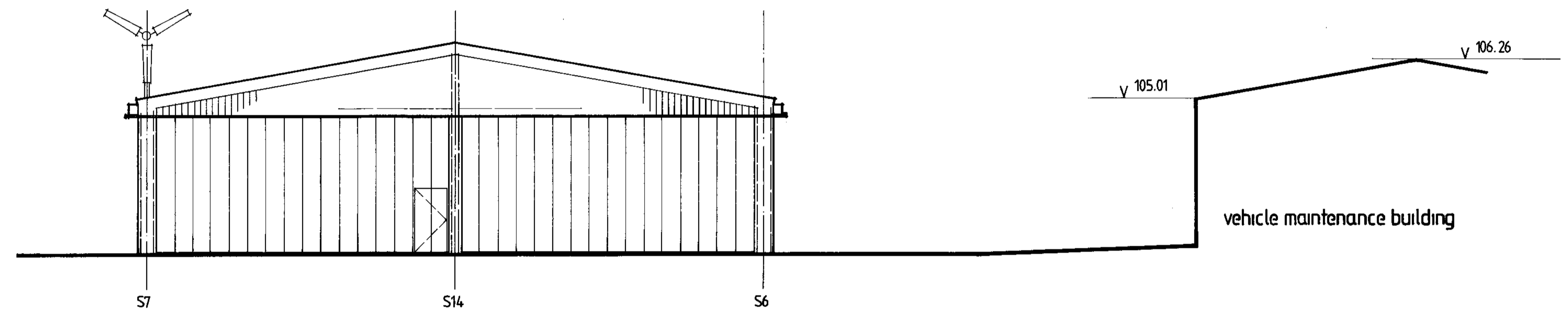
PROPOSED VEHICLE STORAGE BUILDING
TEYDALE FARM, WHITBY ROAD, CLOUGHTON
SCARBOROUGH FOR RAY OWEN WASTE DISPOSAL
SITE LAYOUT AS PROPOSED

Scale : 1:100
Date : Oct 2008
Drawn : R.G.W
Project : 1240-3

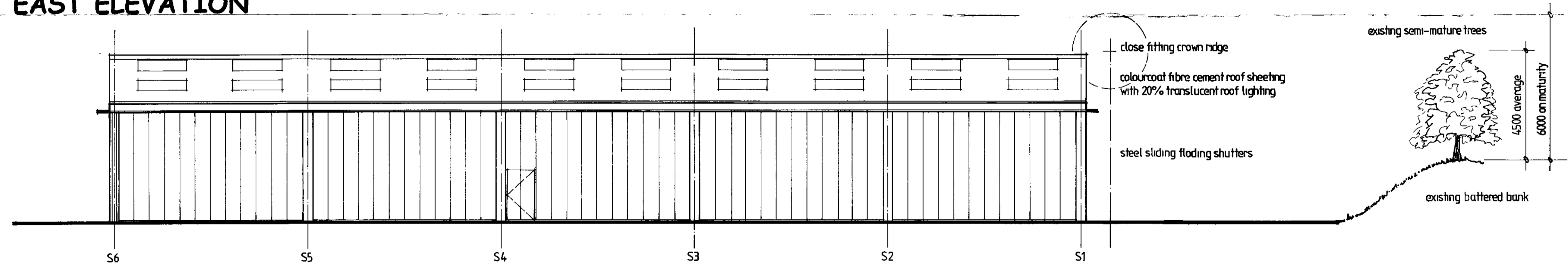


WEST ELEVATION

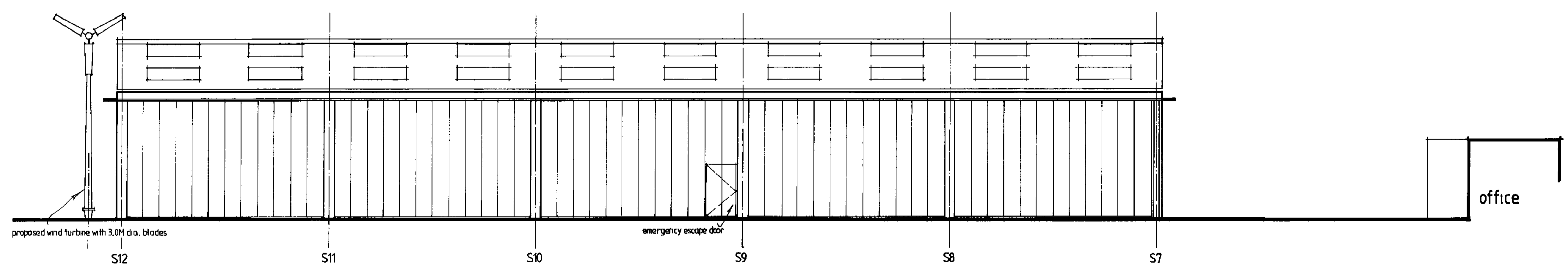
SECTION A



EAST ELEVATION



NORTH ELEVATION



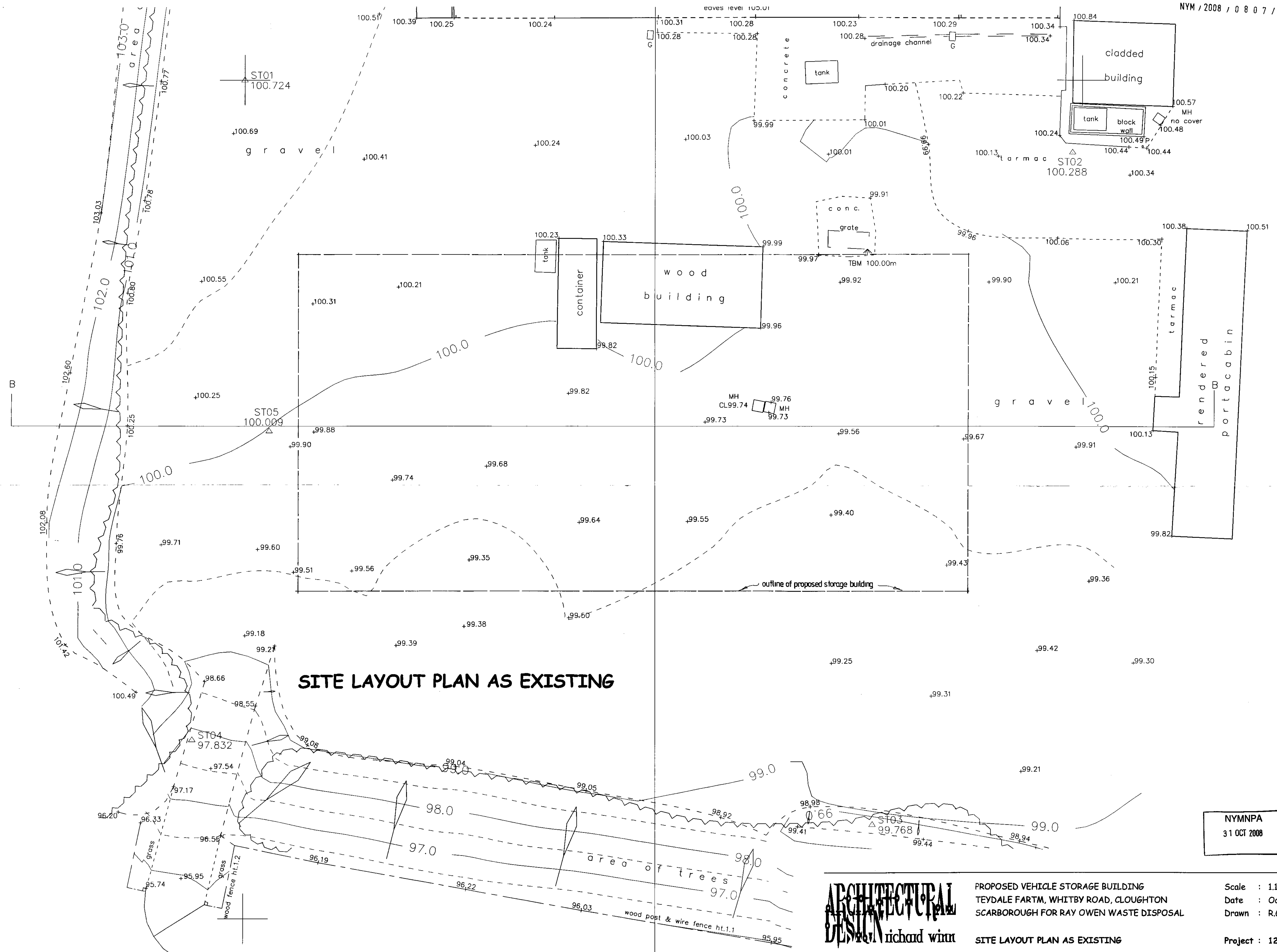
SOUTH ELEVATION

NYMNPA
31 OCT 2008

ARCHITECTURAL DESIGN
richard winn

PROPOSED VEHICLE STORAGE BUILDING
TEYDALE FARM, WHITBY ROAD, CLOUGHTON
SCARBOROUGH FOR RAY OWEN WASTE DISPOSAL
ELEVATIONS AND SECTION AS PROPOSED

Scale : 1:100
Date : Oct 2008
Drawn : R.G.W
Project : 1240-4



SITE LAYOUT PLAN AS EXISTING

NYMNPA
31 OCT 2008

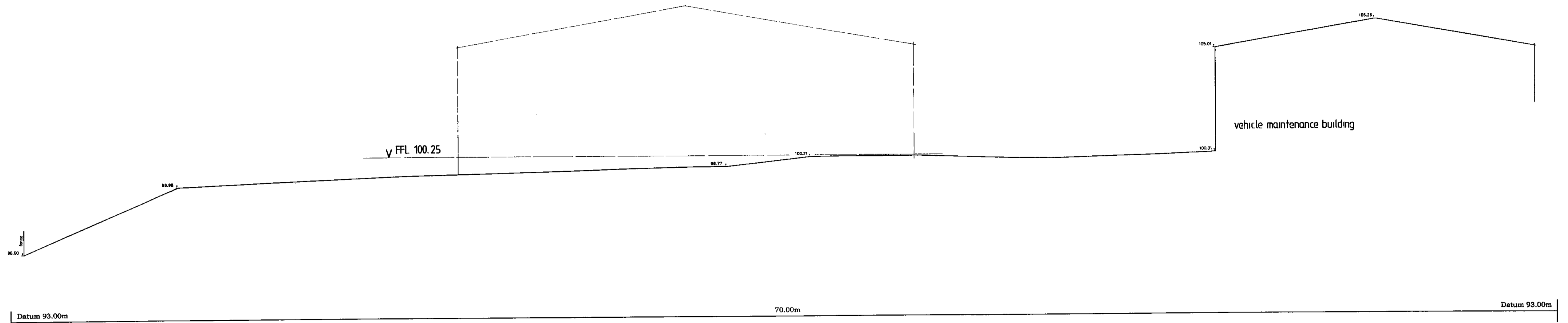


PROPOSED VEHICLE STORAGE BUILDING
TEYDALE FARM, WHITBY ROAD, CLOUGHTON
SCARBOROUGH FOR RAY OWEN WASTE DISPOSAL

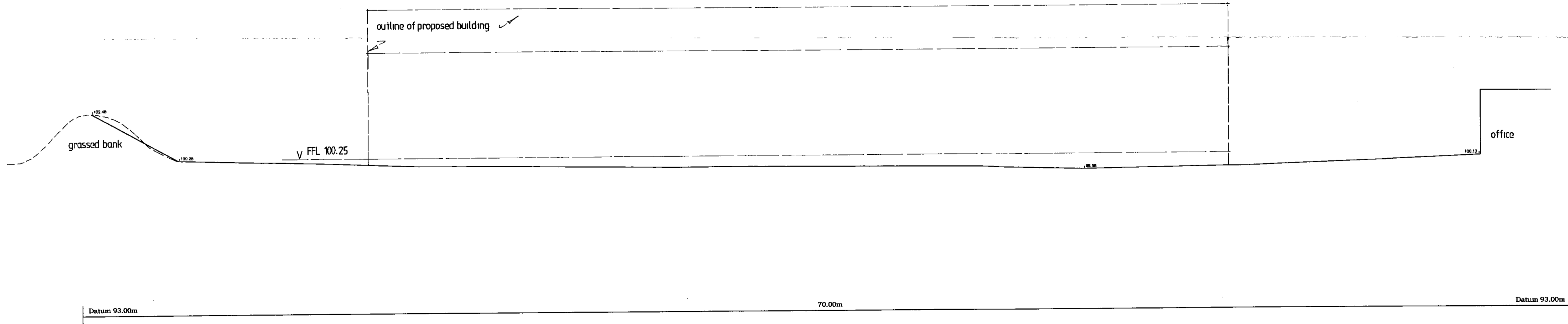
SITE LAYOUT PLAN AS EXISTING

Scale : 1:100
Date : Oct 2008
Drawn : R.G.W

Project : 1240-1



SECTION A



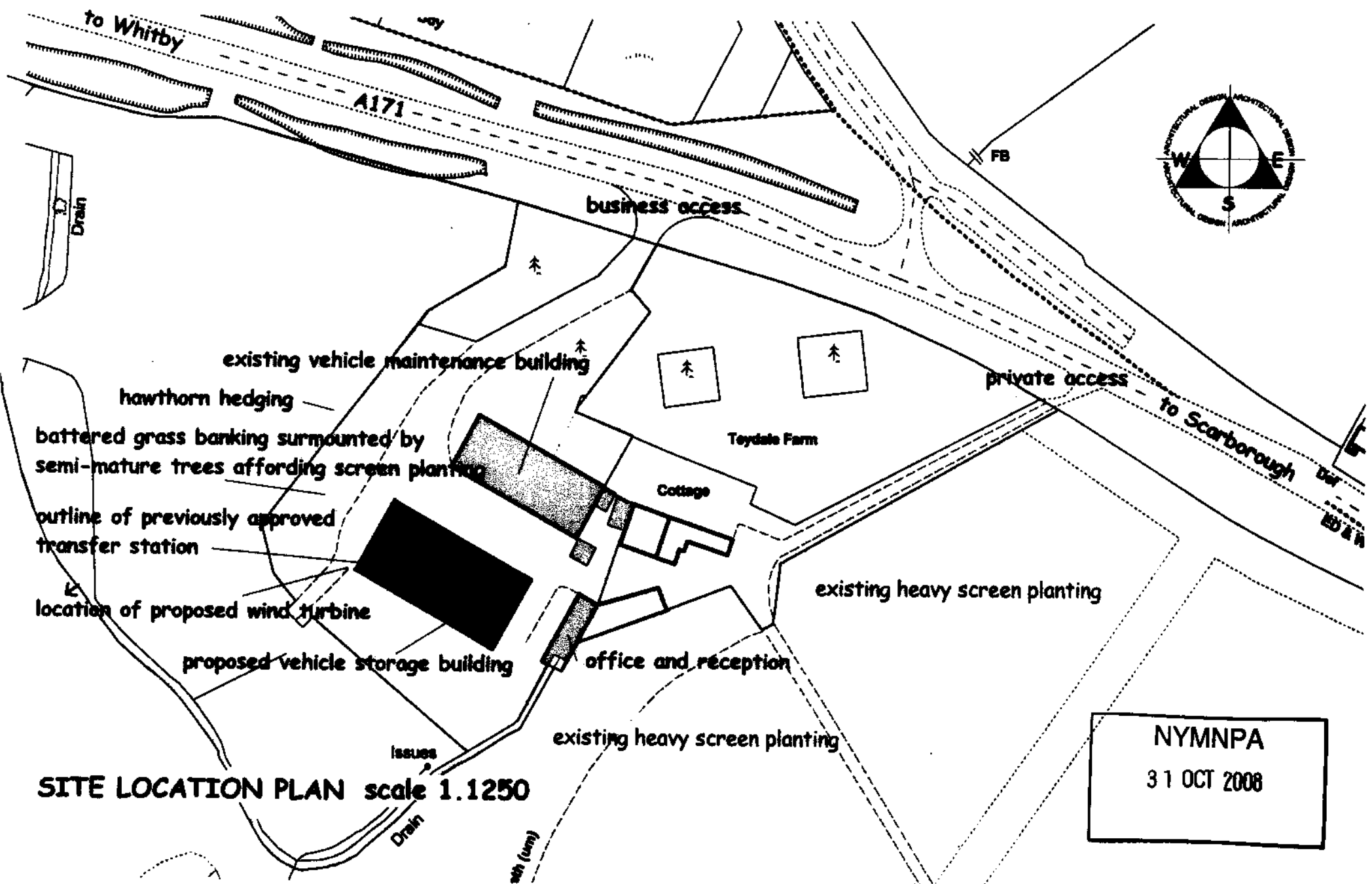
SECTION B

NYMNP 31 OCT 2008

**ARCHITECTURAL
DESIGN**
richard winn

PROPOSED VEHICLE STORAGE BUILDING
TEYDALE FARM, WHITBY ROAD, CLOUGHTON
SCARBOROUGH FOR RAY OWEN WASTE DISPOSAL
SECTIONS A AND B AS EXISTING

Scale : 1:100
Date : Oct 2008
Drawn : R.G.W
Project : 1240-2



SITE LOCATION PLAN scale 1:1250

**NYMNPA
31 OCT 2008**

**PROPOSED VEHICLE STORAGE BUILDING AT TEYDALE FARM, WHITBY ROAD, CLOUGHTON
SCARBOROUGH FOR RAY OWEN WASTE DISPOSAL**

NYM / 2008 / 0807 / FL



Cred ref SE97373, 97826

NYM / 2008 / 0807 / FL

08/0807

Pl.1

Application for Planning Permission. Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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: Ray	Title: Mr	First name: Richard
Last name: Owen		Last name: Winn	
Company (optional): Ray Owen Waste Disposal		Company (optional): Architectural Design	
Unit:	House number:	House suffix:	Unit:
House name:	House name: Old Barn Cottage		House name:
Address 1: Teydale Farm	Address 1: Middle Farm		Address 1:
Address 2: Whitby Road	Address 2: Main Street		Address 2:
Address 3: Cloughton	Address 3: Allerston		Address 3:
Town: Scarborough	Town: Pickering		Town:
County: North Yorkshire	County: North Yorkshire		County:
Country: UK	Country: UK		Country:
Postcode: YO13 0DZ	Postcode: YO18 7PG		Postcode:

3. Description of Proposed Work:

Please describe the proposed works:

Demolition of obsolete timber framed building and the provision of vehicle storage building for use in connection with the applicants current business.

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Has building or works already been carried out or use of land already started? Yes No

If Yes, please state the date when building works or use were started (DD/MM/YYYY): (date must be pre-application submission)

Have the works been completed or change of use already occurred? Yes No

If Yes, please state when the works were completed or use occurred (DD/MM/YYYY): (date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: NYM / 2008 / 0807 / FL

Address 1: Ray Owen Waste Disposal

Address 2: Teydale Farm

Address 3: Whitby Road

Town: Cloughton

County: Scarborough

Postcode (optional): North Yorkshire

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: N/A Northing: N/A

Description:

N/A

5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name: Mrs Hilary Saunders

Reference: N/A

Date (DD/MM/YYYY): (must be pre-application submission)

Details of pre-application advice received?

Site meeting. It was agreed a formal application should be submitted

6. Public Road and Highway Access, Easements and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? Yes No Unknown

Is a new or altered pedestrian access proposed to or from the public highway? Yes No Unknown

Are there any new public roads to be provided within the site? Yes No Unknown

Are there any new public rights of way to be provided within or adjacent to the site? Yes No Unknown

Do the proposals require any diversions /extinguishments and/or creation of rights of way? Yes No Unknown

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)

N/A

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? Yes No Unknown

If Yes, please provide details:

N/A

Have arrangements been made for the separate storage and collection of recyclable waste? Yes No Unknown

If Yes, please provide details:

The nature of the business does not generate any recyclable materials
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8. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? Yes No

If Yes please provide details:

9. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the Council? Yes No

If Yes, please provide details:

N/A

10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	NYM / 2008 / 0807 / FL Proposed	Not applicable	Don't Know	Drawing references if applicable
Walls	N/A	Steel sliding / folding doors	<input type="checkbox"/>	<input type="checkbox"/>	1240-4
Roof	N/A	Marley Eternit Profiled 6 fibre cement corrugated sheeting. Colour - Van Dyke Brown	<input type="checkbox"/>	<input type="checkbox"/>	1240-4
Windows	N/A	Translucent roof lighting	<input type="checkbox"/>	<input type="checkbox"/>	1240-4
Doors	N/A	To match sliding / folding doors	<input type="checkbox"/>	<input type="checkbox"/>	1240-4
Boundary treatments (e.g. fences, walls)		As existing - no change	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vehicle access and hard-standing	Site access: bitmac Access within the site: granular material	Access within the site: pervious hardcore	<input type="checkbox"/>	<input type="checkbox"/>	1240-3
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>	

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

Drawing nos. 1240-1 to 4

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11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	4	4	Nil
Light goods vehicles/ public carrier vehicles	8	8	Nil
Motorcycles	0	0	Nil
Disability spaces	1	1	Nil
Cycle spaces	0	0	Nil
Other (e.g. Bus)	N/A		
Other (e.g. Bus)	N/A		

12. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer
 Septic tank
 Package treatment plant
 Cess pit
 Other
 Unknown

NYM / 2008 / 0807 / FL

Are you proposing to connect to the existing drainage system? Yes No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

13. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No Unknown

How will surface water be disposed of?

- Sustainable drainage system
 Soakaway
 Main sewer
 Existing watercourse
 Pond/Lake
 Unknown

14. Biodiversity and Geological Conservation

Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

c) Features of geological conservation importance:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

15. Existing Use

Please describe the current use of the site:

Vehicle parking, maintenance and office

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

N/A

When did this use end (if known)?

DD/MM/YYYY (date where known may be approximate)

Does the proposal involve any of the following:

Land which is known to be contaminated? Yes No

Land where contamination is suspected for all or part of the site? Yes No

A proposed use that would be particularly vulnerable to the presence of contamination? Yes No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

16. Trees and Hedges

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No

If Yes to either or both of the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. Your Local Planning Authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to construction - Recommendations'.

17. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste:

N/A

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18. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units? Yes No
 If Yes please complete details of the changes in the tables below:

Proposed Housing							Existing Housing								
Market Housing	Not known	Number of Bedrooms					Total	Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						Houses	<input type="checkbox"/>	1	2	3	4+	Unknown	NYM / 2008 / 0 8 0 7 / FL	
Flats and maisonettes	<input type="checkbox"/>						Flats and maisonettes	<input type="checkbox"/>							
Live-work units	<input type="checkbox"/>						Live-work units	<input type="checkbox"/>							
Cluster flats	<input type="checkbox"/>						Cluster flats	<input type="checkbox"/>							
Sheltered housing	<input type="checkbox"/>						Sheltered housing	<input type="checkbox"/>							
Bedsit/studios	<input type="checkbox"/>						Bedsit/studios	<input type="checkbox"/>							
Unknown type	<input type="checkbox"/>						Unknown type	<input type="checkbox"/>							
Totals (a+b+c+d+e+f+g)=							Totals (a+b+c+d+e+f+g)=								
Social Rented							Social Rented								
Social Rented	Not known	Number of Bedrooms					Total	Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						Houses	<input type="checkbox"/>							
Flats and maisonettes	<input type="checkbox"/>						Flats and maisonettes	<input type="checkbox"/>							
Live-work units	<input type="checkbox"/>						Live-work units	<input type="checkbox"/>							
Cluster flats	<input type="checkbox"/>						Cluster flats	<input type="checkbox"/>							
Sheltered housing	<input type="checkbox"/>						Sheltered housing	<input type="checkbox"/>							
Bedsit/studios	<input type="checkbox"/>						Bedsit/studios	<input type="checkbox"/>							
Unknown type	<input type="checkbox"/>						Unknown type	<input type="checkbox"/>							
Totals (a+b+c+d+e+f+g)=							Totals (a+b+c+d+e+f+g)=								
Intermediate							Intermediate								
Intermediate	Not known	Number of Bedrooms					Total	Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						Houses	<input type="checkbox"/>							
Flats and maisonettes	<input type="checkbox"/>						Flats and maisonettes	<input type="checkbox"/>							
Live-work units	<input type="checkbox"/>						Live-work units	<input type="checkbox"/>							
Cluster flats	<input type="checkbox"/>						Cluster flats	<input type="checkbox"/>							
Sheltered housing	<input type="checkbox"/>						Sheltered housing	<input type="checkbox"/>							
Bedsit/studios	<input type="checkbox"/>						Bedsit/studios	<input type="checkbox"/>							
Unknown type	<input type="checkbox"/>						Unknown type	<input type="checkbox"/>							
Totals (a+b+c+d+e+f+g)=							Totals (a+b+c+d+e+f+g)=								
Key worker							Key worker								
Key worker	Not known	Number of Bedrooms					Total	Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						Houses	<input type="checkbox"/>							
Flats and maisonettes	<input type="checkbox"/>						Flats and maisonettes	<input type="checkbox"/>							
Live-work units	<input type="checkbox"/>						Live-work units	<input type="checkbox"/>							
Cluster flats	<input type="checkbox"/>						Cluster flats	<input type="checkbox"/>							
Sheltered housing	<input type="checkbox"/>						Sheltered housing	<input type="checkbox"/>							
Bedsit/studios	<input type="checkbox"/>						Bedsit/studios	<input type="checkbox"/>							
Unknown type	<input type="checkbox"/>						Unknown type	<input type="checkbox"/>							
Totals (a+b+c+d+e+f+g)=							Totals (a+b+c+d+e+f+g)=								
Total existing residential units (A+B+C+D)=							Total proposed residential units (E+F+G+H)=								

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Total net gain / loss of residential units

19. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1 Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2 Financial and professional services	<input type="checkbox"/>				
A3 Restaurants and cafes	<input type="checkbox"/>				
A4 Drinking establishments	<input type="checkbox"/>				
A5 Hot food takeaways	<input type="checkbox"/>				
B1 (a) Office (other than A2)	<input type="checkbox"/>	65.52	Nil	Nil	Nil
B1 (b) Research and development	<input type="checkbox"/>				
B1 (c) Light industrial	<input type="checkbox"/>	500.00	Nil	1300.00	1300.00
B2 General industrial	<input type="checkbox"/>				
B8 Storage or distribution	<input type="checkbox"/>				
C1 Hotels and halls of residence	<input type="checkbox"/>				
C2 Residential institutions	<input type="checkbox"/>				
D1 Non-residential institutions	<input type="checkbox"/>				
D2 Assembly and leisure	<input type="checkbox"/>				
OTHER Please specify	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total					

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In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential institutions	<input type="checkbox"/>			
Other	Hostels	<input type="checkbox"/>			

20. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent	Not known
Existing employees	Five	Nil	Five	
Proposed employees	Five	Nil	Five	

21. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	
Industrial	24 hrs	24 hrs	24 hrs	NYM/PA own 31 OCT 2008
Office	7.30 to 18.00	7.30 to 12.00	Closed	

22. Site Area

Please state the site area in hectares (ha)

23. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

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Is the proposal a waste management development? Yes No

If the answer is Yes, Please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Please provide the maximum annual operational throughput of the following waste streams:
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

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Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

24. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? Yes No Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>
Other: <input type="text"/>	Other: <input type="text"/>	
Amount (kilograms): <input type="text"/>	Amount (kilograms): <input type="text"/>	

25. Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

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The steps taken were:

[Empty box for steps taken]

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

[Empty boxes for newspaper name and date]

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Empty signature and date boxes]

AGRICULTURAL HOLDINGS CERTIFICATE

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Redacted signature box] Richard G Winn 27 Oct 2008

B) None/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> NYMNPA 31 OCT 2008 </div>	

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Empty signature and date boxes]

26. 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.

- | | | | |
|--|-------------------------------------|---|-------------------------------------|
| 3 copies of a completed and dated application form: | <input type="checkbox"/> | The correct fee: | <input checked="" type="checkbox"/> |
| 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: | <input checked="" type="checkbox"/> | 3 copies of a design and access statement: | <input checked="" type="checkbox"/> |
| 3 copies of other plans and drawings or information necessary to describe the subject of the application: | <input checked="" type="checkbox"/> | 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): | <input checked="" type="checkbox"/> |
| | | 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable): | <input checked="" type="checkbox"/> |

27. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Redacted signature box] Richard G Winn 27 Oct 2008 (date cannot be pre-application)

23. Applicant Contact Details

Telephone numbers

NYM / 2008 / 0 8 0 7 / F L

Country code: National number: Extension number:

[Redacted] [Redacted] [Redacted]

Country code: Mobile number (optional):

[Redacted] [Redacted]

Country code: Fax number (optional):

[Redacted] [Redacted]

Email address (optional):

[Redacted]

24. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

[Redacted] [Redacted] [Redacted]

Country code: Mobile number (optional):

[Redacted] [Redacted]

Country code: Fax number (optional):

[Redacted] [Redacted]

Email address (optional):

[Redacted]

30. 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? (Please select only one) Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: Mr Ray Owen

Telephone number: [Redacted]

Email address: [Redacted]

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