

SE 00862, 90183

North York Moors National Park Authority
The Old Vicarage
Bondgate
Helmsley
York
YO62 5BP

NYM / 2009 / 0729 / FL

09/729
PT1

Telephone: 01439 770657
Email: dc@northyorkmoors-npa.gov.uk
Website: www.moors.uk.net

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

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Description of Proposed Works

Please describe the proposed works:

- SITE ENTRANCE ACCESS WIDENING, INCLUDING REMOVAL OF TREES TO CREATE VISIBILITY SPLAYS.
- REVISED PARKING ARRANGEMENTS

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Has building or works already been carried out or use of land already started? Yes No *REVISED PARKING ONLY.*

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: LOWE HALL FARM

Address 1: SCARBOROUGH HACKNESS ROAD

Address 2: SCARBURY

Address 3:

Town: SCARBOROUGH

County:

Postcode (optional): YO13 0QY

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

Easting: Northing:

Description:

5. Pre-application Advice

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

NYM 12009 10729/EP
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: LIZ WALKER & JULIE CAVANAGHER

Reference: PAUL HARRIS

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

Details of pre-application advice received?
PLANNING ADVICE GIVEN BY LIZ WALKER & JULIE CAVANAGHER. ADVICE ALSO GIVEN BY THE HIGHWAYS OFFICER AND TREE OFFICER. ALL REQUIREMENTS ARE INCORPORATED INTO THE SUBMISSION INFO.

6. Pedestrian and Vehicle Access, Roads 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)

ARP ASSOCIATES INC 1094/01/01

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:
NOT APPLICABLE

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

If Yes, please provide details:
NOT APPLICABLE
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8. Neighbour and Community Consultation

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

SEE BELOW

If Yes please provide details:
PARISH COUNCIL WILL BE CONSULTED IN NEAR FUTURE

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:

10. Materials

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

	Existing (where applicable)	Proposed NYM / 2009 / 07 / 29 / CF	Not applicable	Don't Know	Drawing references if applicable
Walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Roof			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Windows			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Vehicle access and hard-standing		REFER TO ARP DWG No. 1094/01/01	<input type="checkbox"/>	<input type="checkbox"/>	ARP DWG 1094/01/01
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)			<input checked="" 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:

ARP DWG No 1094/01/01	NYM/NPA
JENNESON ASSOCIATES DESIGN & ACCESS STATEMENT	28 OCT 2009

1. 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	3	3	NIC
Light goods vehicles/ public carrier vehicles	-	-	-
Motorcycles	-	-	-
Disability spaces	NIC	1	1
Cycle spaces	-	-	-
Other (e.g. Bus)	-	-	-
Other (e.g. Bus)	-	-	-

12. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer Cess pit
 Septic tank Other **NOT APPLICABLE**
 Package treatment plant Unknown

Are you proposing to connect to the existing drainage system? Yes No **N/A**

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

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

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'.

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 Existing watercourse
 Soakaway Pond/lake
 Main sewer Unknown

15. Existing Use

Please describe the current use of the site:

HOUDAY COTTAGES

Is the site currently vacant? Yes No

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

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.

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:

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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:

NYM / 2009 / 0729 / FL
Existing Housing

Proposed Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g)=							

Total existing residential units (A+B+C+D)=

Total proposed residential units (E+F+G+H)=

Total net gain / loss of residential units

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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 appl	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	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>				
Office (other than A2)	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please specify	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total					

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	N/A	N/A	N/A	N/A
Proposed employees	N/A	N/A	N/A	N/A

21. Hours of Opening

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

NOT APPLICABLE

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
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22. Site Area

Please state the site area in hectares (ha)

0.052 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:

NOT APPLICABLE

Is the proposal a waste management development? Yes No

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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"/>		

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

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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:

Other:

Amount (kilograms):

Amount (kilograms):

28. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
	01736 215555	
Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	
Email address (optional):		

29. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
	29 / FEL 01759 738488	
Country code:	Mobile number (optional):	
	7808 788 547	
Country code:	Fax number (optional):	
Email address (optional):		
johnson@...@...@...		

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:

UNRESTRICTED ACCESS TO SITE AVAILABLE

Contact name:

Telephone number:

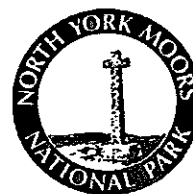
Email address:

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VALIDATION CHECKLIST

PLANNING PERMISSION

Other than Householder Applications

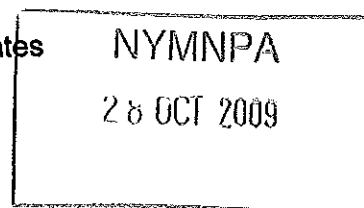


Please complete the attached checklist to indicate what you have included with your application. All plans should include paper size, key dimensions and scale.

STANDARD REQUIREMENTS

(4 copies to be supplied unless the application is submitted electronically)

Completed application form	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Completed Certificate of Ownership, A, B, C or D as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995 and by Regulation 6 of the Planning (Listed Building and Conservation Areas) regulations 1990.	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Agricultural Holdings Certificate as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Location Plan at a scale of 1:2500 or 1:1250 with your application site edged red and any other land in your ownership edged in blue.	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Existing and proposed site layout plans at a scale of 1:100, 1:200 or 1:500	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Existing and proposed elevations to a scale of 1:50 or 1:100	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Existing and proposed floor plans to a scale of 1:50 or 1:100	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Existing and proposed roof plans to a scale of 1:50 or 1:100 – if the proposal alters the existing roof.	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Existing and proposed sections and finished floor levels at a scale of not less than 1:100	YES <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Design and Access Statement unless material change of use, engineering or mining works	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Application fee Please consult our enclosed Schedule of Fees. Cheques are to be made payable to NYMNPA.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Manufacturers specification/leaflet, for proposals incorporating plant/machinery (swimming pools/wind turbines) Please highlight the exact information within the leaflet that relates to the development proposal. Please also see the Authority's website for Planning Advice Note 3 – Renewable Energy http://www.moors.uk.net/uploads/publication/6245.pdf	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>



SOME OR ALL OF THE FOLLOWING INFORMATION MAY ALSO BE REQUIRED:

- | | | |
|---|------------------------------|---|
| Biodiversity Survey and Report (Nature Conservation and Ecological Assessment) | YES <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Flood Risk Assessments/ Sequential Test (flood zones) | YES <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Tree Survey/Arboriculture Assessment | YES <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Environmental Impact Assessment | YES <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Foul Sewerage/surface water Assessment | YES <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Structural Survey | YES <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| Statement of Agricultural Need | YES <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

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