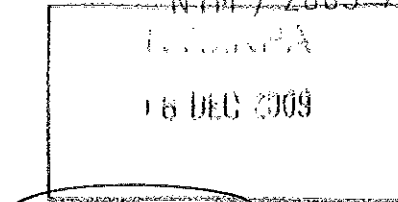


SE 00859, 90020

NYM / 2009 / 0 8 7 5 / FL



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

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

09/875  
PT1

### 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: <input type="text" value="MR"/>	First name: <input type="text" value="BARRY"/>	Title: <input type="text"/>	First name: <input type="text"/>
Last name: <input type="text" value="RICKETTS"/>		Last name: <input type="text"/>	
Company (optional): <input type="text"/>		Company (optional): <input type="text" value="MALCOLM TEMPEST LTD"/>	
Unit: <input type="text"/>	House number: <input type="text"/>	House suffix: <input type="text"/>	Unit: <input type="text"/>
House name: <input type="text" value="RYEFIELD"/>		House name: <input type="text" value="HIGH PARKS"/>	
Address 1: <input type="text" value="HACKNESS ROAD"/>		Address 1: <input type="text" value="NEWTON LE WILLOWS"/>	
Address 2: <input type="text"/>		Address 2: <input type="text"/>	
Address 3: <input type="text" value="SCALBY"/>		Address 3: <input type="text"/>	
Town: <input type="text" value="SCARBOROUGH"/>		Town: <input type="text" value="BEDALE"/>	
County: <input type="text" value="NORTH YORKSHIRE"/>		County: <input type="text" value="NORTH YORKSHIRE"/>	
Country: <input type="text" value="ENGLAND"/>		Country: <input type="text" value="ENGLAND"/>	
Postcode: <input type="text" value="YO13 0QY"/>		Postcode: <input type="text" value="DL8 1TP"/>	

#### 3. Description of Proposed Works

Please describe the proposed works:

CONVERSION OF DWELLING TO CREATE  
8 NO FLATS AND ASSOCIATED PARKING

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: RYEFIELD

Address 1: HACKNESS ROAD

Address 2:

Address 3: SCALBY

Town: SCARBOROUGH

County: NORTH YORKSHIRE

Postcode (optional): YO13 0QY

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

Easting:  Northing:

Description: NYMNP  
16 DEC 2009

**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: HILARY SAUNDERS

Reference:

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

Details of pre-application advice received?  
VARIOUS EMAILS, MEETINGS  
ON 13 MAY + 11 SEPTEMBER

**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)

TOPOGRAPHICAL SURVEY

**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:

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

If Yes, please provide details:

**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:

### 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	Not applicable	Don't Know	Drawing references if applicable
Walls	BRICK	BRICK AS MAIN HOUSE	<input type="checkbox"/>	<input type="checkbox"/>	
Roof	TILE	TILE TO MATCH MAIN HOUSE	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	TIMBER	TIMBER	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	TIMBER	TIMBER	<input type="checkbox"/>	<input type="checkbox"/>	
Boundary treatments (e.g. fences, walls)	HEDGE TREES	HEDGE, TREES	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle access and hard-standing	TARMAC	TARMAC, MAKE GOOD THE EXISTING	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	NYMINPA 18 DEC 2009	LOW LEVEL PEDESTRIAN LIGHTING	<input 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:

LOCATION PLAN, SITE PLAN, FLOOD RISK ASSESSMENT  
EXISTING ELEVATIONS/DETAILS, BAT SURVEY  
PROPOSED ELEVATIONS, PROPOSED FLOOR LAYOUTS G.FLOOR, 1ST + 2ND FLOOR

### 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	2	11	9
Light goods vehicles/ public carrier vehicles	0	0	0
Motorcycles	0	0	0
Disability spaces	0	0	0
Cycle spaces	0	0	0
Other (e.g. Bus)	0	0	0
Other (e.g. Bus)	0	0	0

### 12. Foul Sewage

Please state how foul sewage is to be disposed of:

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

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  Existing watercourse  
 Soakaway  Pond/lake  
 Main sewer  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

NYMNPA  
18 DEC 2009

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:

RESIDENTIAL

Is the site currently vacant?  Yes  No

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

RESIDENTIAL

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

**18. Residential Units (Including Conversion)**

Does your proposal include the gain, loss or change of use of residential units?  
If Yes please complete details of the changes in the tables below:

Yes  No

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"/>							
Flats and maisonettes	<input type="checkbox"/>		8			8	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"/>					8	Unknown type	<input type="checkbox"/>							
<b>Totals (a+b+c+d+e+f+g) =</b>							<b>Totals (a+b+c+d+e+f+g) =</b>								
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"/>							
<b>Totals (a+b+c+d+e+f+g) =</b>							<b>Totals (a+b+c+d+e+f+g) =</b>								
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"/>							
<b>Totals (a+b+c+d+e+f+g) =</b>							<b>Totals (a+b+c+d+e+f+g) =</b>								
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"/>							
<b>Totals (a+b+c+d+e+f+g) =</b>							<b>Totals (a+b+c+d+e+f+g) =</b>								

NYM/NPA  
 18 DEC 2009

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

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

**Total net gain / loss of residential units** 8

**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	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"/>				
B1 (b)	Research and development	<input type="checkbox"/>				
B1 (c)	Light Industrial	<input type="checkbox"/>				
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						

NYM/NPA  
16 DEC 2009

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				
Proposed employees				

**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	Not known

**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:

N/A

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"/>		

NYMNDPA  
16 DEC 2009

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:

Other:

Amount (kilograms):

Amount (kilograms):

**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.

The steps taken were:

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):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

**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):

16/12/2009

B) I have/ 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

NYMNPA  
 16 DEC 2009

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

**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 checked="" type="checkbox"/> | The correct fee: £2680.00   | <input 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):

16/12/2009

(date cannot be pre-application)



**28. Applicant Contact Details**

Telephone numbers

Country code: [redacted] National number: [redacted] Extension number: [redacted]

Country code: [redacted] Mobile number (optional): [redacted]

Country code: [redacted] Fax number (optional): [redacted]

Email address (optional): [redacted]

**29. Agent Contact Details**

Telephone numbers

Country code: [redacted] National number: [redacted] Extension number: [redacted]

Country code: [redacted] Mobile number (optional): [redacted]

Country code: [redacted] Fax number (optional): [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: [redacted] Telephone number: [redacted]

Email address: [redacted]

NYM/PA  
16 DEC 2009