

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

489993, 487142

NYM / 2010 / 0871 / PT1
 Telephone: 01439 770857
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2010/0871 (PT1)

Application for removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) 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. Site Address Details

Please provide the full postal address of the application site.

Unit:	<input type="text"/>	House number:	<input type="text"/>	House suffix:	<input type="text"/>
House name:	<input type="text"/>				
Address 1:	EBBERSTON 2 WELLSITE				
Address 2:	EBBERSTON COMMON LANE				
Address 3:	SNAINTON				
Town:	SCARBOROUGH				
County:	NORTH YORKSHIRE				
Postcode (optional):	<input type="text"/>				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:	<input type="text" value="490314"/>	Northing:	<input type="text" value="487190"/>		
Description: <input type="text"/>					

4. 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:

Reference:

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

Details of pre-application advice received?

ADVICE ABOUT THE FORM OF APPLICATION TO BE SUBMITTED

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

A VARIATION TO CONDITION 1 OF PLANNING PERMISSION NO. NYM/2007/0901/FL TO ENABLE THE RETENTION OF THE EXISTING WELLSITE FOR A FURTHER PERIOD OF 2 YEARS

Reference number: Date of decision (DD/MM/YYYY): (date must be pre-application submission)

Please state the condition number(s) to which this application relates:

1.	CONDITION 1	6.	
2.		7.	NYMNPA
3.		8.	28 (01 28)
4.		9.	
5.		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. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

FOR RETENTION OF THE SITE FOR A FURTHER PERIOD OF 2 YEARS

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

REPLACE 'THREE' WITH 'FIVE' IN THE FIRST LINE OF CONDITION 1

7. 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:

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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:

Date DD/MM/YYYY:

28/10/2010

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
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Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

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.

3 copies of a completed and dated application form:

3 copies of other plans and drawings or information necessary to describe the subject of the application:

9. 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

Date (DD/MM/YYYY):

28/10/2010

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	C/O AGENT	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional):		
<input type="text"/>		

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional):		
<input type="text"/>		

12. 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

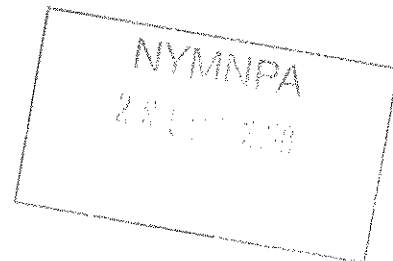
Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

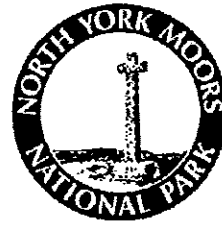
Telephone number:

Email address:



VALIDATION CHECKLIST

APPLICATION for REMOVAL or VARIATION of a condition following grant of planning permission (section 73 of the Town and Country Planning Act 1990)



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:

(1 original and 3 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. | 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"/> |
| Application fee | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

NYMNPA
28 OCT 2010