

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

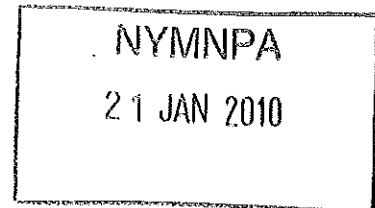
NYM / 2010 / 0053 / NM

2010/53  
PT1

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Website: [www.moors.uk.net](http://www.moors.uk.net)

Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990



### Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority'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:	MRS	First name:	MARGARET		
Last name:	DAVIDSON				
Company (optional):					
Unit:		House number:		House suffix:	
House name:	BRENTWOOD				
Address 1:	NEWLANDS RD				
Address 2:	CLOUGHTON				
Address 3:					
Town:					
County:	NORTH YORKSHIRE				
Country:	U.K.				
Postcode:	YO13 0AR				

#### 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:  House number:  House suffix:

House name: **BRENTWOOD**

Address 1: **NEWLANDS RD**

Address 2: **CLOUGHTON**

Address 3:

Town:

County: **NORTH YORKSHIRE**

Postcode (optional): **YO13 OAR**

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

Easting:  **NPA**

Description: **21 JAN 2010**

### 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: **HILARY SAUNDERS**

Reference: **54**  
**NYM/2009/0345/FL.**

Date of advice (DD/MM/YYYY): **DEC. 2009**

Details of pre-application advice received:  
**ADVISED TO SUBMIT THIS APPLICATION FORM.**

### 5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?

**SOLE OWNER**

Yes  No

**If you have answered No to this question, you cannot apply to make a non-material amendment.**

If you are not the sole owner, has notification under article 4F(3) of the GDPO been given?  Yes  No  Not Applicable

**If you have answered No to this question, you cannot apply to make a non-material amendment.**

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification

### 6. Authority Employee / Member

With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

Yes  No

If yes please provide details of the name, relationship and role

**7. Description Of Your Proposal**

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

ERECTION OF A DETACHED DOUBLE GARAGE AND CONSERVATORY TO REAR AT BRENTWOOD, NEWLANDS RD, CLOUGHTON

NYMNPA  
21 JAN 2010

Reference number:

NYM|2009|0354|FL.

Date of decision (DD/MM/YYYY):

23|07|2009

What was the original application type?:  
(e.g. 'Full', 'Householder and Listed Building', 'Outline')

**8. Non-Material Amendment(s) Sought**

Please describe the non-material amendment(s) you are seeking to make:

CHANGE OF GARAGE DOOR STYLE TO INCLUDE WINDOWS.  
CHANGE IN SIZE AND POSITION OF ROOFLIGHT ON EXISTING BEDROOM OPEN CEILING.

Are you intending to substitute amended plans or drawings?

Yes  No

If Yes, please complete the following:

Old plan/drawing number(s):

354|R|2A, 354|R|1A

New plan/drawing number(s):

354|R|2B, 354|R|1B.

Please state why you wish to make this amendment:

TO ALLOW MORE NATURAL LIGHT INTO EXISTING BEDROOM AND GARAGE.

**9. 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 not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.

- The original and 3 copies of a completed and dated application form:
- The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:
- The correct fee:  N/A

NYMNPA  
 27 JAN 2010

**10. Declaration**

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

Signed - Applicant: Margaret Darkelse      Or signed - Agent:       Date (DD/MM/YYYY): 19/1/10

**11. Applicant 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. 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"/>		

**13. 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 NON-MATERIAL AMENDMENT following a grant of planning permission



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 of all information unless submitted electronically)

Completed application form

YES  N/A

Application fee

YES  NO  N/A

Some or all of the following information may also be required depending upon the nature of the proposed changes:

Amended elevations to a scale of 1:50 or 1:100  
Photographs of Amended Elevations accepted

YES  N/A

Amended floor plans to a scale of 1:50 or 1:100

YES  N/A

Amended site layout plans at a scale of 1:500, 1:200 or 1:100 site layout plan

YES  N/A

NYMNPA  
 21 JAN 2010