

North York Moors National Park Authority

The Old Vicarage

NYM / 2010 / 0 1 9 0 / N M

Bondgate Helmsley

York YO62 5BP

2010/190

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

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

Town and Country Planning Act 1990

DRAFT

NYMNPA 08 MAR 2010

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. Applic	ant Name and Address	2. Agent Name and Address
Title:	MRS First name: JAYNE	Title: First name;
Last name:	FOUNTAIN	Last name:
Company (optional):		Company (optional):
Unit:	House House suffix:	Unit: House number: House suffix:
House name:	SCHOOL FARM	House name:
Address 1:	CROSSCUIFFE	Address 1:
Address 2:	LANGIDALE END	Address 2: NYMNPA
Address 3:	SCARBOROUGH	Address 3: 0 8 MAR 2010
Town:		Town:
County:	N. YORKS	County:
Country:	UK	Country:
Postcode:	Y013 OLN	Postcode:

7. Description Of Your Proposal			
Please provide a description of the approved development as shown on the dedate of decision in the sections below. Please also provide the original applicati	cision letter, including application reference number and ion type:		
APPLICATION REF NO: NYM/2008/0405 FL	•		
TWO STOREY REAR BE EXTENSION AT	SCHOOL FARM		
	•		
Reference number:	Date of decision (DD/MM/YYYY):		
NYM/2008/0405/FL	15.07.08		
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:			
RELOCATION OF PROPOSED NEWCHITHEY FROM THE EASTERN ELEVATION OF THE EXTENSION TO THE NORTH ELEVATION GABLE END THEREOF CONSISTING OF EXTERNALLY CONSTRUCTED FLUE, CORBELLED OUT			
FROM GABLE END AT FIRST FLOOR LE DRAWINGS I HAVE PREPARED FOR ILLUSTRATION "1,283 NEW CHIMNEY PLAN"	l l		
Are you intending to substitute amended plans or drawings?	☐ Yes ✓ No		
If Yes, please complete the following:	NYMNPA		
Old plan/drawing number(s):	NYMNPA COME 2010		
New plan/drawing number(s):	n 8 MAR 9010		
	The second secon		
Please state why you wish to make this amendment:			
DETAILED ANALYSIS OF KITCHEN LAYOUT INTHAT THE INITIAL SITING OF THE AGA (E UNWORKABLE AS THERE WAS NO ACCOUNT TAKEN AGA NEEPS TO BE, LOCATED AGAINST NORTHE AT APEY FLUE, REQUIRES TO BE EXTERNAL UPSTAIRS BEDROOM DIRECTLY ABOVE.	FOR REQUIRED DOOR MARGINS. SEN WALL, AS CHIMNEY RISES		

Has assistance or prior advice been sou	
authority about this application?	Yes No
application more efficiently).	,
i B I	·
Officer name:	
Reference:	28
HS/ NYM 2008 100 405	IFL
Date of advice (DD/MM/YYYY):	17.2.10
Détails of pre-application advice recei	I
UNAWARE OF THE REQUIR	EMENT FOR THE
3 1 1	- 1
WROTE BACK TO ADVISE APPLICATION WAS REQ'D	THAT FORMAL
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nt relates?	lo
nnot apply to make a non-material an	nendment.
3) of the GDPO been given? Yes N	o Not Applicable
- <u> </u>	
	······
nnot apply to make a non-material an	nendment.
f persons notified:	
	Date of Notification
f persons notified:	
f persons notified: Address	Date of Notification
f persons notified: Address	Date of Notification
f persons notified: Address	
f persons notified: Address	Date of Notification
f persons notified: Address	Date of Notification
f persons notified: Address	Date of Notification
f persons notified: Address	Date of Notification
f persons notified: Address	Date of Notification
Address Address N O 8	Date of Notification
Address N O 8	Date of Notification
Address Address N O 8	Date of Notification
Address Address N O 8	Date of Notification
Do any of these statements apply to you?	Date of Notification
3	Please tick if the full contact details are known, and then complete as much as Officer name: HLS HILARY SAUNCER Reference: HS NYM 2008 (00 405) Date of advice (DD/MM/YYYY): Details of pre-application advice received and the received and t

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 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: £25 as advised by Devt. (on Hol [
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: Or signed - Agent: Date (DD/MM/YYYY): 5th Mayon 1010				
11. Applicant Contact Details 12. Agent Contact Details				
Telephone numbers Telephone numbers				
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional):				
Email address (optional): Email address (optional):				
13. Site Visit				
an the site be seen from a public road, public footpath, bridleway or other public land? Yes No				
f the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) Agent Agent Other (If different from the				
f Other has been selected, please provide:				
Contact name: Telephone number:				
mall address;				