

NYM / 2010 / 0 4 6 0 / F L The Old Vicarage

2. Agent Name and Address

Young

MRS

The Old Vicarage
Bondgate
Helmsley
York
YO62 5BP

2010/0460 PTI

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

PETRA

First name:

FARESTRY COMMISSION

Application for Planning Permission. Town and Country Planning Act 1990

Publication of planning applications on council websites

First name: PETRA

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.

Title:

Last name:

Company

(optional):

Please complete using block capitals and black ink.

1. Applicant Name and Address

YOUNG

MRS

Title:

Last name:

Company

(optional):

It is important that you read the accompanying guldance notes as incorrect completion will delay the processing of your application.

Unit:	number: suffix:	Unit:	number:	House suffix:			
House name:		House name:					
Address 1:	Outgang Road	Address 1:					
Address 2:		Address 2:					
Address 3:		Address 3:					
Town:	Pukering	Town:	NYMNP	A			
County:	N Yorks	County:	1 1 JUN 201	10			
Country:	UK	Country:					
Postcode:	YOIS JEL	Postcode:	Vi but pa color	N Park			
3. Descrip	otion of Proposed Works						
Please describe the proposed works: Installing solar tiles on and of the roofs in the Countyard in Dalby. We would like to replace excisting tiles with putiles to produce electricity for the Court yard. This fits into the ethor of sustainability of Dalby. We would also like to instal further panels on the façade of the visitor centre and Solar slates on the kitchen in the countyard. Please see design statement for full details							
Has building or works already been carried out or use of land already started? Yes No Yes, please state the date when building works or use were started (DD/MM/YYYY): (date must be pre-application submission)							
lave the works been completed or change of use already occurred? If Yes, please state when the works were Completed or use occurred (DD/MM/YYYY): (date must be pre-application submission)							
			\$Date: 2007/05/1	1 09:53:50 \$ \$Revision; 1.16 \$			

4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: 3/4/5 House number: House suffix:	authority about this application?
House name: Dalby Courtyard	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: Low Dalby	application more efficiently). Please tick if the full contact details are not
Address 2N YN / 2010 / 0 4 6 0 / F 6	known, and then complete as much as possible:
Address 3:	Officer name:
Town: Pickering	MARK HILL
County: Nyorks	Reference:
Postcode (optional):	Date (DD/AAMANAWA)
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	[1]
Workshop units 3/4/5/6 Committy Resource Room Pagade of Visitor centre Kitchen of the Conseyora]
O. J. Prositor centre	
Vitchen of the Consyard	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway?	Do the plans incorporate areas to store and aid the collection of waste? Yes No Unknow
Is a new or altered pedestrian	If Yes, please provide details:
access proposed to or from the public highway? Yes Yoo Unknown	
Are there any new public roads to be provided within the site?	
Are there any new public rights of way to be provided within or adjacent to the site?	
Do the proposals require any diversions /extinguishments and/or creation of rights of way? Yes No Unknow n	Have arrangements been made for the separate storage and collection of recyclable waster. Yes No Unknow n
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)	If Yes, please provide details:
8. Neighbour and Community Consultation	9. Council Employee / Member
Have you consulted your neighbours or the local community about the proposal?	Is the applicant or agent related to any member of staff or elected member of the Council?
If Yes please provide details:	If Yes, please provide details:
If Yes please provide details: We have discussed this with countyard Occupants and have adapted the plans	
Occupants and have occupied proms	
accordingly.	

	te what materials are to be		. Include type, colou	ır and name for e			· · · · · · · · · · · · · · · · · · ·		
NYM	Existing (where applicable)	60/F1	, Proposed		applic	Don't Know	Drawing references if applicable		
Walls	Timber cladding		Sharp mon PU made				3		
Roof	Red tiles (pant	iles)	Powerglaz Roof Integral	Ri ed Solan Ti	les 🗆		2		
Windows					d				
Doors	_				Ø		-		
Boundary treatments (e.g. fences, walls)									
Vehicle access and hard-standing					Ø				
Lighting									
Others (please specify)									
	ional information on submi			access statemer	nt?	Ye	es No		
FYes, please state references for the plan(s)/drawing(s)/design and access statement: 1 arial view of Countyard y Design Statement 2 Information on Roungfor R1 tiles 3 Mack up photo of Visitor Countre									
1. Vehicle Parking									
	nation on the existing and p	proposed numb	<u> </u>						
Type of Vehicle	Total Existing	I	Total proposed (including spaces retained)			ifferen 1 space			
Cars									
Light goods vehicle public carrier vehic	es/ les								
Motorcycles			_	AIVA	BRIDA				
Disability spaces				1 V Y	ANPA				
Cycle spaces				17,4	N 2010				
Other (e.g. Bus)									
Other (e.g. Bus)				The second of th	TE CONTRACTOR OF THE PARTY OF T				

12. Foul Sewage	13. Assessment of Flood Risk
Please state how foul sewage is to be disposed of: NO. Mains sewer Cess pit	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
Septic tank Other	planning authority requirements for information as necessary.) Yes No
Package treatment plant Unknown	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
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):	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Will the proposal increase the flood risk elsewhere? How will surface water be disposed of? Sustainable drainage system Soakaway Pond/lake Main sewer Unknown
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:	Please describe the current use of the site: Section Ves Ves No
Yes, on the development site Yes, on land adjacent to or near the proposed development	A proposed use that would be particularly vulnerable to the presence of contamination?
No	If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.
Are there trees or hedges on the proposed development site? 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? 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 -	Does the proposal involve the need to dispose of trade effluents of waste? If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
Recommendations'.	\$Date: 2007/05/11 09:53:50 \$ \$Revision: 1.16 \$

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Proposed Housing								Existing Housing									
Market Housing	Not Number of Bedrooms Total Market Housing			Not know	L	1		er of		ooms	Total						
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Cluster flats	Ħ	}				_		d	Cluster flats	H	}					<u> </u>	C
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Cluster flats								d	Cluster flats		L						d
Sheltered housing		Į						e	Sheltered housing								e
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Unknown type								g	Unknown type		_						g
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				_								-	_				
Total existing reside	entia <i>B</i> + C	l u	nits D) —						Total propose units (E	d resid	ler +	ntial H) -	<u> </u>				

Doctsyour proposal involve the loss, gain or change of use of non-residential floorspace? Yes No	19. All Types of Development: Non-residential Floorspace							
Use class/type of use Existing gross Continued C	J							No
Use class/type of use	lf yo	ou have answered Yes to t	he qu	estion above plea			ing table:	
Net tradable area:	U	se class/type of use	Not	internal floorspace (square metres)	to be lost by use or de (square	r change of molition metres)	floorspace proposed (including change of	internal floorspace following development
Net tradable area:	Αl	Shops		l\v_	777.201	0 / 0 4	60 8 5 1	
A3 Restaurants and cafes A4 Drinking establishments A5 Hot food takeaways B1 (a) Office (other than A2) B1 (b) Research and development B1 (c) Light Industrial B2 General Industrial B3 Storage or distribution C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential D1 Non-residential D2 Assembly and leisure D1 In addition, for hotels, residential Institutions and hostels, pleafe additionally indicate the loss or gain of rooms OTHER Please specify Total In addition, for hotels, residential Institutions and hostels, pleafe additionally indicate the loss or gain of rooms OTHER Please specify Total Total	 						7 7 1 2	
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establishments A5 Hot food takeaways B1 (a) Office (other than A2) B1 (b) Research and development B1 (c) Light industrial B2 General industrial B3 Storage or distribution C1 Hotels and halfs of residence C2 Residential institutions D1 Non-residential Institutions D2 Assembly and leisure D1 Hotels please specify D1 Non-residential In addition, for hotels, residential Institutions and hostels, please additionally indicate the loss or gain of rooms OTHER Please specify D1 Hotels D2 Residential In addition, for hotels, residential Institutions and hostels, please additionally indicate the loss or gain of rooms OTHER Please specify D1 Hotels D2 Residential Institutions D3 Residential Institutions D4 Total Institutions D6 Total Institutions D7 Total Institutions D8 Total Institutions D8 Total Institutions D9 Total Institutions D1 Residential Institutions Please complete the following information regarding employees: Please complete the following information regarding employees: Proposed employees Proposed employees Proposed employees Proposed employees Proposed employees Proposed employees Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Saunday and Bank Holidays Bank Holidays Saunday and Bank Holidays	A3							
Bi (a) Office (other than A2)	A4						·	
Bi (b) Research and development	A5	Hot food takeaways						
Bit (c) Light Industrial	B1 (a)	1 '						
B2 General Industrial	B1 (b)							
88 Storage or distribution C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential Institutions D2 Assembly and leisure D3 Assembly and leisure D4 Total D5 Total D6 Total D7 Total D7 Total D8 Type of use D8 Total D9 Total	B1 (c)	-			- <u>-</u>			
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C2 Residential institutions Other Hostels 20. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Proposed employees Proposed employees Proposed employees Please state the 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 Light of Please state the hours of Opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known Light of Please state the hours of Opening for each non-residential use proposed:	class '	applicable				cha	anges of use)	Net additional rooms
Other Hostels 20. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees 11. 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 Uschop pace 90-170 90-170 900-170 9	+,	ㅜ	_					·
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Please complete the following information regarding employees: Full-time	Other	Hostels						
Please complete the following information regarding employees: Full-time	20. Emp	oloyment						
Existing employees Proposed employees Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sank Holidays Not known Workshop place 900-1700			rmati	on regarding em	ployees:			
Proposed employees Proposed employees Proposed employees Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known Workshop space 900-1700 900-				Full-time	Part-	time		Not known
Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known Workshop space 900-1700 9	Exis	ting employees			-		equivalent	
Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known Workshop space 90-1700 90-1700 900	Prop	osed employees						
Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known Workshop space 90-1700 90-1700 900	21. Hours of Opening							
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Usidor Centre							Sunday and Bank Holidaye	Not known
2. Site Area	Work	rishop spaced of	0	1740	900-17		9°° - 17	
	Visido	(centre)			· · · · · · · · · · · · · · · · · · ·			
lease state the site area in hectares (ha)	2. Site Area							
	lease state	e the site area in hectares	(ha)					

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23. Industrial or Commercial Proce	sses and Machir	nery							
Plea se 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: NYM / 2010 / 0 4 6 0 / F L									
Is the proposal a waste management development? Yes No If the answer is Yes, Please complete the following table:									
	ਿਲ੍ਹੀ including end = allowance fo	pacity of the void in cubic plneering surcharge and m or cover or restoration mat plid waste or litres if liquid	aking no erial (or	Please provide the maximum annual operational throughput of the following waste streams:					
Inert landfill		<u> </u>							
Non-hazardous landfill	 								
Hazardous landfill	 			<u> </u>					
Energy from waste incineration		· · · · · · · · · · · · · · · · · · ·							
Other incineration									
Landfill gas generation plant									
Pyrolysis/gasification	 								
Metal recycling site									
Transfer stations	 								
Material recovery/recycling facilities (MRFs)	 		•	· · · · · · · · · · · · · · · · · · ·					
Household civic amenity sites	 			-					
Open windrow composting	긤		<u>-</u>						
In-vessel composting	 	 							
Anaerobic digestion	 								
Any combined mechanical, biological and/ or thermal treatment (MBT)		NYMNOA							
Sewage treatment works		1 9 JUN 2010	,						
Other treatment Recycling facilities construction, demolition and excavation waste		THE SHADE I W THE WAY I KNOWN							
Storage of waste									
Other waste management		· · · · · · · · · · · · · · · · · · ·							
Other developments		·							
Please provide the maximum annual operation	onal throughput of t	he following waste stream	ıs:						
Municipal									
Construction, demolition and ex									
Commercial and industri	al								
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)	Ethylene oxide (t	onnes)		Phosgene (tonnes)					
Ammonia (tonnes)	Hydrogen cyanide (t	onnes)	Sul	phur dioxide (tonnes)					
Bromine (tonnes)	Liquid oxygen (t	onnes)		Flour (tonnes)					
Chlorine (tonnes) Liqu	uid petroleum gas (t	onnes)	Refined	white sugar (tonnes)					
Other:		Other:							
Amount (kilograms):		Amount (kilograms)	:	-					

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25. Certificates (continued)		· · · · · · · · · · · · · · · · · · ·			
Town and Country P	CERTIFIC lanning (Genera	ATE OF OWNE I Developmen	RSHIP - CEI t Procedure	RTIFICATE D e) Order 1995 Certificate und	er Article 7
 Certificate A cannot be issued for 	this application	N.	YM / 20	010 / 0 4 6 0 /	F Y
 All reasonable steps have been tagents this application, was the owner for 	aken to find out th	ne names and a	ddresses of	everyone else who, on the day	21 4-11 6 11 6
or the failu to which this applicati	ion relates, but I h	nave/ the applic	ant has been	n unable to do so.	ars left to run) of any part
The steps taken were:					
Notice of the application has been pu (circulating in the area where the land	iblished in the fol d is situated):	lowing newspa	per	On the following date (whan 21 days before the d	nich must not be earlier ate of the application):
L	·	- · <u>-</u>		_	
Signed - Applicant:	<u>.</u>	Or signed -	Agent:		Date (DD/MM/YYYY):
	AGRICU	LTURAL HOLD	INGS CERT	IFICATE	
Town and Country Pla Agricultural Land Declaration - You Mu	anning (General	Development I	Procedure)	Order 1995 Certificate under	Article 7
(A) None of the land to which the a	pplication relate:	s is, or is part of,	-	ural holding.	
Signed - Applicant:		Or signed - /	Agent:	·	Date (DD/MM/YYYY):
		_			
B) I have/ The applicant has given before the date of this application, wa as listed below:	the requisite not is a tenant of an a	tice to every per gricultural hold	rson other ti ling on all o	nan myself/ the applicant who, r part of the land to which this	on the day21 days application relates,
Name of Tenant			Address		Date Notice Served
	T				
	1				
	 				
			Γ	A IV /A AR AREA	- -,
		_		NYMNPA	
				7 1 JUN 2010	
		<u></u>		Hale	
Signed - Applicant:		Or signed - A	gent:		Date (DD/MM/YYYY):
				· · · · · · · · · · · · · · · · · · ·	
		<u> </u>			<u> </u>
6. Planning Application Requ	irements - Ch	ecklist			
lease read the following checklist to marging the following checklist to marging a subject to the following the following the following a subject to the following checklist to marging a subject to the following checklist to t	ODDUKANUM DEMIN	e sent all the in: , deemed invali	formation ir d. It will not	n support of your proposal. Fai t be considered valid until all ir	lure to submit all formation required by
re Local Flamming Authority has been s	upmittea.		The corre		
copies of a completed and dated appl	ication form:			of a design and access statem	ont:
coples of the plan which identifies the ne application relates drawn to an iden	land to which			of the completed, dated Articl	
cale and showing the direction of North	n:		Certificat	te (Agricultural Holdings):	" □
copies of other plans and drawings or ecessary to describe the subject of the	information application:		3 copies Ownersh	of the completed, dated hip Certificate(A, B, C, or D - as	applicable):
7. Declaration					
we hereby apply for planning permission	on/consent as de	scribed in this f	orm and the	accompanying plans/drawing	gs and additional
formation. gned - Applicant:		ed - Agent:		Date (DD/MM/	
				Date (DD/MIN/	(date cannot be
				i I	pre-application)

28. Applicant Contact Details		29. Agent Co	ntact Details				
Telephone numbers	į	Telephone numl	bers				
	Extension number:	Country code: Country code: Country code:	Mobile number (o	optional):	Extension number:		
Email address (optional):	* 1	Email address (o					
10 / 2010 / 0 4 0 4 / 1		<u> </u>					
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 out a site visit, whom should they contact? (Please select	t to carry only one)	Agent	Applicant	Other (if difference agent/application	ent from the nt's details)		
If Other has been selected, please provide:							
Contact name:		Telephone numl	<u> </u>				
		L					
Email address:							



25. Certificates (continued)			
Town and Country P	CERTIFICATE OF OWNERSE	HIP - CERTIFICATE D rocedure) Order 1995 Certificate under	Article 7
I certify/ The applicant certifies that:		occurry order 1999 continued and or	Autocie 7
 Certificate A cannot be issued for All reasonable steps have been to 	aken to find out the names and addr	esses of everyone else who, on the day 2	1 days before the date of
this application, was the owner (a	owner is a person with a freehold inter ion relates, but I have/ the applicant	rest or leasehold interest with at least 7 year	s left to run) of any part
The steps taken were:			
		31.	
	N	YM / 2010 / 0 4 6 0 /	FL :
Notice of the application has been pu (circulating in the area where the land	Jblished in the following newspaper d is situated):	r On the following date (which than 21 days before the dat	ch must not be earlier
Ciamand Amalianus			
Signed - Applicant:	Or signed - Ago	ent:	Date (DD/MM/YYYY):
·	AGRICULTURAL HOLDIN	GS CERTIFICATE	
Town and Country Pl Agricultura l Land Declaration - You Mu	anning (General Development Pro	ocedure)Order 1995 Certificate under <i>I</i>	Article 7
(A) None of the land to which the	application relates is, or is part of, an		
Signed - Applicant:	Or signed - Age	ent:	Date (DD/MM/YYYY):
			23/06/2010
- B) I have/ The applicant has given	n the requisite notice to every perso	n other than myself/ the applicant who, o	on the day21 days
before the date of this application, wa as listed below:	as a tenant of an agricultural holding	g on all or part of the land to which this a	pplication relatés,
Name of Tenant		Address	Date Notice Served
		ALVALIDA	<u>1</u>
		NYMNPA	
		2 ฮ JUN 2010	
		1	
		And the second s	<u></u>
Signed - Applicant:	Or signed - Age	ent:	Date (DD/MM/YYYY):
26. Planning Application Req		rmation in support of your proposal. Fail	ura ta cubmit all
information required will result in you	r application being deemed invalid.	It will not be considered valid until all in	formation required by
the Local Planning Authority has been	<u></u> .	The correct fee:	П
3 copies of a completed and dated app	olication form:	3 copies of a design and access stateme	ent;
3 copies of the plan which identifies the the application relates drawn to an ide	ne land to which	3 copies of the completed, dated Article	
scale and showing the direction of No	rth:	Certificate (Agricultural Holdings):	
3 copies of other plans and drawings o		3 copies of the completed, dated	applicable):
necessary to describe the subject of th	e application:	Ownership Certificate (A, B, C, or D - as	applicable): ——
27. Declaration			
l/we hereby apply for planning permis	sion/consent as described in this for	rm and the accompanying plans/drawing	s and additional
information. Signed - Applicant:	Or signed - Agent:	Date (DD/MM/	YYYY):
	}	23/06/	