

North York Moors National Park Authority
The Old Vicarage

Bondgate Helmsley

York YO62 5BP

NYM / 2010 / U 7 4 2 / N M

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

10/742

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

Town and Country Planning Act 1990

£25# 10341

NYMNPA 22 SEP 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. Applicant Name and Address | | 2. Agent Name and Address |
|-------------------------------|-----------------------------|-----------------------------------|
| Title: | MR First name: PETER | Title: MISS First name: VICTORIVA |
| Last mame | CHAPMAN | Last name: WHARTON |
| Company (optional): | | Company (optional): |
| Unit: | House number: House suffix: | Unit: House 7 House suffix: |
| House name: | EAST MOUN'T | House name: |
| Address 1: | SUFFICIA | Address 1: RCD SCAR LANG |
| Address 2; | HACKNESS | Address 2: Newsy |
| Address 3: | | Address 3: |
| Town; | SCARBOROUGH | TOWN: SCARBOROUGH |
| County; | HORTH YORKSHURE | County: NORTH YORKSHURE |
| Country: | GREAT BRITAIN | Country: GREAT BRITAIN |
| Postcode: | 4013085 | Postcode: YOI2 SRH |

| 3. Site Address Details | A Dua numbered and the | | | | | |
|--|--|--|--|--|--|--|
| rie ase provide the full postal address of the application site. | 4. Pre-application Advice Has assistance or prior advice been sought from the local | | | | | |
| Unit: House House suffix: | authority about this application? Yes X No | | | | | |
| House EAST MOUST | If Yes, please complete the following information about the advice | | | | | |
| Address 1: SUFFIELD | you were given. (This will help the authority to deal with this application more efficiently). | | | | | |
| Address 2: HACRNESS | Please tick if the full contact details are not known, and then complete as much as possible: | | | | | |
| Address 3: | Officer name: | | | | | |
| TOWN: SCARBOROUGH | Reference; | | | | | |
| COUNTY: NORTH YORKSHIRE. | | | | | | |
| Postcode (optional): 4013 085 Description of location or a grid reference. (must be completed if postcode is not known): | Date of advice (DD/MM/YYYY): Details of pre-application advice received: | | | | | |
| Easting: Northing: | | | | | | |
| Description: | | | | | | |
| | | | | | | |
| 5. Eligibility | | | | | | |
| | ion. | | | | | |
| 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? 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 t | he GDPO been given? Yes No Not Applicable | | | | | |
| If you have answered No to this question, you cannot | | | | | | |
| If you have answered Yes to this question, please give details of pers | | | | | | |
| Person Notified | Address Date of Notification | | | | | |
| | | | | | | |
| | | | | | | |
| • | | | | | | |
| | | | | | | |
| · | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 6. Authority Employee / Member | | | | | | |
| 6. Authority Employee / Member With respect to the Authority, I am: Do a | ny of these statements apply to you? | | | | | |
| With respect to the Authority, I am: Do a (a) a member of staff | any of these statements apply to you? | | | | | |
| With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff | | | | | | |
| 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 | | | | | | |
| With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff | | | | | | |
| 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 | | | | | | |

| - | | | | |
|--|--|--|--|--|
| | | | | |
| - | | | | |
| | | | | |
| | | | | |
| | | | | |
| _ | | | | |
| | | | | |
| | | | | |
| 7 | | | | |
| | | | | |
| TO ALLOW UP AND OVER STEEL/GRP GARACE DOORS INSTEAD OF TIMBER SIDE HUNG DOORS AT EAST MOUNT, SUFFICIA. | | | | |
| , | | | | |
| | | | | |
| 1 | | | | |
| | | | | |
| | | | | |
| THE SITE IS A WINDY LOCATION AND WE CONSIDER THAT SIDE HUNG TIMBER DOORS WOULD NOT ONLY BE DIFFICULT TO USE BUT COULD CONSTITUTE A REDUCTIONAL SANGER TO THE USER. | | | | |
| | | | | |

NYM / 2010 / 0 7 4 2 / 3 M

| 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: | ⊠. | | | |
| To. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. Or signed - Agent: Date (DD/MM/YYYY): | | | | |
| 11. Applicant Contact Details (12. Agent Contact Details | | | | |
| Telephone numbers | 12. Agent Contact Details Telephone numbers Extension | | | |
| Country code: National number: number: Country code: Mobile number (ontional): | Country code: National number: number: Country code: Mobile number (optional): | | | |
| Country code: Fax number (optional): | Country code: Fax number (optional): | | | |
| Email address (optional): | Email address (optional): | | | |
| 13. Site Visit | | | | |
| Can 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 Applicant Other (if different from the agent applicants details) | | | | |
| Contest nas been selected, please provide: | | | | |
| Contact name: Telephone number: | | | | |
| Fmall address: | | | | |

NYMNPA 22 SEP 2010