



NYM / 2011 / 0105 / PL

NZ 488901, 509003
11/105 P11

Telephone: [blank]
Email: dc@northyorkmoors.gov.uk
Website: www.northyorkmoors.gov.uk

Application for Planning Permission. Town and Country Planning 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 information under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's Data Protection 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:

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2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

3. Description of Proposed Works

Please describe the proposed works:

MINOR ALTERATIONS TO EXISTING RETAIL OUTLET
INCLUDING:
REMOVAL OF WINDOWS
REMOVAL OF EXTERIOR PORCH
REPLACEMENT OF FRONT DOOR
NEW ROOF COVERING.

Can be carried out or use of land already started? Yes No

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: GOEMANN: McNEIL'S COUNTRY STORE

Address 1: SINGTON LANE

Address 2: RUSHWATER

Address 3: WHITBY

Town: MARITON YORKSHIRE

County: YOZZ SHL.

Postcode (optional):

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

Easting: Northing:

Description:

5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with your application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name: HUMBER SANDERS

Reference: NYM / 2011 / 0105 / P

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

Details of pre-application advice received: SPLITTING APPLICATIONS, PERMITS DESIGN.

6. Pedestrian and Vehicle Access, Roads and Rights of Way

Is a new or altered vehicle access proposed to or from the public highway? Yes No Unknown

Is a new or altered pedestrian access proposed to or from the public highway? Yes No Unknown

Are there any new public roads to be provided within the site? Yes No Unknown

Are there any new public rights of way to be provided within or adjacent to the site? Yes No Unknown

Do the proposals require any diversions /extinguishments and/or creation of rights of way? Yes No Unknown

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)

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? Yes No

If Yes, please provide details:

EXISTING FACILITIES UNAVAILABLE
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Have arrangements been made for the separate storage and collection of recyclable waste? Yes No

If Yes, please provide details:

EXISTING FACILITIES UNAVAILABLE

8. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? Yes No

9. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the Council? Yes

10. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

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	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	BRICKWORK	MATCHING BRICK WORK IN INDENTED PANELS WHERE WINDOWS REMOVED	<input type="checkbox"/>	<input type="checkbox"/>
Roof	GREY TRAPZOIDAL METAL SHEETING WITH 15% ROOFPIECE.	GREY TRAPZOIDAL METAL INDENTED SHEETING WITH 5% ROOFPIECE.	<input type="checkbox"/>	<input type="checkbox"/>
Windows	TIMBER FRAMED WITH GALVE SHUTTER.	TIMBS FRAMED	<input type="checkbox"/>	<input type="checkbox"/>
Doors	TIMBER WITH GALVE SHUTTER.	ALUMINIUM & GLASS AUTOMATIC DOOR	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing		No change	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting		No change	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

SAMPLE OF ROOF MATERIAL SUPPLIED UNDER SEPARATE

11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Differen in space
Cars	20	20	0
Light goods vehicles/ public carrier vehicles			
Motorcycles			
	No	CHANGE	

12. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer Cess pit
 Septic tank Other
 Package treatment plant Unknown

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):

N/A NYM/2011/0105/FL

13. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to Environment Agency's Flood Map showing flood zones, consult Environment Agency standing advice and your local planning authority requirements for information as necessary) Yes

If Yes, you will need to submit a Flood Risk Assessment of the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes

Will the proposal increase the flood risk elsewhere? Yes No

How will surface water be disposed of?

- Sustainable drainage system Existing drainage system
 Soakaway Pond/lake
 Main sewer Unknown

14. Biodiversity and Geological Conservation

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:

- Yes, on the development site
 Yes, on land adjacent to or near the proposed development
 No

15. Existing Use

Please describe the current use of the site:

COUNTRY STORE - RETAIL

Is the site currently vacant? Yes

If Yes, please describe the last use of the site:

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When did this use end (if known)?

DD/MM/YYYY
(date where known may be approximate)

Does the proposal involve any of the following:

Land which is known to be contaminated? Yes

Land where contamination is suspected for all or part of the site? Yes

A proposed use that would be particularly vulnerable to the presence of contamination? Yes

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

16. Trees and Hedges

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the

17. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes

If Yes, please describe the nature, volume and mean of trade effluents or waste

18. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?
 If Yes please complete details of the changes in the tables below:

Yes No

Proposed Housing

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Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
Totals (a+b+c+d+e+f+g)=							A

Existing Housing

Market Housing	Not known	Number of Bedrooms				Total
		1	2	3	4+	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						A

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
Totals (a+b+c+d+e+f+g)=							B

Social Rented	Not known	Number of Bedrooms				Total
		1	2	3	4+	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						B

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Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
Totals (a+b+c+d+e+f+g)=							C

Intermediate	Not known	Number of Bedrooms				Total
		1	2	3	4+	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						C

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
Totals (a+b+c+d+e+f+g)=							D

Key worker	Not known	Number of Bedrooms				Total
		1	2	3	4+	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						D

19. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not appl	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net addition of internal floorspace following change of use (square metres)
A1	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>				
Office (other than A2)	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input checked="" type="checkbox"/>				
Residential institutions	<input checked="" type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please specify	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total					

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In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net addition
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
Other	Hostels	<input type="checkbox"/>			

20. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent	Not known
Existing employees	5	0	0	
Proposed employees	3	0		

21. 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
CONCRETE STORE	8:00 AM - 6:00 PM	8:00 AM - 6:00 PM		

23. Industrial or Commercial Processes and Machinery

Please 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:

M/A

Is the proposal a waste management development? Yes No

If the answer is Yes, Please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Please provide the annual operational throughput of the following waste streams:
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your 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 (tonnes) Phosgene (tonnes)
 Ammonia (tonnes) Hydrogen cyanide (tonnes) Sulphur dioxide (tonnes)

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:

Or signed - Agent:

Date (DD

21 / 0

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 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 Notified

NIVANIDA
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Signed - Applicant:

Or signed - Agent:

Date (DD

26. 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 the 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 the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

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

The correct fee:

3 copies of a design and access statement:

3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings):

3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable):

28. 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):

29. Agent Contact Details

Telephone numbers

Country code:	National number:
<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):

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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 to carry out a site visit, whom should they contact? (Please select only one)

Agent Applicant Other (if different agent/applicant)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

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VALIDATION CHECKLIST

PLANNING PERMISSION
Other than Householder Applications

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 to be supplied unless the application is submitted electronically)

Completed application form

YES

N/A

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 and by Regulation 6 of the Planning (Listed Building and Conservation Areas) Regulations 1990.

YES

N/A

Agricultural Holdings Certificate as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995

YES

N/A

Location Plan at a scale of 1:2500 or 1:1250 with your application site edged red and any other land in your ownership edged in blue.

YES

N/A

Existing and proposed site layout plans at a scale of 4:400, 1:200 or 1:500 @ A3

YES

N/A

Existing and proposed elevations to a scale of 1:50 or 1:100 1:200 @ A3

YES

N/A

Existing and proposed floor plans to a scale of 1:50 or 1:100 1:200 @ A3

YES

N/A

Existing and proposed roof plans to a scale of 1:50 or 1:100 - if the proposal alters the existing roof.

YES

N/A

Existing and proposed sections and finished floor levels at a scale of not less than 1:100

YES

N/A

Design and Access Statement unless material change of use, engineering or mining works

YES

N/A

Application fee

Please consult our enclosed Schedule of Fees. Cheques are to be made payable to NYMNPA.

YES

NO

Manufacturers specification/leaflet, for proposals incorporating plant/machinery (swimming pools/wind turbines)

YES

NO

Please highlight the exact information within the leaflet that relates to the development proposal. Please also see the Authority's website for Planning Advice Note 3 - Renewable Energy

MATERIAL SAME

SOME OR ALL OF THE FOLLOWING INFORMATION MAY ALSO BE REQUIRED:

- | | | |
|--|------------------------------|-----|
| Biodiversity Survey and Report (Nature Conservation and Ecological Assessment) | YES <input type="checkbox"/> | N/A |
| Flood Risk Assessments/ Sequential Test (flood zones) | YES <input type="checkbox"/> | N/A |
| Tree Survey/Arboriculture Assessment | YES <input type="checkbox"/> | N/A |
| Environmental Impact Assessment | YES <input type="checkbox"/> | N/A |
| Foul Sewerage/surface water Assessment | YES <input type="checkbox"/> | N/A |
| Structural Survey | YES <input type="checkbox"/> | N/A |
| Statement of Agricultural Need | YES <input type="checkbox"/> | N/A |

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