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NYM / 2011 / 0198 / NM

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2011/0198

PT1

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

Town and Country Planning Act 1990

NYMNPA  
28 MAR 2011

**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.

<b>1. Applicant Name and Address</b>			
Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>		
Company (optional):	EUROPEAN CARE LTD.		
Unit:	House number:	28	House suffix:
House name:	<input type="text"/>		
Address 1:	WELLBECK STREET		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	LONDON		
County:	<input type="text"/>		
Country:	UK		
Postcode:	W1A 8EW		

<b>2. Agent Name and Address</b>			
Title:	<input type="text"/>	First name:	<input type="text"/>
Last name:	<input type="text"/>		
Company (optional):	NEW MATERIALS ARCHITECT.		
Unit:	House number:	3A	House suffix:
House name:	<input type="text"/>		
Address 1:	DIAMOND ROAD		
Address 2:	<input type="text"/>		
Address 3:	<input type="text"/>		
Town:	WATFORD		
County:	HERTFORDSHIRE		
Country:	UK		
Postcode:	WD24 5EW		

### 3. Site Address Details

Please provide the full postal address of the application site.

Unit: **DRAFT** House number:  House suffix:

House name: **HAWKESRANTH LODGE CARE HOME**

Address 1: **STATION ROAD**

Address 2:

Address 3:

Town: **HAWSKER, WHITBY**

County: **YORKSHIRE**

Postcode (optional): **YO22 4LB.**

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

Easting:  Northing:

Description:

### 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: **HILLARY SAUNDERS.**

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

### 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?  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
<b>HEALTH CARE PROPERTIES UK LTD.</b>	<b>110 TRP &amp; C INTERNATIONAL 31 ST JAMES SQ, LONDON SW11 4JR.</b>	<b>15/03/2011</b>

### 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

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**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:

CONSTRUCTION OF A SINGLE STOREY EXTENSION TO CARE HOME TO INCREASE BEDROOM CAPACITY FROM 36 TO 50 BEDROOMS TOGETHER WITH STAFF ACCOMMODATION AND CAR PARKING AT HAWKESGARTH LODGE CARE HOME, STATION ROAD, HAWKESB.

Reference number:

NYM / 2006 / 0092 / FL.

Date of decision (DD/MM/YYYY):

22<sup>ND</sup> MAY 2006

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

FULL

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

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

PROPOSED ENTRANCE PORCH TO BE FINISHED IN NATURAL STONE IN LIEU OF RONDOL AND A MONO PITCH LEANTO SLATE ROOF IN LIEU OF PARAPETTED TURT ROOF.  
PROPOSED REPLACEMENT OF ORIGINAL HOUSE TIMBER WINDOWS WITH UPVC WHITE DUE TO ROT, DAMAGE AND TO IMPROVE ON HEAT LOSS.

Are you intending to substitute amended plans or drawings?

Yes  No

If Yes, please complete the following:

Old plan/drawing number(s):

ECH 02 / 310 D

New plan/drawing number(s):

ECH 02 / 310 E ECH / 02 - 320

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Please state why you wish to make this amendment:

WORK TO THE ENTRANCE PORCH IS TO REDUCE FUTURE MAINTENANCE AND RISK FROM SNOW LOADING.  
WORK TO THE WINDOWS IS TO REDUCE FUTURE MAINTENANCE AND SIGNIFICANTLY IMPROVE HEAT LOSS AND DRAFT ISSUES FOR RESIDENTS COMFORT.

**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:

**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  Date (DD/MM/YYYY):

**11. Applicant Contact Details**

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

**12. Agent Contact Details**

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (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

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:

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