

SELL YORK MOOK

d Vicarage Bondgate Helmsley York YO62 5BP

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2011/04/03

Application for removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) Act 1990

Within 12 months

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 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.

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.

	cant Name and Address	2. Agent Name and Address		
Title:	First name:	Title: MR First name: STUART		
ast name:		Last name: DUCKETT		
Company optional):	NORTHCLIFFE HOLIDAY PARK	Company (optional): SEAHUT STUDIO		
Jnit: Iouse	House number: House suffix:	Unit: House House suffix:		
ame:		House name: LOCKTON HOUSE		
ddress 1:	BOTTOMS LANE	Address 1: THE SANDS		
ddress 2:	HIGH HAWSKER	Address 2: PEASHOLM GAP		
ddress 3:		Address 3:		
own:	WHITBY	Town: SCARBOROUGH		
ounty:	NORTH YORKSHIRE	County: NORTH YORKSHIRE		
ountry:	U·K·	Country: U.K.		
stcode:	Y022 4LL	Postcode: YO12 7TN NYMNDA		
		24 JUN 2011		

. Site A	ddress Details	4. Pre-application Advice	Park a la car			
Please pro	le the full postal address of the application site.	Has assistance or prior advice been sought from	om the local			
Units	House House suffix:	authority about this application?	Yes No			
House name:	NORTHCLIFFE HOLIDAY PARK	If Yes, please complete the following informa you were given. (This will help the authority t	tion about the advice			
Address 1:	BOTTOMS LAWE	application more efficiently). Please tick if the full contact details are not	o dear with this			
Address 2:	HIGH HAWSKER	known, and then complete as much as possib	ole:			
Address 3:		Officer name:				
Town:	WHITBY	MRS H. SAUNDERS Reference:				
County:	NORTH YORKSHIRE		C 1 d			
Postcode (optional):	Y022 4LL	Date (DD/MM/YYYY):	l' la			
Description	of location or a grid reference.	(must be pre-application submission)	MAY 2011			
Easting:	mpleted if postcode is not known): Northing:	Details of pre-application advice received?				
Description:		WOULD PROBABLY SUPPO	PRT A			
		LESS RESTRICTIVE USE				
F. D	C OCY -					
Please provid	tion Of Your Proposal de a description of the approved development as show decision in the sections below:					
	The sections below.					
EXTE	NSION + ALTERATIONS TO 1	XISTING CARAVAN SITT	=			
CAFE	E AND SHOP					
Reference nu	mbor 411/41/04	(data must be	L			
	1111 12010 0 1 10	MM/YYYY): 29/11/2010 (date must be submission)	pre-application			
	he condition number(s) to which this application relate					
	ONDITION NO 3.	6. Analysis				
2.		7.	7			
3.		8.	2011			
4.		9.				
5.		10.				
las the devel	opment already started?	Yes Vo				
Yes please s	tate when the development started (DD/MM/YYYY):	(date must be pre-ap submission)	plication			
as the develo	opment been completed?	Yes VNo				
Yes please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
Condition	n(s) - Removal					
ease state wł	ny you wish the condition(s) to be removed or changed					
THE EXISTING SHOP AND CAFE HAS NO RESTRICTIVE LICE AND IS LICEN						
BY WALKERS AND OTHERS HEFT IN ADDITION TO CARAVAN PARK CUSTOMERS THE CONDITION IMPOSED WILL SEVERLY RESTRICT AMENITIES OFFERED.						
was the existing condition to be changed, please state how you wish the condition to be varied:						
CONDITION TO BE REMOVED (EXISTING ESTABLISHED USE WILL NOT CHANGE BUT FACILITIES IMPROVED)						
		0.0000 2.300				

Town and Country Plannin Agricultural Land Declaration - You Must Cor (A) None of the land to which the applica	AGRICULTURAL HOLDINGS CERTIFICATE g (General Development Procedure)Order 1995 Cert nplete Either A or B ation relates is, or is part of, an agricultural holding.	tificate under Article 7
Signed - Applicant:	Or signed - Agent:	Date DD/MM/YYYY:
		10/06/2011
B) I have/ The applicant has given the rebefore the date of this application, was a term as listed below:	equisite notice to every person other than myself/ the a nant of an agricultural holding on all or part of the land	pplicant who, on the day21 days to which this application relates,
Name of Tenant	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date DD/MM/YYYY:
ne Local Planning Authority has been submitt	re you have sent all the information in support of your pation being deemed invalid. It will not be considered valed.	proposal. Failure to submit all alid until all information required by
copies of a completed and dated application		d drawings or information subject of the application:
Declaration ve hereby apply for planning permission/conformation.	sent as described in this form and the accompanying p	plans/drawings and additional
gned - Applicant:	Or signed - Agent	
	o, sgi i i zini	NYMAIDA 24 JUN 204
ate (DD/MM/YYYY): $0/06/2011$ (date cannot be	pre-application)	2011
		\$Date: 2007/05/11 09:53:51 \$ \$Revision: 1.15 \$

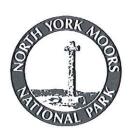
Control of the Contro			
10. Applicant Contact Details	11. Agent Contact Details		
Telephon imbers	Telephone numbers		
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):			
12. Site Visit			
Can the site be seen from a public road, public footpath, bridleway	or other public land? Ves 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		
f Other has been selected, please provide:	agent/applicant's details)		
Contact name:	Telephone number:		
	NYM / 2011 / 4 0 2 / E1		
Email address:	7 0 3 / 8 4		



VALIDATION CHECKLIST

APPLICATION for REMOVAL or VARIATION of a condition following grant of planning permission (section 73 of the Town and Country Planning Act 1990)

STANDARD REQUIREMENTS:



Please complete the attached checklist to indicate what you have included with your application. All plans should include paper size, key dimensions and scale.

(1 original and 3 copies to be supplied unless the application is submitted ele	ctronically)	
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.	YES	N/A 🗌
Agricultural Holdings Certificate as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995	YESV	N/A 🗌
Application fee	YES	NOT (NOT REQUIRED)

