



North York Moors National Park Authority
 The Old Vicarage
 Bondgate
 Helmsley
 York
 YO62 5BP

NYM / 2011 / 0782 / NM

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2011/0782

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

Town and Country Planning Act 1990

K170 #11217
 21/11/11

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: <input type="text" value="MR"/> First name: <input type="text" value="PETER"/>	Title: <input type="text"/> First name: <input type="text"/>
Last name: <input type="text" value="HAYNE"/>	Last name: <input type="text"/>
Company (optional): <input type="text" value="ARQIVA SERVICES LTD"/>	Company (optional): <input type="text"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text"/>	House name: <input type="text"/>
Address 1: <input type="text" value="BLACK HILL TRANSMITTING STATION"/>	Address 1: <input type="text"/>
Address 2: <input type="text" value="SALSBURGH"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: <input type="text" value="SHOTTS"/>	Town: <input type="text"/>
County: <input type="text" value="NORTH LANCASHIRE"/>	County: <input type="text"/>
Country: <input type="text" value="SCOTLAND"/>	Country: <input type="text"/>
Postcode: <input type="text" value="ML7 4NZ"/>	Postcode: <input type="text"/>

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3. Site Address Details

Please provide the full postal address of the application site.

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

House name:

Address 1: **LAND ADJACENT TO TOFT HOWE**

Address 2: **FARM, MAIN ROAD,**

Address 3: **AISLABY**

Town:

County: **NORTH YORKSHIRE**

Postcode (optional): **YO21 1SF**

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

Easting: **486310** Northing: **508790**

Description: **TELEVISION RELAY STATION**

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:

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
DRM & LM DAGLISH	THE MEADERY, BOWES GREEN COURT, BISHOP THORNTON, HG3 3JX	18/11/2011

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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

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:

DECISION NO: NYM/2011/0399/FL

DECISION DATE: 18 OCTOBER 2011

DESCRIPTION: PROVISION OF 1 NO. SATELLITE DISH AND SUPPORT APPARATUS ON EXISTING MAST TOGETHER WITH REPLACEMENT OF 1 NO. EQUIPMENT CABIN AND PROVISION OF 1 NO. SMALL SCALE METER CABINET

Reference number:

NYM/2011/0399/FL

Date of decision (DD/MM/YYYY):

18/10/2011

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:

RE-POSITION OF PROPOSED EQUIPMENT CABIN AND METER CABINET



Are you intending to substitute amended plans or drawings?

Yes No

If Yes, please complete the following:

Old plan/drawing number(s):

140032-99-151-MD001; 140032-99-152-MD001; 140032-99-153-MD001; 140032-99-156-MD001
16457-50-150-M17-17

New plan/drawing number(s):

140032-99-100-MD003; 140032-99-156-MD003; 140032-99-151-MD003;
140032-99-152-MD003 AND 140032-99-153-MD003

Please state why you wish to make this amendment:

LOGISTICS OF THE SITE CONSTRUCTION HAVE CHANGED; THE ORIGINAL CABIN CAN BE REMOVED FIRST AND THEN THE REPLACEMENT INSTALLED. -SEE SUPPORTING LETTER

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 - Agent: Date (DD/MM/YYYY): 18/11/2011

11. 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):

12. Agent 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):

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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VALIDATION CHECKLIST

Application for NON-MATERIAL AMENDMENT following a grant of planning permission



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 of all information unless submitted electronically)

Completed application form

YES N/A

Application fee

YES NO

Some or all of the following information may also be required depending upon the nature of the proposed changes:

Amended elevations to a scale of 1:50 or 1:100
Photographs of Amended Elevations accepted

YES N/A

~~Amended floor plans to a scale of 1:50 or 1:100~~

YES N/A

Amended site layout plans at a scale of 1:500, 1:200 or 1:100 site layout plan

YES N/A

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