

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

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

12/239

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

NYMNPA 13 APR 2012

'ublication of planning applications on council websites

lease note that with the exception of applicant contact details and Certificates of Ownership, the information provided on thi pplication form and in supporting documents may be published on the council's website.

f you have provided any other information as part of your application which falls within the definition of personal data under the pata Protection Act which you do not wish to be published on the council's website, please contact the council's planning lepartment.

lease complete using block capitals and black ink,

is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

I. Applicant Name and Address	2. Agent Name and Address
Title: MZ First name: DUNCAN	Title: First name:
ast name: SEAWLEY	Last name:
optional):	Company (optional): CLOSE, GRANCER, GRAY & WILLIN
Jnit: House number: House suffix:	Unit: House House suffix:
House BEES NEST FARM	House name: 28 MARKET PLACE
Address 1: STAINTONDALE	Address 1:
Address 2:	Address 2:
address 3:	Address 3:
OWN: SCARBOROUCH	Town: GUISBOZOUGH
ounty: NORTH YORKSHIRE	County:
ountry:	Country:
ostcode: YO13 OEL	Postcode: TS14 6HF

5. Site Address Details	4. Pre-application Advice
Please provide the full postal address of the application site. House House	Has assistance or prior advice been sought from the local authority about this application?
Unit: House number: House suffix:	II Y Y INO
House AS APPLICANT	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1:	application more efficiently). Please tick if the full contact details are not
Address 2:	known, and then complete as much as possible:
Address 3:	Officer name:
Town:	Reference:
County:	
Postcode (optional):	Date (DD/MM/YYYY):
Description of location or a grid reference.	(must be pre-application submission)
(must be completed if postcode is not known):	Details of pre-application advice received?
Easting: Northing:	NYMNPA
Description:	1 3 APR 2012
5. Description Of Your Proposal	And the second s
Please provide a description of the approved development as showr and date of decision in the sections below:	n on the decision letter, including the application reference number
CANDERS IN AT RETURNAN	T GARAGE TO FORM ADDITIONAL
LIVING ACCOMMODATION TOGE	
	T BEES NEST FARM, STAINTON-
	(Data must be are application DALE
14 1M/2011/0083/FL	17/1/2012 (Date must be pre-application submission) (DD/MM/YYYY)
Please state the condition number(s) to which this application relate	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.
Has the development already started?	Yes . No
If Yes please state when the development started (DD/MM/YYYY):	3/4/12 (date must be pre-application submission)
Has the development been completed?	☐ Yes ☑ No
If Yes please state when the development was completed (DD/MM/	(YYY): (date must be pre-application submission)
5. Discharge Of Condition	
Please provide a full description and/or list of the materials/details th	at are being submitted for approval:
	DOWS TO THE BYRE CONVERSION
NOS COLOUR OF ALLNEW WINE	dows and frames
7. Part Discharge Of Condition(s)	
Are you seeking to discharge only part of a condition?	☐ Yes N o
If Yes, please indicate which part of the condition your application re	ates to:

8. Planning Application Requirements - Checklist		
Please read the following checklist to make sure you have sent all information required will result in your application being deemed the Local Planning Authority has been submitted.	the information in support of your proposal. Failure to submit all invalid. It will not be considered valid until all information required by	
3 cop()f a completed and dated application form:	3 copies of other plans and drawings or information necessary to describe the subject of the application:	
 Declaration /we hereby apply for planning permission/consent as described in nformation. 	n this form and the accompanying plans/drawings and additional	
Signed - Applicant:	Or signed - Agent:	
Date (DD/MM/YYYY): 12/4/12 (date cannot be pre-application)		
10. Applicant Contact Details	11. Agent Contact Details	
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	
2. Site Visit Can the site be seen from a public road, public footpath, bridleway the planning authority needs to make an appointment to carry ut a site visit, whom should they contact? (Please select only one) Other has been selected, please provide: Contact name:	or other public land? Yes No Agent Applicant Other (if different from the agent/applicant's details) Telephone number:	
mail address:		

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