

North York Moors National Park Authority The Old Vicarage Bondgate Helmsley York YO62 6BP

Telephone: 01439 770357 Email: do@northyorkmoors-npa.gov.uk Website: www.moors.uk.net

2012/0202

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

Town and Country Planning Act 1990 & 25 # 11677 12/7/12

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: W.R. First name: PAUL	Title: W.R. First name: JOHN	
Lastname: KOGARTH	Last name: DAVIES	
Company (optional):	Company Contional); JONENEYUMN DESIGN LAD	
Unit: House number: House suffix:	Unit: House BS House suffix:	
House INGLEGARTH	House THE UMTY CENTRE	
Address 1: HIGH CRAZWELL	Address 1: BOLE HUN ROVAD	
Address 2: AISLABY	Address 2:	
Address 3:	Address 3:	
Town: WHUTBY	TOWN: SKEFFIELD	
county: NORTH YARKSHURE	County: South Yorksmire	
Country: EUGLAND	Country: EUGLAND	
Postcode: 4021 ISZ	Postcode: S65D.	

## NYM / 2012 / 0 5 0 5 / N M

3. Site Address Details  Please provide the full postal address of the application site.  Unit: House House Suffix: House Suffix: House Name: KEEPER'S COTTAGE.  Address 1: HUGH CRAG WELL  Address 2: AISWAY  Address 3: Town: WHIRY  County: NORTH YORLSMARE  Postcode (optional): YOZI SZ.  Description of location or a grid reference, (must be completed if postcode is not known):  Easting: NA Northing: MA  Description:	A. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application?  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:  AIUSA TEASDALE  Reference:  E-WAW.  Date of advice (DD/MM/YYYY):  Details of pre-application advice received:  NON-WATERIEL AMENDMENT  REQUIRED FOR THE PROPOSED ACTERATION  TO THE SUSTERANCEAN GARRAGE.			
12/19				
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?  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?  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  Notification				
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	Yes No 10 JUL 2012			
If yes please provide details of the name, relationship and role				

"7	Descri	ntion	Of Vane	Proposal
1.	DESCH	puon	or rour	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 two storey Extension Incurring BASELVENT LEVEL DOGETHER WITH CONSTRUCTION of subterativean GARAGE AND ASSOCIATED LANDSCAPENG WERELS FORWARD THE DEMONITION OF EXPENSIONS AT KEEPERS COSTACE, MOER ROUTD, AISLABY

Reference number:

Date of decision (DD/MM/YYYY):

NYM/2012/0046/fL

28 WYRCH 2012

What was the original application type?:

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

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

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

REUSED WYOUT OF THE SUBTERRAMEAN GARAGE TO PROMPE IMPROVED WERELENOP AND CAR STARTER FACILITIES.

Are you intending to substitute amended plans or drawings?

Yes

NYMNPA 1 0 JUL 2012

If Yes, please complete the following:

Old plan/drawing number(s):

KC PC-02

New plan/drawing number(s):

KC BR-02

Please state why you wish to make this amendment:

THE PURPOSE of THE APPRINED GHERRYE IS TO STORE AND WORL ON A CLASSIC CAR COLLECTION. FOLLOWING THE DETVILLED TOPOZKAPINIC SURVEY AND ABORIOCULTMAN ASSESSMENT IT HAS RECOUNDE APPAREMENT THE FUNCTION OF THE GARAGE CAN BE IMPROVED IN HUMAN ANY MATERIAL ALTERATION TOUTH EXTERNAL APPEARINGE OF THE STRUCTURE ALREADY APPROVED.

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:	ſΩ <b>Y</b>			
The correct fee:	Id			
10. Declaration  I/we hereby apply for planning permission information.  Signed - Applicant:  11. Applicant Contact Details	nying plans/drawings and additional  Date (DD/MM/YYYY):  [0   67   7012  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):	Telephone numbers  Country code: National number: Extension number:  Country code: Fax number (optional):  Email address (optional):			
13. Site Visit  Can the site be seen from a public road, public footpath, bridleway or  If the planning authority needs to make an appointment to carry  out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide:  Contact name:  Email address:  A  Email address:	Tother public land? Yes No Agent Applicant Other (If different from the agent/applicant's details)  Telephone number:			

NYMNPA 1 0 JUL 2012