

NYM / 2013 / 0 5 8 1 / 0 M

Bondgate Helmsley York YO62 5BP

The Old Vicarage

Telephone: 01439 772700 Email: planning@northyorkmoors.org.uk Website: www.northyorkmoors.org.uk

North York Moors National Park Authority

2013/0581

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

Town and Country Planning Act 1990

NYMNPA 13 AUG 2013

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			
Title:	MRS First name: LYNN		
Last name:	SMITH		
Company (optional):	YORKSHIRE NATER SERVICES		
Unit:	House number: House suffix:		
House name:	LIVINGSTONE HOUSE		
Address 1:	CHABWICK STREET		
Address 2:			
Address 3:			
Town:	LEEDS		
County:	WEST YORKSHIRE		
Country:	UNITED KINGDOM		
Postcode:	R10 1 LJ		

2. Agent Name and Address					
Title:	Me	First name:	TOM	•	
Last name:	SPEN	CER			
Company (optional):	MOTT	MACDON	ALD B	SENTU	2 4
Unit:		House number:		House suffix:	
House name:	LIVING	STONE	House		
Address 1:	CHADO	vick ST	LEET		
Address 2:					
Address 3:					
Town:	LEEDS)			
County:	WEST	Yoekst	HEE		
Country:	UNITE	O KINC	MOGE	1)	
Postcode:	LSIO I	LÏ			y) 1

3. Site Address Details Please provide the full postal address of the application site. Unit: House number: House suffix: House name: Puswall SPS Address 1: SNEATON LANE Address 2: RUSWARP Address 3: Town: WHIT BT County: NOLTH YORKSHIRE Postcode (optional): VO21 IYL Description of location or a grid reference. (must be completed if postcode is not known): Easting: H89022 Northing: 509056 Description: SENAGE PUMPING STATION	4. 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: ML PETEL JONES Reference: ENQ 8940 Date of advice (DD/MM/YYYY): Details of pre-application advice received: EMAL COLLESPONDANCE ON VALIATION TO DESIGN POST PLANNING APPROVAL DUE TO DESIGN REQUIREMENTS SET BY NYCC HIGHWAYS DEPARTMENT.		
Do you, or the person on whose behalf you are making this applicatinave an interest in the part of the land to which this amendment relation to the land to which this amendment relation to the sole owner, has notification under article 9 of the Difference of the property of the propert	apply to make a non-material amendment. OMPO been given? Yes No Not Applicable apply to make a non-material amendment.		
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 If yes please provide details of the name, relationship and role	any of these statements apply to you? Yes No		

7. Description Of Your Proposal	
Please provide a description of the approved development as shown on the date of degrain in the sections below. Please also provide the original appl	
PROPOSED CONCRETE HARDSTANDING	ALEAS ADJACENT TO THE SPS
AT RUSWARP SPS, SNEATON LANE, E	LISWARP.
	MYM / 2013 / 0 5 8 1 / N M
Reference number:	Date of decision (DD/MM/YYYY):
NYM 12013 10058 FL	27/03/2013
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	
For the purpose of calculating fees, which of the following best describes the	ne original application type?
Householder development: development to an existing dwelling-house	or development within its curtilage
Other: anything not covered by the above category	
8. Non-Material Amendment(s) Sought	
Please describe the non-material amendment(s) you are seeking to make:	
FOLLOWING SUBMISSION AND REVIEW OF TO COMPLETED IN ACCORDANCE WITH A CONTEMPORARY, NYCC HIGHWAYS HAVE SPET ARRANGEMENT SHOULD ENSURE THAT A THE HIGHWAY DURING REVERSING MAN LAY-BY CONSTRUCTION HAS THEREFORE THIS, AS PER DLG. L414-11-100 REVI	CIFIED THAT THE LAY-BY I TANKER DOES NOT OVERHANG TOEUVERS. THE PROPOSED TO BEEN MODIFIED TO ADDRESS
Are you intending to substitute amended plans or drawings?	
If Yes, please complete the following:	✓Yes No
Old plan/drawing number(s):	
L414-11-100-P2	The same of the sa
New plan/drawing number(s):	NYMNPA
L414-11-100-P4	13 AUG 2013
Please state why you wish to make this amendment:	
AS ABOVE.	and Article and Ar

9. Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application not being accepte Local Plann' a Authority has been submitted.	
The original and 3 copies of a completed and dated application form	" MYM / 2013 / 0 5 8 1 / N M
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 the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	his form and the accompanying plans/drawings and additional of facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):
	07/08/2013
11. Applicant Contact Details	12. Agent Contact Details
Telephone numbers	Telephone numbers
Extension	Extension
Country code: National number: number:	Country code: National number: number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
13. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	r 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:	agent appream a details
Contact name:	Telephone number:

Email address:



Validation Checklist

Application for Non Material Amendment Following Grant of Planning Permission

Standard National Validation Requirements

require further assistance.



To ensure that the Planning Officer dealing with your planning application has a complete picture on which to base their judgments and to ensure proper public consideration, the following information is required at application submission stage. Failure to supply the required information with a planning application submission will delay a decision on the proposal as the statutory determination period will not begin until the required information is submitted and the validation requirements fulfilled.

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

(Three copies are to be supplied unless the application is submitted electroni	cally)	
Completed Application Form with Signed and Dated Declaration	YES	NO
Application Fee Please see the Authority's Fee Sheet for further information.	YES	NO
Some or all of the Following Information may also be Required De Nature of the Proposed Changes:	pending o	n the
Amended Site Layout Plans to a recognised scale i.e. 1:100, 1:200 or 1:500 with a north arrow labelled.	YES 🗹	NO
Other Plans and Drawings or Information Necessary to describe the subject of the application.	YES[]	NOM
Please do not hesitate to contact the Development Management Administration	n Team if y	ou

