

1. Applicant Name and Address

North York Moors National Park Authority
The Old Vicarage
Bondgate
WYM / 2013 / 0 / 1 0 / 6). 4 Helmsley
York
YO62 5BP

2013/0410

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

Application for Planning Permission.

Town and Country Planning Act 1990

£385#12275 18/6/13

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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.

Title:	MR First name: MATHEW	Title:	First name:
_ast name:	Else	Last name:	
Company (optional):	J.E.+M.P. ELSE	Company (optional):	House
Unit:	House House suffix:	Unit:	House number: House suffix:
House name:	GRANGE FARM	House name:	
Address 1:	STAINTONDALE	Address 1:	
Address 2:	SCAR BOROUGH	Address 2:	
Address 3:	NORTH YORKSHIRE	Address 3:	10000
Town:		Town:	18 JUN 2013
County:		County:	
Country:		Country:	
Postcode:	YOBOEN	Postcode:	
Please de	ription of the Proposal scribe the proposed development, including any change of the Proposed development of the Pro	ge of use: BUILDINO	to House
	uilding, work or change of use aiready started?	Yes	₹No
if Yes, ple work or t	uilding, work or change of use aiready started? ase state the date when building, use were started (DD/MM/YYYY): uilding, work or change of use been completed?	Yes	No (date must be pre-application submission) X No

. Site Address Details		1	5. Pre-application Advice
lease provide the full postal address of the a		te.	Has assistance or prior advice been sought from the local authority about this application?
Jnit: House number:	House suffix:		additional apparatus abbusiness
House SAME			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:			
County:	. <u></u>		Reference:
Postcode (optional): Y0130E~		1	
Description of location or a grid reference. must be completed if postcode is not know	n):		Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing	:		Details of pre-application advice received?
Description:			11/14 / 2.013 / 0 / 1 0 / 6 L - 4
	1 151 1		7. Waste Storage and Collection
6. Pedestrian and Vehicle Access, Roa	as and Righ	its of way	1
is a new or altered vehicle access proposed to or from the public highway?	Yes	⊠ No	Do the plans incorporate areas to store and aid the collection of waste? Yes No
ls a new or altered pedestrian			If Yes, please provide details:
access proposed to or from the public highway?	Yes	No	NYMAID
Are there any new public roads to be provided within the site?	Yes	No	18 JUN 2013
Are there any new public rights of way to be provided within or adjacent to the site?	Yes	No No	
Do the proposals require any diversions /extinguishments and/or creation of rights of way?	Yes	No No	Have arrangements been made for the separate storage and collection of recyclable waste? Yes No
If you answered Yes to any of the above questials on your plans/drawings and state to	jestions, plea	se show	If Yes, please provide details:
(s)/drawings(s)			1]]
(c) rel	nember of st elected mer ated to a me lated to an el	nber mber of staf	Do any of these statements apply to you? Yes No
(d) re If Yes, please provide details of the name,			
If Yes, please provide details of the name,	relationship		

. Materials applicable, please state	te what materials are	to be used external	lly. Include	type, colour and name for each ma	nterial:		
	Existing (where applicable)			Proposed			Don't Know
Valls			4/14	YORKSHIRE BUR	RDING		
oof				DANK GREY I	IBRÉ		
Vindows			MAW \	2013 / 0 4 1 0 / 8		网	
Doors						凶	
Boundary treatments e.g. fences, walls)						Ø	
Vehicle access and nard-standing		10 10 10 10 10 10 10 10 10 10 10 10 10 1				X	
Lighting		1 8 JUN 2013		LOW VOLTAGE	, 		
Others (please specify)						区	
Are you supplying ad f Yes, please state ref	ditional information ferences for the plan(on submitted plan(: (s)/drawing(s)/desig	s)/drawing(n and acce	(s)/design and access statement? ss statement:	Yes		No.
IO. Vehicle Parki	ing						
Please provide inf Type of Veh	formation on the exis	sting and proposed Total Existing	number of To	on-site parking spaces: tal proposed (including spaces retained)	Differen in space		
Cars							
Light goods ve public carrier v	<u>rehicles</u>		/	0			
Motorcyc			<i>N/1</i>	4			
Disability sp							
Cycle spa							
Other (e.g.							
Other (e.g.	Bus)		ļ				

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and
Mains sewer Cess pit	consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
If Yes, please include the details of the existing system on the application drawings and state references for the	Will the proposal increase the flood risk elsewhere?
plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system
NYM / 2013 / 0 4 7 0 / F L *	Soakaway Pond/lake
NTM / LUIU / U	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
	Please describe the current use of the site:
To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable	EXISTING CUBICAL BUILDING
likelihood that any important biodiversity or geological conservation features may be present or nearby and whether	EXISTING CUBICAL BUILDING TO HOUSE PAIRY COWS
they are likely to be affected by your proposals. Having referred to the guidance notes, is there a reasonable	Is the site currently vacant? Yes No
likelihood of the following being affected adversely or conserved	If Yes please describe the last use of the site:
and enhanced within the application site, or on land adjacent to or near the application site?	18 JUN 2013
a) Protected and priority species:	/ JUN 2013 /
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	When did this use end (if known)?
No	DD/MM/YYYY (date where known may be approximate)
b) Designated sites, important habitats or other biodiversity features:	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination
Yes, on the development site	assessment with your application.
Yes, on land adjacent to or near the proposed development	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable to the presence of contamination?
No	
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the	Does the proposal involve the need to dispose of trade effluents or waste? Yes No
proposed development site? Yes No And/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the	of trade effluents or waste
development or might be important as part of the local landscape character? Yes No	SLURRY TO BE STORES
If Yes to either or both of the above, you may need to provide a ful Tree Survey, at the discretion of your local planning authority. If a	
Tree Survey is required, this and the accompanying plan she are	111
authority should make clear off its website what the survey	
design, demolition and construction - Recommendations'.	\$Date=2013-01-07 #\$ \$Revision: 4679 \$

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lats and maisonettes								Flats and maisonettes							- 5
ive-work units								Live-work units							
luster flats								Cluster flats							:/
Sheltered housing								Sheltered housing							
Bedsit/studios				,				Bedsit/studios							
Jnknown type							- :	Unknown type							
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	ypes of Dev	elopme *:	nt: N	Von-residenti	al Floorspace	tial floorspa	ce?	Yes		No
es your	proposal invol	ve the los	s, gan	etion charge of u	se of non-residen se add details in	the followin	g table:			
	class/type of u	yes to the	licable	Existing gross internal floorspace (square metres)	Gross internal flo to be lost by ch use or demo (square me	oorspace ange of lition	floorspa floorspa	ross interna ice propose ng change uare metre	ed of	Net additional gross internal floorspace following development (square metres)
A1	Shops								_	
Ì	Net tradable	e area:								
A2	Financial professional	services								
А3	Restaurants a	nd cafes							_	
A4 _	Drinking estab	lishments								
A 5	Hot food tak	eaways				1 h				
B1 (a)	Office (other					H = H				
B1 (b)	Research developr			<u> </u>	1	151			_,	
B1 (c)	Light indu									
B2	General inc	iustrial						711	-	
B8	Storage or dis								MA	P ₁
 C1	Hotels and	halls of		 				18 JU	À/	
	resider Residential in		17				1			Y3
	Non-resid	lential	† -	1	 		-			
D1	institut Assembly ar		+=	<u>'</u>						
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OTHER Please			+=	<u> </u>						
Specify	<u>' </u>		 	1			 			
	Tot	al 		<u> </u>			L	e loss or ga	in of I	rooms
In ac	ddition, for hote	els, reside	ntial i	nstitutions and h	nostels, please ad	Total roor	ns propo	sed (includ	ing	Net additional rooms
Use class	Type of use	Not applicable	EXI	of use or de	e lost by change molition	c	hanges c	of use)	\dashv	
C1	Hotels					 			-+	
	Residential Institutions					<u> </u>		×020 /		110/FL 3
OTHER						11	<u> </u>	<u> 7.013 /</u>	<u>U </u>	1 0 6 8 8
Please Specify										
19. E	mployment									
Please	complete the f	ollowing	infor	mation regarding	employees:				To	tal full-time
				Full-time	Par	t-time				equivalent
1	Existing employ		 	4		4				
Р	roposed emplo	yees								
20. H	lours of Ope	ning				بلا جو د د.				
Pi	ease state the h	ours of o			esidential use pro	posea:	T	Sunday and		Not known
	Use		Mor	nday to Friday	Saturo	1ay 	B	ank Hóliday	<u> </u>	
						1//	 			
						V/M	 			-
					<u> </u>		<u> </u>			
\ <u> </u>			===							
<u> </u>	Site Area									

22. Industrial or Commercial Proces	sses	and Machinery						
Please describe the activities and processes which would be carried on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:								
ls the proposal a waste management develo			Ì					
If the answer is Yes, please complete the follo	owing	table:						
	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making n allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	10 Maximum and operational					
Inert landfill								
Non-hazardous landfill								
Hazardous landfill								
Energy from waste incineration								
Other incineration								
Landfill gas generation plant								
Pyrolysis/gasification								
Metal recycling site								
Transfer stations								
Material recovery/recycling facilities (MRFs)								
Household civic amenity sites								
Open windrow composting								
In-vessel composting								
Anaerobic digestion								
Any combined mechanical, biological and/ or thermal treatment (MBT)			A					
Sewage treatment works			18 JUN 2013					
Other treatment			18 1111					
Recycling facilities construction, demolition and excavation waste								
Storage of waste			· / / /					
Other waste management								
Other developments								
Please provide the maximum annual opera	tiona	throughput of the following waste streams:						
Municipal								
Construction, demolition and		ration						
Commercial and indus								
Hazardous	to pr	ovide further information before your application	n can be determined. Your waste					
If this is a landfill application you will fleed planning authority should make clear wha	t info	mation it requires on its website.						
23. Hazardous Substances		 :						
Does the proposal involve the use or stora the following materials in the quantities st	ge of ated l	any of Not appelow? Yes No Not ap	pplicable					
If Yes, please provide the amount of each s	substa	nce that is involved:						
Acrylonitrile (tonnes)	Acrylonitrile (tonnes) Ethylene oxide (tonnes) Phosgene (tonnes)							
Ammonia (tonnes)	Ну	drogen cyanide (tonnes)	Sulphur dioxide (tonnes)					
Bromine (tonnes)	Liquid oxygen (tonnes) Refined white sugar (tonnes)							
Chlorine (tonnes)	Liquio	- Tetroleum gas (connes)	Clinica Hillia Jagar (contros)					
Other:		Other:						
Amount (tonnes):		Amount (tonnes):	\$Date:: 2013-01-07 #\$ \$Revision: 4679 \$					

26. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent al information required will result in your application being deemed 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 the plan which identifies the land to which the application relates drawn to an	The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details): The original and 3 copies of the completed, dated	by
identified scale and showing the direction of North: The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	Ownership Certificate (A, B, C, or D - as applicable): The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):	

27. Declaration I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, an get the opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent:	any springris given die file
30. Site Visit	29. Agent Contact Details Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
Can the site be seen from a public road, public footpath, bridleway or other 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: Temail address:	her public land?

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