

The Old Vicarage Bondgate Helmsley York MYM / 2013 / 0 4 3 2 /

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

North York Moors National Park Authority

2013/0432

E195 # 12295

201310432 251613 Application for removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) Act 1990

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.

1. Applicant Name and Address		2. Agent Name and Address
Title:	MR First name: DAVID	Title: First name:
Last name:	HEATON	Last name:
Company (optional):		Company (optional):
Unit:	House number: House suffix:	Unit: House number: House suffix:
House name:	HIGH PEAK HOUSE	House name:
Address 1:	POLLARD ROAD	Address 1:
Address 2:	RAVENSCAR	Address 2:
Address 3:		Address 3:
Town:	SCARBOROUGH	Town:
County:	NORTH YORKSHIRE	County:
Country:		Country:
Postcode:	Y0130NB	Postcode:

	<u> </u>				
3. Site Address Details	4. Pre-application Advice				
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?				
Unit: House House suffix:	V 165				
HOUSE HIGH PEAK HOUSE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: POLLARD ROAD	application more efficiently).				
Address 2: RAVENSCAR	Please tick if the full contact details are not known, and then complete as much as possible:				
Address 3:	Officer name:				
TOWN: SCARBOROUGH	MRS JILL BASTOW				
County: NORTH YORKSHIRE	Reference: JNB/ENQ9256				
Postcode (optional): YOIS ONB	Date (DD/MM/YYYY):				
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?				
Easting: Northing:	As letter off the				
Description:	10-6.13				
	\G'\G'\\3				
E Doggvintion Of Your Dyon and					
5. Description Of Your Proposal Please provide a description of the approved development as shown	on the decision letter, including the application reference number				
and date of decision in the sections below:					
Removal of occupar	ney condition attached				
to High Rook House	3				
Removal of occupancy condition attached to High Peak House					
Reference number: NYM20030913FLDate of decision (DD/MM/YYYY): 15 Apr Of (date must be pre-application submission)					
Please state the condition number(s) to which this application relates	s:				
1. Ko 3	6.				
2. MYM / 2013 / 0 / 3 / / f l.	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):	(date must be pre-application submission)				
Has the development been completed?	Yes No				
If Yes, please state when the development was completed (DD/MM/)	(date must be pre-application				
submission)					
6. Condition(s) - Removal					
Please state why you wish the condition(s) to be removed or changed:					
To allow the sale of	High Peak House.				
If you wish the existing condition to be changed, please state how yo	ut wish the condition to be varied.				
- you man are existing condition to be changed, please state now yo					
I In hemaline the Ata DARN	acy condition and				
apply Con Police I of the	acy condition and elocal Development Framework				

9. Planning 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 being deemed invalid. It will not be considered valid 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 the completed, dated Ownership Certificate (A, B, C, or D - as applicable): The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):

10. De(ration // I/we hereby apply for planning permission/con:	nsent as described in th	his form and the accompanying plans/drawings and additional			
information. I/we confirm that, to the best of my genuine opinions of the person(s) giving them.	ny/our knowledge, any	of facts stated are true and accurate and any opinions given are the			
Signed - Applicants	Or signed - Agent:	Date (DD/MM/YYYY):			
		14・6・13 (date cannot be pre-application)			
11. Applicant Contact Details		12. Agent Contact Details			
Telephone numbers		Telephone numbers			
Country code: National number.	Extension number:	Country code: National number: Extension 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 or other public land? Yes No					
If the planning authority needs to make an appout a site visit, whom should they contact? (Plea	ointment to carry ase 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:			
Contact name.		relephone number:			
Email address:					

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