



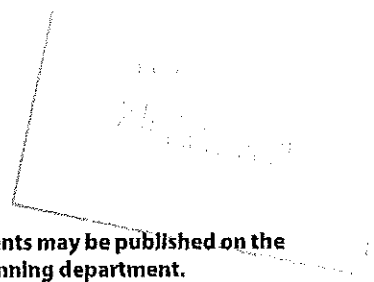
North York Moors National Park Authority
 The Old Vicarage
 Bondgate
 Helmsley
 York
 YO62 5BP

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

2013/0253

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

Town and Country Planning Act 1990



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:	FIONA
Last name:	HART		
Company (optional):			
Unit:	House number:	House suffix:	
House name:	GREYSTONES		
Address 1:	ESKDALESIDE		
Address 2:	GROSMONT		
Address 3:	NORTH YORKSHIRE		
Town:	GROSMONT		
County:	NORTH YORKSHIRE		
Country:	UNITED KINGDOM		
Postcode:	YO22 5PS		

2. Agent Name and Address			
Title:	MR	First name:	TONY
Last name:	CLARKE		
Company (optional):	A L PARTNERSHIP		
Unit:	House number:	House suffix:	
House name:			
Address 1:	TRAFALGAR TERRACE		
Address 2:			
Address 3:			
Town:	REDCAR		
County:	CLEVELAND		
Country:	UNITED KINGDOM		
Postcode:	TS10 1PP		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

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:

Reference:

Date of advice (DD/MM/YYYY):

Details of pre-application advice received:

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?

Yes No

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 9 of the DMPO been given? Yes No Not Applicable

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

6. Authority Employee / Member

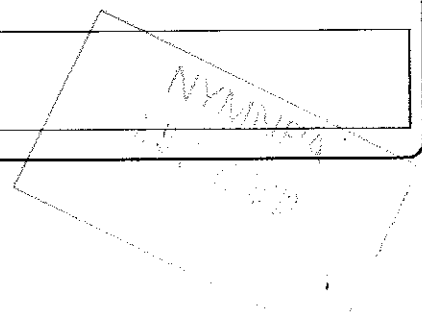
With respect to the Authority, I am:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

Do any of these statements apply to you?

Yes No

If yes please provide details of the name, relationship and role



7. Description Of Your 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 A TWO STOREY SIDE EXTENSION

NYM/2013
 25 APR 2013

Reference number:

NYM/2012/0354/FL

Date of decision (DD/MM/YYYY):

27/09/2012

What was the original application type?:

(e.g. 'Full', 'Householder and Listed Building', 'Outline')

FULL

For the purpose of calculating fees, which of the following best describes the 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:

- RELOCATION OF THE REAR EXTERNAL DOOR TO THE UTILITY ROOM TO THE OPPOSITE SIDE WALL.
- OMISSION OF ONE FIRST FLOOR LEVEL WINDOW OPENING IN THE SIDE ELEVATION.
- ENLARGEMENT OF THE GROUND FLOOR LEVEL WINDOW OPENING IN THE FRONT ELEVATION.
- MINOR WINDOW REPOSITIONING AND DETAILING TO THE PROPOSED REAR ELEVATION AND THE RETURN WALL SIDE ELEVATION.

Are you intending to substitute amended plans or drawings?

Yes No

If Yes, please complete the following:

Old plan/drawing number(s):

FRONT & REAR ELEVS - N° 12, REV A;
 SIDE ELEVS. - N° 13, REV A APRIL 2012

New plan/drawing number(s):

MH/001

Please state why you wish to make this amendment:

THE NEW OWNERS, MR & MRS HART, WISH TO ALTER SLIGHTLY THE INTERNAL ROOM ARRANGEMENTS WITHIN THE PROPOSED TWO STOREY SIDE EXTENSION WHICH NECESSITATES ALTERATIONS TO WINDOW AND EXTERNAL REAR DOOR POSITIONS.

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:
- The correct fee:

10. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

11. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	

Email address (optional):

12. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	

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 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:

Contact name:

Telephone number:

Email address:

NYMNPA
25 APR 2013