

NYM / 2014 / ()] 4 A N M

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

2014/174

€28 # 12788 18.3.14

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

Town and Country Planning Act 1990

18 (22) 229

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: John	Title: First name:
Last name:	REED	Last name:
Company (optional):		Company (optional):
Unit:	House number: 179 House suffix:	Unit: House number: House suffix:
House name:	WEST VIEW	House name:
Address 1:	COACH ROAD	Address 1:
Address 2:	SLEIGHTS	Address 2:
Address 3:		Address 3:
Town:	WHITBY	Town:
County:	NORTH YORKSHIRE	County:
Country:	ENGLAND	Country:
Postcode:	YORR 5EN	Postcode:

MYM: 1-7014-7-6	
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
Unit: House number: House suffix:	authority about this application?
House name: WEST VIEW	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: COACH ROAL	application more efficiently). Please tick if the full contact details are not
Address 2: SLEIGHTS	known, and then complete as much as possible:
Address 3:	Officer name: TETER JENNES
Town: WHITEY	Reference:
County: NORTH YORKSHIRE	NO REFERENCE ~ TELEPHONE CALL
Postcode (optional): YORR SEN	Date of advice (DD/MM/YYYY):
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received:
Easting: Northing:	VERBAL AT THIS STAGE -
Description:	TO SUBMIT AN APPHOATION FOR A
i.]	NOW-WATERIAL AMENDMENT IF NECESSARY TO MAKE VISUAL CHANGE
. LJ	Mediantich 10 mun 112011
5. Eligibility	,
Do you, or the person on whose behalf you are making this applicatio have an interest in the part of the land to which this amendment relat	
If you have answered No to this question, you cannot a	\
If you are not the sole owner, has notification under article 9 of the DN	
If you have answered No to this question, you cannot a	
If you have answered Yes to this question, please give details of perso	• • •
Person Notified	Address Date of Notification
ALL ARLEANT WEST VIEW 17	A COBCH DOBY SI EIGHTA
MR. J. KEED WHITBY, NORTH	H KAKSHIRE YOU SENT 14,03,2014
MR. J. REED WHITBY NORTH SRUSE WEST VIEW, TH MRS. B. REED WHITBY, NORTH	H YORKSHIRE YOURSEN 14,03,2014 COACH ROAL SLEIGHTS HYORKSHIRE YOUR SEN 14,03,2014
MRS. B. REED WHITEY NORTH	1 YORKSHIRE YOUR SEN 14.03,2014
6 Authority Employee / Member	
6. Authority Employee / Member With respect to the Authority, I am: Do an	av of these statements annly to you?
With respect to the Authority, I am: (a) a member of staff	ny of these statements apply to you?
With respect to the Authority, I am: (a) a member of staff (b) an elected member	ny of these statements apply to you? Yes No NYMMDA
With respect to the Authority, I am: (a) a member of staff	T KINZA ANISON
With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff	res No NYMMPA
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	res No NYMMPA
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	res No NYMMPA

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7: Description Of Your Proposal
se 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 CONSERVATIORY TO REAR AT
CONSTRUCTION OF CONSERVATIORY TO REAR AT WEST VIEW, 179 COACH ROAD, SLEIGHTS.
Reference number: Date of decision (DD/MM/YYYY):
NYM/2013/0450/FL 16,09,2013
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline') HOUSEHOLDER DEVELOPMENT
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:
THE AMENDMENT WILL BE TO CHANGE THE EXTERNAL
VISUAL EFFECT OF THE WHITE PLASIC TO A
IRISH OAK WOOD GRAIN PLASTIC FINISH WHICH IS
A LIGHT BROWN COLOUR.
Are you intending to substitute amended plans or drawings? Yes No
If Yes, please complete the following: Old plan/drawing number(s):
Old plan/drawing number(s): IN Y IVIN FA
New plan/drawing number(s):
L
TO TAKE AMANTAGE OF A MONERN TRCHNIQUE WHICH REPLICATES A
NATURAL BUILDING PRODUCT WHILE AT THE SAME TIME USES A
MAN-MADE MAIRIAL. IT WILL BE MORE PLEASING TO THE EXE, BLEND IN WEN BEITER WITH SURROUNDING BUILDINGS AND DEED THE EROOM A DIETALOSE

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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 accepted Local Planning Authority has been submitted.	e information in support of your proposal. Failure to submit all ed. It will not be accepted until all information required by the				
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 percon(s) giving them. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):					
11. Applicant Contact Details 12. Agent Contact Details					
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Extension number: Country code: Mobile number (optional): Email address (optional):	Telephone numbers Country code: National 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 public land? 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: Telephone number: Email address:					

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