

2014/180.

#12804

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

Town and Country Planning Act 1990

NYMNPA 1 8 MAR 2014

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:	Ross & Laura	Title:	Mr	First name: Neil		
Last name:	st name: Crookes			Last name	Last name: Duffield			
Company (optional):				Company (optional):	Company (optional): BHD Partnership			
Unit:		louse number:	House suffix:	Unit:		House House suffix:		
House name:	Summerfièld	l Cottage		House name:	Airy Hill Mar	nor		
Address 1:	Beacon Way		,	Address 1:	Waterstead	Lane		
Address 2:	Sneaton		i	Address 2:				
Address 3:				Address 3:				
Town:	Whitby			Town:	Whitby			
County:	North Yorksl	nire		County:	North Yorks	hire		
Country:	United Kingo	dom		Country:	United King	dom		
Postcode:	YO225HS			Postcode:	YO211QB			

NYM / 2014 / U 1 8 U /	N M				<i>(</i> *
3. Site Address Details Please provide the full postal address of th Unit: House number: House name: Summerfield Cottage Address 1: Beacon Way Address 2: Sneaton Address 3: Town: Whitby County: North Yorkshire Postcode (optional): YO225HS Description of location or a grid reference. (must be completed if postcode is not kno	e application site. House suffix:	Has a auth If Yes you vappli Pleas know Offic Mr P Refe n/a	ority about this ap s, please complete were given. (This v cation more effici- te tick if the full co yn, and then comp eer name: eter Jones rence: Date of advice (ils of pre-applicati	advice been sought plication? the following inform vill help the authority ently). Intact details are not elete as much as possible of the po	Yes
Easting: Northin Description:	g:	Clier	it discussion and r	neeting with officer	
If you have answered No to this qualifyou are not the sole owner, has notification	on under article 9 of the Duestion, you cannot	MPO be	en given?	Yes No	Not Applicable
If you have answered Yes to this question, p Person Notified	olease give details of person				Date of Notification
Tersormouned		Au	dress	NYMN 18 MAR	and the second of the second
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 X No			
If yes please provide details of the name, re	elationship and role				

NYM / 2014 / 0 1 8 0 / N M

7. Description Of Your Proposal					
Please provide a description of the approved development as shown on the dedate of decision in the sections below. Please also provide the original applicat					
2 storey rear extension					
Reference number:	Date of decision (DD/MM/YYYY):				
NYM/2013/0761/FL	10/01/2014				
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 o	riginal application type?				
Householder development: development to an existing dwelling-house or d	evelopment 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:					
Extend kitchen window, add gable kitchen window & additional velux rooflight	•				
3					
	NIVENT:				
	1 8 MAR 2014				
	Annual account of the state of				
	N.B.O.				
Are you intending to substitute amended plans or drawings?	X Yes No				
If Yes, please complete the following:					
Old plan/drawing number(s):					
D10405-01A, 02A & 03C					
New plan/drawing number(s):					
D10405-03E					
:					
Please state why you wish to make this amendment:					
To improve natural light levels					

NYM / 2014 / 0 1 0 0 / MM ...

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:		X						
10. Declaration I/we hereby apply for planning permission/cons information. Signed - Applicant:	ent as described in ti Or signed - Agent: BHD Partnership	his form and the accompanying plans/drawings and additional Date (DD/MM/YYYY): 18/03/2014						
11. Applicant Contact Details 12. Agent Contact Details								
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Extension number:	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):						
13. Site Visit Can the site be seen from a public road, public fo If the planning authority needs to make an appoi out a site visit, whom should they contact? (Pleas If Other has been selected, please provide: Contact name: Email address:	ntment to carry	other public land? Yes No No X Agent Applicant Other (if different from the agent/applicant's details) Telephone number:						

