

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

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

2014/0256

NYM / 2014 / 0 2 5 6 / N M

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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	2. Agent Name and Address		
Title: MR First name: MICHAEL	Title: First name:		
Last name: VERRILL	Last name:		
Company (optional):	Company (optional):		
Unit: House number: 1 House suffix:	Unit: House humber: House suffix:		
House name:	House name:		
Address 1: THORPE GREEN	Address 1:		
Address 2: FYLINGTHORPE	Address 2:		
Address 3:	Address 3:		
Town: WHITBY	Town:		
County: NORTH YORKSHIRE	County:		
Country:	Country:		
Postcode: Y6224TY	Postcode:		

Rease, Svide the full postal address of the application site. Unit: House number: 1 House suffix: House name: Address 1: THOPPE GREEN Address 3: Town: WHITBY County: Postcode (optional): Yozz 4TY 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 social authority about this application? If Yes, please complete the following in you were given. (This will help the authapplication more efficiently). Please tick if the full contact details are known, and then complete as much as Officer name: Mes Cavan Reference: NYM/2012/032 Date of advice (DD/MM/YYYY): Details of pre-application advice received the p	Yes No Information about the advice a drity to deal with this Not possible: AG-1-1 24/61/2014
5. Eligibility		
Do you, or the person on whose behalf you are making this appears an interest in the part of the land to which this amendme		o
If you have answered No to this question, you car		endment.
If you are not the sole owner, has notification under article 9 of	f the DMPO been given? Yes No	Not Applicable
If you have answered No to this question, you car	nnot apply to make a non-material am	endment.
If you have answered Yes to this question, please give details o		Data of Notification
Person Notified	Address	Date of Notification
	A Commence of the Commence of	
	NYMAIDA	-
		<u></u>
6 Authority Employee / Member		
6. Authority Employee / Member With respect to the Authority, I am:	Do any of these statements apply to you?	
	Do any of these statements apply to you?	
With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff	Yes No	
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	Yes No	

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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:
RETROSPECTIVE PIANWING SOUGHT DUE TO BREACHES ON PLANS. ACTUAL GARAGE SIZE 8.6MX 7.75m, AISO INSERTION OF ROOFLIGHT TO REAR. PLEASE SEE PICTURES INCLUDED.
ON PLANS. MCTUAL GARAGE SIZE 8, GMX 7.75m,
Also INSERTION OF ROOFLIGHT TO REAR.
PLEASE SEE PICTURES INCLUDED.
Reference number: Date of decision (DD/MM/YYYY):
NYM/2012/0320/FL 03/08/12
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 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:
CONSTRUCTION OF DOUBLE GARAGE GILLOWING DEMOLITION OF EXSTING
DEMOLITION OF EXETING
A NYMINIA DE LA CONTRACTION DE
Are you intending to substitute amended plans or drawings?
If Yes, please complete the following:
Old plan/drawing number(s):
New plan/drawing number(s):
Please state why you wish to make this amendment:
OVERBUILD DUE TO HUMAN ERROR ORI COLCULATING FROM PLANS
COLCULATING FROM PLANS.

A CONTRACTOR OF THE PARTY OF TH			
9. Ap cation Requirements - Chec Please read the following checklist to make so information required will result in your applic Local Planning Authority has been submitted	ure you have sent all th ation not being accept	e information in support of yo ed. It will not be accepted u	our proposal. Failure to submit all ntil all information required by the
The original and 3 copies of a completed and	dated application form	n: [
The original and 3 copies of other plans and c necessary to describe the subject of the appli	lrawings or information cation:	,	
The correct fee:			The second secon
10. Declaration I/we hereby apply for planning permission/coinformation. I/we confirm that, to the best of a genuine opinions of the person(s) giving then Signed - Applicant:	my/our knowledge, any	his form and the accompanyi y facts stated are true and acc	ng plans/drawings and additional curate and any opinions given are the Date (DD/MM/YYYY): 8-2-2014
11. Applicant Contact Details		12. Agent Contact De	etails
Telephone numbers		Telephone numbers	
Country code: National number: Country code: Mobile number (optional):	Extension number:	Country code: National	
Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):			umber (optional): per (optional):
Email address (optional).		Etifali address (optional):	
13. Site Visit Can the site be seen from a public road, public if the planning authority needs to make an appout a site visit, whom should they contact? (Piet f Other has been selected, please provide: Contact name:	ointment to carry	other public land? Yes Agent App Telephone number:	No Other (if different from the agent/applicant's details)
Email addyses			

NYMNPA 11 APR 2014