

NYM / 2014 / 0 5 0 4 / F L

The Old Vicarage

Bondgate

Helmsley

York

YO62 58P

2014/0504

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

North York Moors National Park Authority

## Application for Planning Permission. Town and Country Planning 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. Applic	ant Name and Address	2. Agent Name and Address
Title:	First name:	Title: First name:
Last name:		Last name:
Company (optional):	BURGESS GROUP PLC	Company (optional):
Unit:	House number: House suffix:	Unit: House number: House suffix:
House name:	VICTORY MILL	House name:
Address 1:	THORNTON-LE-DALE	Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	PICKERING	Town: 2014
County:	NORTH YORKSHIRE	County:
Country:	ENGLAND	Country:
Postcode:	Y018 74B	Postcode:
	tion of the Proposal ibe the proposed development, including any change of	of use:
	OLAR PANELS IN KITCHEN GARDE	
	TO LONGER NEEDED FOR VEGE.	
	2 Rows D & Panols = 8.75 motor	eslong × 1 motre vile, Totalarca 17.5 11m.
	A. n. W. Chil	MINETAL DIVE, TOTALARA 11.5 UM,
	As por attached photo.	9 ***
las the build	ing, work or change of use already started?	☐ Yes ☑ No
	state the date when building, vere started (DD/MM/YYYY):	(date must be pre-application submission)
	ng, work or change of use been completed?	Yes V No
	state the date when the building, work use was completed: (DD/MM/YYYY):	(date must be pre-application submission)
		\$Date: 2013-01-07 #\$ \$Revision: 4679 \$

4. Site Address Details	5. 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 House suffix:	authority about this application? Yes No
House	If Yes, please complete the following information about the advice
	you were given. (This will help the authority to deal with this
I RIESTIMMOS LANE	application more efficiently). Please tick if the full contact details are not
Address 2:	known, and then complete as much as possible:
Address 3:	Officer name:
TOWN: THORNTON-LE-DALE	
County: NORTH YORKSHIRE	Reference:
Postcode (optional): YOLS TRT	
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	
Description:	Details of pre-application advice received?
- 12	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway?	Do the plans incorporate areas to store and aid the collection of waste?
Is a new or altered pedestrian	and aid the collection of waste?  Yes  No  If Yes, please provide details:
access proposed to or from the public highway?	in res, piease provide details.
Are there any new public roads to be	
Lies No	
Are there any new public ights of way to be provided within or adjacent to the site?  Yes  No	
within or adjacent to the site? Yes Ves No  Oo the proposals require any diversions	
extinguishments and/or reation of rights of way?	Have arrangements been made NOT APPLICABLE for the separate storage and
f you answered Yes to any of the above questions, please show	collection of recyclable waste?  If Yes, please provide details:
détails on your plans/drawings and state the reference of the plan (s)/drawings(s)	11 103, picase provide details.
	24 Jul. 20th
1	2",
5 800 8	
* , *	
. Authority Employee / Member	
ith respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff	Do any of these statements apply to you? Yes No
(d) related to an elected member	
Yes, please provide details of the name, relationship and role	

-	Existing (where applicable)		Proposed		Not applicable	Don't Know
Walls	SOLAR PA	NELS				
Roof	PLEASE SE ATTACHER	DETAILS				
Windows						
Doors				* * * \$ 10		
Boundary treatments (e.g. fences, walls)			* * * * * * * * * * * * * * * * * * *			
Vehicle access and hard-standing			Alternation	3 A S		
Lighting			24 JUL 20	114		
Others (please specify)		n grant man				
f Yes, please state refer Souar PA	ences for the plan(s)/dran NELS — SEE A ED FROM! BLV	wing(s)/design and acces	HLS LTD, CIOD NOR		0056	No
0. Vehicle Parking	J					
Please provide inforr		nd proposed number of o		D.//		
Type of Vehicle	Tot Exist	tai 10ta ting	I proposed (including Difference spaces retained) in spaces			
Cars					(*)	
Light goods vehic public carrier vehi	les/ cles				9	
Motorcycles			ž .	12		
Disability space	s	NOT	APPLICABLE	a	5.5	
Cycle spaces					19	
Other (e.g. Bus)	100					
Other (e.g. Bus)	and the second					

9. Materials

	1
11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the
Mains sewer Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system?	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
If Yes, please include the details of the existing system on the application drawings and state references for the	Will the proposal increase the flood risk elsewhere? Yes No
plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
NOT APPLICABLE	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether	VEGETABLE GARDEN
they are likely to be affected by your proposals.	
Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved	Is the site currently vacant?
and enhanced within the application site, or on land adjacent to or near the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species:  Yes, on the development site	VEGETABLE GARDEN
Yes, on land adjacent to or near the proposed development	
No No	When did this use end (if known)?
b) Designated sites, important habitats or other biodiversity features:	(date where known may be approximate)
Yes, on the development site	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development	Land which is known to be contaminated? Yes No
No	
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?  Yes  No
Yes, on the development site  Yes, on land adjacent to or near the proposed development	A proposed use that would
No	be particularly vulnerable to the presence of contamination?
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the proposed development site?  Yes  No	Does the proposal involve the need to dispose of trade effluents or waste?
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal
development or might be important as part of the local landscape character?  Yes	of trade effluents or waste
If Yes to either or both of the above, you may need to provide a full	
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be	/ ~ /
submitted alongside your application. Your local planning authority should make clear on its website what the survey should	
contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.	
	\$Date:: 2013-01-07 #\$ \$Revision: 4679 \$

	Propo	sec	Hou	ısing	j				Exist	ing	Hou	sing	1		
Market Not Number of				Total	111	Not		_	ımber of Bedrooms			Tot			
Housing Houses	knowr	1	2	3	4+	Unknow	n (7	Housing Houses	known	1	2	3	3 4+	- Unknow	
Flats and maisonette				-	-	-	i		s П			+	-		27
Live-work units			-	-		1		Flats and maisonette	1		-	+			
	+			-	-		E .	Live-work units	$\perp \square$		-	+	4		(
Cluster flats		-				<del> </del>		Cluster flats			+		-	-	ď
Sheltered housing	+=	-	-	-	-		3	Sheltered housing					-		ê
Bedsit/studios				-	-	-	1	Bedsit/studios			-	-			1
Unknown type		L_			<u> </u>		<u> </u>	Unknown type							1.
	Т	otal	s (a +	b+c-	+ d + e	2+f+g)=	-,'		T	otals	(a +	b+c	+ d + e	e+f+g)=	1
Social Rented	Not	1.				rooms	Total	Social Rented	Not					rooms	Tota
	known	1	2	3	4+	Unknowr		201 (3310 St 27 (3300 St 2010)	known	1	2	3	4+	Unknow	n
Houses		, pr			-		:	Houses							
Flats and maisonettes				-	-		÷	Flats and maisonettes							17
Live-work units		73					<i>3</i>	Live-work units						-	
Cluster flats			1/2			-	.7	Cluster flats				-	1 8		.15
Sheltered housing			9				*.	Sheltered housing							¢
Bedsit/studios				37			Ĵ	Bedsit/studios							1,831
Unknown type							5.	Unknown type							
	To	otals	(a + i	b+c+	- d + e	+f+g)=	نَ		To	tals	(a + l	)+c-	+ d + €	2+f+g)=	Î
Total and the total	Not		Numb	ber of	Bedro	ooms	Total		Not		Num	ber o	f Bedrooms		Tota
Intermediate	known	1	2	3		Unknown		Intermediate	known	1	2	3	4+	1	1
Houses							C	Houses							
Flats and maisonettes					15.18	'AUDA	- 11	Flats and maisonettes							22
Live-work units				9				Live-work units							
Cluster flats				2	JU	- 2014	e e	Cluster flats							-
Sheltered housing							ε	Sheltered housing							ű
Bedsit/studios			*** ***		-		4	Bedsit/studios							ŕ
Unknown type							g	Unknown type							g
	То	tals	(a + b	+ C+	d+e	+ f + g) =	Ç.	est _ II II _ II _ II a	То	tals	(a + b	+ C +	d+e	+f+g)=	G
Varrankan	Not	9.2	Numl	er of	Bedro	ooms	Total	W	Not	Not Number o			Bedr	Tota	
Key worker	known	1	2	3	4+	Unknown		Key worker	known	1	2	3	4+	Unknown	
Houses		D:				,	0	Houses							Ü
lats and maisonettes						1 11	tı	Flats and maisonettes				×			5
ive-work units						=	.ζ	Live-work units				31			C
Cluster flats							d	Cluster flats				1	· · · · · ·		đ
Sheltered housing		_					€	Sheltered housing							ę
Bedsit/studios							ſ	Bedsit/studios							f
Jnknown type							g	Unknown type							ij
	Tot	als (	(a+b	+ C + (	d+e-	+ f + g) =	D		Tot	als (	a + b	+ c +	d + e	+ f + g) =	4
		al un			3+C+		— T	Total existing r					F + G		

If yo	ou have answ	ered Yes to tl	ne qu	estion above plea	ase add details	in the followi	ing table:		
Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross interna to be lost by use or der (square r	change of nolition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following developmen (square metres)		
A1	Sh	nops							
3.	Net trad	lable area:			V.		P 2, 9	=	
A2	Finan professio	cial and nal services						i i	
А3	Restauran	ts and cafes							
A4	Drinking es	tablishments		::			g a a y	V	
A5	Hot food	takeaways							
B1 (a)		ner than A2)		1			d , HER		
B1 (b)		rch and opment					\$91.J		
B1 (c)		ndustrial					e por		
B2	General	industrial							
B8	Storage or	distribution					1		
C1		nd halls of dence					Ne		
C2		institutions			,	-	Jan		
D1		sidential utions					"1912	/	
D2		and leisure					J.,		
OTHER									
Please		-	$\overline{\Box}$		-				
Specify		otal							
In ad	1	100,000	ial inc	titutions and hos	tels please add	ditionally indi	cate the loss or gain of r	noms	
Use	Type of use	Not		na rooms to be lo	st by change	Total rooms	proposed (including	Net additional rooms	
class C1	Hotels	applicable		of use or demo			inges of use)	The Cadalate Harris	
C2	Residential					111,	<u> </u>		
	Institutions					1			
OTHER Please									
pecify									
9. Em	ployment						X X 117	•	
lease co	omplete the f	ollowing info	rmati	on regarding em	ployees:			16.10.00	
	MI	· 22	3	Full-time	Part-	time	Total full-time equivalent		
	sting employ			NIL	N	L	N	(h-	
Proposed employees N.L				NIL	1	<b>ا</b>	NIL		
0. Hou	urs of Ope	ning							
Pleas	e state the ho	ours of openi	ng for	each non-reside	ntial use propo	sed:		= 1.4	
Use Monday to			to Friday	Saturday		Sunday and Bank Holidays	Not known		
				1/2					

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22. Industrial or Commercial Processes and Machinery									
Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:  Solar Panels AT GROUND LEVEL									
Is the proposal a waste management development? Yes No									
If the answer is Yes, please complete the following table:									
	Not applicable	including engineering s allowance for cover or	e void in cubic metres, urcharge and making no restoration material (or or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)					
Inert landfill		2							
Non-hazardous landfill									
Hazardous landfill									
Energy from waste incineration				-					
Other incineration									
Landfill gas generation plant									
Pyrolysis/gasification		R							
Metal recycling site									
Transfer stations *			8 .	1,7,7					
Material recovery/recycling facilities (MRFs)									
Household civic amenity sites		•		1					
Open windrow composting									
In-vessel composting									
Anaerobic digestion		The same of the sa							
Any combined mechanical, biological and/ or thermal treatment (MBT)			"MIDA						
Sewage treatment works	П	24 J	11 204	35					
Other treatment	Π		2014						
Recycling facilities construction, demolition		*							
and excavation waste Storage of waste				5.7 6 6.0					
Other waste management									
Other developments	П								
Please provide the maximum annual operation	onal t	aroughput of the followin	g waste streams:						
Municipal	orial c	roughput of the following	g waste streams.						
Construction, demolition and ex	cavat	on		= = =					
Commercial and industri									
Hazardous	. /		M						
If this is a landfill application you will need to planning authority should make clear what i	prov	de further information be ation it requires on its we	fore your application can osite.	be determined. Your waste					
23. Hazardous Substances		<del>\</del>							
Does the proposal involve the use or storage of any of the following materials in the quantities stated below? Yes No Not applicable									
If Yes, please provide the amount of each substance that is involved:									
Acrylonitrile (tonnes)	Etl	ylene oxide (tonnes)		Phosgene (tonnes)					
Ammonia (tonnes)	Ammonia (tonnes) Hydrogen cyanide (tonnes) Sulphur dioxide (tonnes)								
Bromine (tonnes)	Flour (tonnes)								
Chlorine (tonnes) Liqu	uid pe	troleum gas (tonnes)	Refined	white sugar (tonnes)					
Other:		Othe	:						
amount (tonnes):		Amor	ınt (tonnes):						

25. Agricultural Land Decla	ration		
Town and Country Planning (	AGRICULTURAL L Development Management I ricultural Land Declaration - Yo	AND DECLARATION Procedure) (England) Order 2010 ou Must Complete Either A or B	Certificate under Article 12
A) None of the land to which the ap	oplication relates is, or is part of	f, an agricultural holding.	
igned - Applicant:	Or signe	ed - Agent:	Date (DD/MM/YYYY
			21 07 2014
3) I have/ T efore the date of this application, v s listed below:	quisite notice to every per vas a tenant of an agricultural h	rson other than myself/ the applican nolding on all or part of the land to	nt who, on the day 21 days which this application relates,
Name of Tenant		Address	Date Notice Served
		24 14 2014	7
		0/4	
1 4 3			
ned - Applicant:	Or signed	l - Agent:	Date (DD/MM/YYYY)
Local Planning Authority has beer	make sure you have sent all the r application being deemed in n submitted.	e information in support of your pro valid. It will not be considered valic	pposal. Failure to submit all I until all information required by
original and 3 copies of a complet lication form:	ed and dated	The correct fee:	V
original and 3 copies of the plan ware and to which the application related if the direction of the directio	es drawn to an 📉	The original and 3 copies of a c if required (see help text and g The original and 3 copies of the	uidance notes for details):
original and 3 copies of other plan	s and drawings or	Ownership Certificate (A, B, C,	or D - as applicable):
	subject of the application:	The original and 3 copies of the	CONTRACTOR PROCESSOR IN THE CONTRACTOR IN

27. Declaration	
I/we hereby apply for planning permission/consent as described in tinformation. I/we confirm that, to the best of my/our knowledge, an	this form and the accompanying plans/drawings and additional or facts stated are true and accurate and any opinions given are the
genuine opinions of the person(s) giving them.	y facts stated are trace and account and any opinions gives and
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):
	21/07/2014 (date cannot be pre-application)
28. Applicant Contact Details	29. 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):
30. Site Visit	
Can the site be seen from a public road, public footpath, bridleway of	or other public land? Yes V 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:
ASHLEY BURGESS	
Email address:	
~	