

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

NYM / 2014 / 0 5 3 8 / 2014 S38 Telephone: 01439 772700
Email: planning@northyorkmoors.org.uk
Website: www.northyorkmoors.org.uk

£97 #13044 29.7.14

## Application for approval of details reserved by condition.

## Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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. Applicant Name and Address				
Title:	First name:			
Last name:				
Company (optional):	DUCHY OF LANCASTER			
Unit:	House number: House suffix:			
House name:	DUCHY OF LANCASTER OFFICE			
Address 1:	1 LANCASTER PLACE			
Address 2:	STRAND			
Address 3:				
Town:	LONDON			
County:				
Country:	UNITED KINGDOM			
Postcode:	WC2E 7ED			

2. Agent Name and Address					
Title:	MR F	irst name: PAUL			
Last name:	BROWN				
Company (optional):	SMITHS GORE				
Unit:	House number: 48 House suffix:				
House name:					
Address 1:	s 1: BOOTHAM				
Address 2:		March 100			
Address 3:		2 9 JUL 2014			
Town:	YORK				
County:	NORTH YORKSHIRE				
Country:	UNITED KINGDOM				
Postcode:	YO30 7WZ				

2 City Addison D. C. H.					
3. Site Address Details Please provide the full postal address of the application site.	4. Pre-application Advice Has assistance or prior advice been sought from the local				
Unit: House House House	authority about this application?				
House suffix:	11 NYM / 2014 / 11 5 3 8 / EV P 1				
name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: CLOUGHTON FIELDS	application more efficiently).  Please tick if the full contact details are not				
Address 2: STATION LANE	known, and then complete as much as possible:				
Address 3: CLOUGHTON	Officer name:				
Town: SCARBOROUGH	MRS WENDY STRANGEWAY Reference:				
County: NORTH YORKSHIRE	CLOUGHTON FIELDS TIME LIMIT				
Postcode (optional): YO13 0AE	Date (DD/MM/YYYY): 00 (01 (2012				
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) 09/01/2013				
Easting: Northing:	Details of pre-application advice received?  EXTENSION OF TIME FOR PREVIOUS				
Description:	PLANNING APPROVAL INFORMATION				
APPROX 1KM DUE EAST OF CLOUGHTON					
ALONG STATION LANE.					
5. Description Of Your Proposal					
Please provide a description of the approved development as shown	on the decision letter, including the application reference number				
and date of decision in the sections below:	CREATE A FARMHOUSE TOGETHER WTIH CONSTRUC-				
TION OF A RANGE OF FARM BUILDINGS TO THE WEST	AND NEW ACCESS ARRANGEMENTS TOGETHER WITH				
ERECTION OF A 15 METRE WIND TURBINE AND LANDS CLOUGHTON, SCARBOROUGH	SCAPING AT CLOUGHTON FIELDS, STATION LANE,				
Reference number: NYM/2013/0046/ETL Date of decision:	05/04/2013 (Date must be pre-application submission) (DD/MM///VVV)				
Please state the condition number(s) to which this application relate	3d5/11/33/01/ (5/5/14/14/11/1)				
1. 17	6.				
2. 22	7. NYMNPA				
3. 24	8. 2 9 JUL 2014				
4. 26	9.				
5. 27	10.				
Has the development already started?	Yes X No				
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)				
Has the development been completed?	Yes X No				
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details that are being submitted for approval:					
PLEASE REFER TO COVERING LETTER WITH THIS APPLICATION FOR FULL DESCRIP-					
TION OF INDIVIDUAL CONDITIONS					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition?					
If Yes, please indicate which part of the condition your application rel	ates to:				
CONDITION 17 - FULL DRAINAGE PROPOSALS	NOT AVAILABLE - PARTIAL DISCHARGE FOR				
ACCESS ROAD DRAINAGE TO COMMENCE ROAD CONSTRUCTION.					

8. Planning 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 being deemed invalid. It will not be considered valid until all information required by the Local nning Authority has been submitted.						
The original and 3 copies of a completed and dated application form:	X The or i	e original and 3 copies of other plans and drawings information necessary to describe the subject of the application:				
The correct fee:	X					
9. 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):  (date cannot be pre-application)						
10. Applicant Contact Details		11. Agent Contact Details				
Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):	Extension number:	Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):				
12. 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) X Agent Applicant Other (if different from agent/applicant's detail of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) Telephone number:						

Email address:

