

NYM / 2014 / 0 8 3 9 / C U =

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

Telephone: 01439 772700 2014 0839 Email: planning@northyorkmoors.org.uk

Application for Planning Permission. Town and Country Planning Act 1990

£385 # 13248 15-12-14

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 complete using block capitals and black ink.

Has the building, work or change of use already started?

Has the building, work or change of use been completed? If Yes, please state the date when the building, work

or change of use was completed: (DD/MM/YYYY):

If Yes, please state the date when building,

work or use were started (DD/MM/YYYY):

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.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application. 2. Agent Name and Address 1. Applicant Name and Address First name: Title: First name: Title: MR Last name: Last name: LOCKET Company Company JE. LOCKET (optional): (optional): House House House House Unit: suffix: number: Unit: suffix: number: House House SUFFIELD FARM name: name: Address 1: SUFFIELD Address 1: Address 2: Address 2: Address 3: Address 3: Town: Town: SCARBOROUGH County: N. YORKSHURE County: Country: Country: Postcode: 4013 082 Postcode: Description of the Proposal proposed change of use of Born from agricultral use to Storage/office area for a renewable energy firm. Please describe the proposed development, including any change of use:

Yes

Yes

No

No

\$Date:: 2013-01-07 #\$ \$Revision: 4679 \$

15 DEC 2014

(date must be pre-application submission)

(date must be pre-application submission)

	dress Details de the full postal address of the application site.	5. Pre-application Advice Has assistance or prior advice been sought from the local				
Unit:	House House	authority about this application?				
House name:	number: suffix: SUFFIELD FARM	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1:	SUFFIELD	application more efficiently).				
Address 2:		Please tick if the full contact details are not known, and then complete as much as possible:				
Address 3:		Officer name:				
Town:	SCARBORO UGH	MRS 4. SAUNDERS				
County:	N. YORUSHIRE	Reference:				
Postcode (optional):	Y013 0BJ					
Description of	of location or a grid reference. mpleted if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)				
Easting:	Northing:	Details of pre-application advice received?				
Description:						
		NYM / 2014 / D 8 3 9 / C U				
		111				
6. Pedestri	an and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection				
	tered vehicle access proposed e public highway? Yes No	Do the plans incorporate areas to store and aid the collection of waste? Yes No				
	tered pedestrian	If Yes, please provide details:				
access propo the public hig	osed to or from Yes No					
Are there any provided wit	y new public roads to be hin the site?					
Are there any						
	to be provided acent to the site?					
Do the propo /extinguishm	osals require any diversions	Have arrangements been made for the separate storage and				
creation of ri		collection of recyclable waste?				
If you answe	ered Yes to any of the above questions, please show our plans/drawings and state the reference of the plan	If Yes, please provide details:				
(s)/drawings	(s) ⁻¹	NYMNPA				
		15 DEC 2014				
		DEC 2014				
	×					
8 Author	ity Employee / Member					
	to the Authority, I am: (a) a member of staff	Do any of these statements apply to you? Yes No				
	(b) an elected member (c) related to a member of staf	·				
	(d) related to an elected member of stall					
If Yes, please	e provide details of the name, relationship and role					
		-				

• Materials applicable, please state what materials are to be used externally. Include type, colour and name for each material:									
applicable, pictise stu	Existing (where applicab			Proposed	v.	Not applicable	Don't Know		
Walls)	NYM /	2014 / D 8 3 9 /	C U				
Roof									
Windows					٠	a a			
Doors				NYN, 15 DEC	INPA				
Boundary treatments (e.g. fences, walls)		=		DEC	2014				
Vehicle access and hard-standing						Ø			
Lighting									
Others (please specify)						0			
Are you supplying ac	Iditional informa	tion on submitted plan(s plan(s)/drawing(s)/design	s)/drawing(s)/design and access statemen	t? Yes	5 [No		
ii res, please state re	icremes ior and								
10. Vehicle Park	ing			eite narking enacos:	No cho	<i>৵র্বহ</i>			
		existing and proposed r Total	Tot	al proposed (including	Differen in space	ce			
Type of Vel	urie	Existing		spaces retained)	ni space				
Light goods ve	ehicles/								
Motorcyc									
Disability sp	oaces								
Cycle spa	ces								
Other (e.g.	Bus)			4					
Other (e.g. Bus)									

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of: Mains sewer Cess pit	Is the site within an area at risk of flooding? (Refer to the 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	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Package treatment plant Are you proposing to connect to the existing drainage system? If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s): USCING W/C W/C Wready in USE for workers at form.	Is your proposed site. Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Will the proposal increase the flood risk elsewhere? How will surface water be disposed of? Sustainable drainage system Soakaway Pond/lake Main sewer
La design Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance 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 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 and enhanced within the application site, or on land adjacent to or near the application site? a) Protected and priority species: Yes, on the development site Yes, on land adjacent to or near the proposed development features: Yes, on the development site Yes, on land adjacent to or near the proposed development No c) Features of geological conservation importance: Yes, on land adjacent to or near the proposed development Yes, on land adjacent to or near the proposed development	Please describe the current use of the site:
Are there trees or hedges on the proposed development site? And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? If Yes to either or both of the above, you may need to provide a further 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 the proposed development site.	If Yes, please describe the nature, volume and means of disposition of trade effluents or waste NYMMPA 15 DEC 2014
design, demolition and construction - Recommendations'.	\$Date: 2013-01-07 #\$ \$Revision: 4679 \$

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17. Residential Ur Does your proposal ind If Yes, passe complete	clude th	e gai	n, loss	or ch	ange	of use of r	resider ow:	ntial units? Yes	N	o					
P	ropos	ed l	lous	ing					Existi	ng F	lous	ing			
Market	Not		Numb	er of	Bedro	ooms	Total	Market	Not		Numb				Total
	known	1	2	3	4+	Unknown		7,0009	known	1	2	3	4+	Unknown	-
Houses .								Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats								Cluster flats					_		
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	To	otals	(a + b	+ C+	d+e	+f+g)=			To	otals	(a+b)	+c+	d+e-	+f+g)=	
Y.															I
Social Rented	Not	_	Numb				Total	Social Rented	Not known	1	Numb 2	per of		ooms Unknown	Total
	known	_1_	2	3	4+	Unknown		Houses		<u>'</u>					
Houses		-		N,	M	VIPA		Flats and maisonettes						10	
Flats and maisonettes	1. 330.00			15				Live-work units							
Live-work units				13	DEC	2014	-	Cluster flats						-	
Cluster flats			-		-			Sheltered housing			\vdash				
Sheltered housing								Bedsit/studios							
Bedsit/studios			-					Unknown type			1				
Unknown type					1			Officiowittype		otals	(a+b)	+ C+	d+e	+ f + g) =	
	1	otals	(a + t) + C +	a+e	+f+g)=				- Curs	(cr i o			J/	
	Not		Numl	her of	Bedr	ooms	Total	1	Not		Numl	oer of			Total
Intermediate	known	1	2	3		Unknown		Intermediate	known	1	2	3	4+	Unknown	-
Houses								Houses			-				-
Flats and maisonettes								Flats and maisonettes			ļ				ļ
Live-work units								Live-work units			<u> </u>				
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing				_			
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type			<u></u>				
	T	otals	(a+t)+c+	d+e	+f+g)=			Т	otals	(a + t	++++	d+e	+f+g)=	
									T				D - J.	ooms	Total
Key worker	Not known	1	1	ber of	Bedr 4+	ooms Unknowr	Total	Key worker	Not known	1	Num 2	3		Unknowr	-
Houses		-	2	3	4+	OTKHOWI	1	Houses							
Flats and maisonettes	-						1	Flats and maisonettes							
Live-work units		-	-	-			+	Live-work units			1				
Cluster flats		-	-	-			1	Cluster flats							
		-	-	-	-	-	1	Sheltered housing							
Sheltered housing Bedsit/studios	+ =	-	+-	-	-		-	Bedsit/studios			1				
	붐	-	-	-	-		-	Unknown type							
Unknown type		'osal	16:1	h. c.	die	(+f+g)=	+	Jimiom type		otal	s (a + l) + c +	d+e	+f+g)=	
		otals) (u + t	V+(1	ute						**********				
Total proposed	residen	tial ι	ınits	(A +	B+C	(+D)=		Total existing	reside	ntial	units	(E -	+F+0	5 + H) =	
TOTAL NET CAIN	, I OCC	of DE	SIDEN	ΙΤΙΔΙ	UMIT	S (Propos	sed Ho	using Grand Total - Exi	sting He	ousir	ıg Gra	and To	otal):		

				Non-resident n or change of u			oace? Yes	□No		
	Use class/type of use		Not applicable	Existing gross internal floorspace (square metres)	Gross internal f to be lost by c use or dem	loorspace hange of olition	Total gross intern floorspace propos (including change use)(square metre	ed internal floors of following devel	space opment	
A1	Sho	ps				NYM /	2017 7 11 8	3 0 7 0 11		
	Net trada	ble area:				14 1 1 1 7	2014 / 11 0	3 3 7 6 0		
A2	Financi professiona	al and al services								
А3	Restaurants	and cafes								
A4	Drinking esta	ablishments								
A5	Hot food to	akeaways	Ø							
B1 (a)	Office (other			20			20			
B1 (b)	Researd								-	
B1 (c)	Light in	dustrial	Ø	*						
B2	General i	ndustrial								
B8	Storage or o			120			120			
C1	Hotels an resid				Jane Comment					
C2	Residential						NIVA	B		
D1	Non-res institu						IVYIV	INPA]		
D2	Assembly a	and leisure					15 DEC	2014		
OTHER										
Please Specify										
	То			140			140			
In ad	dition, for ho	tels, residen	tial in	stitutions and ho	stels, please add	ditionally in	dicate the loss or gai	n of rooms		
Use class	Type of use	Not applicable	Exist	ing rooms to be of use or den	lost by change nolition	C	ns proposed (includir hanges of use)	Net additional	rooms	
C1	Hotels									
C2	Residential Institutions									
OTHER										
Please Specify										
	ployment									
			forma	ation regarding e	mployees:			Total full-time		
				Full-time	Part	-time		equivalent		
Existing employees										
Pro	Proposed employees 2									
	urs of Ope					SMV.				
Plea	Please state the hours of opening for each non-residential use proposed: Sunday and Not known									
	Use		/londa	ay to Friday	Saturda	iy	Bank Holidays	Not know		
 										
<u></u>										
(21 61	te Area									

140 SQ M 0.0014 HA

Please state the site area in hectares (ha)

22. Industrial or Commercial Processes and Machinery								
Please describe the activities and processes which would be carry 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:								
is the proposal a waste management development? Yes No								
If the answer is Yes, please complete the foll								
	Not applicable	The total capacit	y of the void in curing surcharge ar ver or restoration vaste or litres if lic	nd making no material (or	Maximum annual operational throughput in tonnes (or litres if liquid waste)			
Inert landfill								
Non-hazardous landfill								
Hazardous landfill					3			
Energy from waste incineration								
Other incineration								
Landfill gas generation plant								
Pyrolysis/gasification								
Metal recycling site								
Transfer stations								
Material recovery/recycling facilities (MRFs)								
Household civic amenity sites								
Open windrow composting								
In-vessel composting			NYMNP	A				
Anaerobic digestion			15 000 000					
Any combined mechanical, biological and or thermal treatment (MBT)			1.2 DEC 501	4				
Sewage treatment works								
Other treatment								
Recycling facilities construction, demolition and excavation waste	ם וי							
Storage of waste								
Other waste management								
Other developments								
Please provide the maximum annual opera	tiona	I throughput of the	following wastes	streams:				
Municipal								
Construction, demolition and		ation						
Commercial and indus	trial							
Hazardous If this is a landfill application you will need	40.00	avida furthar inform	nation before you	r application ca	n be determined. Your waste			
If this is a landfill application you will need planning authority should make clear what	to pr	rmation it requires	on its website.					
23. Hazardous Substances								
Does the proposal involve the use or stora the following materials in the quantities st	ge of ated I	any of oelow? Yes	No	Not applica	able			
If Yes, please provide the amount of each	substa	nce that is involved	d:					
Acrylonitrile (tonnes)		Ethylene oxide (to			Phosgene (tonnes)			
Ammonia (tonnes) Hydrogen cyanide (ton			nnes)	Sı	ılphur dioxide (tonnes)			
Bromine (tonnes) Liquid oxygen (tor			nnes)	100	Flour (tonnes)			
Chlorine (tonnes)	Liquid	d petroleum gas (to	nnes)	Refine	ed white sugar (tonnes)			
Other:			Other:					
Amount (tonnes):			Amount (ton	ines):	\$Date:: 2013-01-07 #\$ \$Revision: 4679 \$			

A) None of the land to which the applica	tion relates is, or is part of, an	agricultural holding.	re .		
igned - Applicant:	Date (DD/MM/YYYY				
			16-11-214		
e) I have/ The applicant has given the re efore the date of this application, was a slisted below:	quisite notice to every persor tenant of an agricultural holo	other than myself/ the applicant wh ling on all or part of the land to which	o, on the day 21 days n this application relates,		
Name of Tenant		Address	Date Notice Served		
		NYMNPA			
		1 5 DEC 2014			
	i.				
gned - Applicant:	Or signed - /	Agent:	Date (DD/MM/YYYY)		
5. Planning Application Require ease read the following checklist to make		oformation in support of your propos	al. Failure to submit all		
ormation required will result in your ap e Local Planning Authority has been sub e original and 3 copies of a completed a	plicatión being deemed inval omitted.	id. It will not be considered valid unt	il all information required by		
olication form:		The correct fee:	<u>L</u>		
original and 3 copies of the plan whic land to which the application relates c	h identifies Irawn to an	The original and 3 copies of a design and access statem if required (see help text and guidance notes for details			
ntified scale and showing the direction	of North:	The original and 3 copies of the co Ownership Certificate (A, B, C, or D	mpleted, dated) - as applicable):		
e original and 3 copies of other plans ar ormation necessary to describe the sub		The original and 3 copies of the con Article 12 Certificate (Agricultural F	mpleted, dated		

25. Agricultural Land Declaration

27. Declaration I/we hereby apply for planning permission/conse information. I/we confirm that, to the best of my/ger e opinions of the person(s) giving them.	ent as described in th our knowledge, any	his form and the accompanying plans/drawings and additional reacts stated are true and accurate and any opinions given are the
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
Signed - Applicant.	Of signed - Agent.	(4)-1
	L	16 - 11 - 2014 (date cannot be pre-application)
28. Applicant Contact Details		29. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Extension number:	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
30. Site Visit Can the site be seen from a public road, public for	otpath, bridleway or	other public land? Yes No
If the planning authority needs to make an appoint a site visit, whom should they contact? (Please	ntment to carry	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:		
Contact name:		Telephone number:
Email address:		

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