

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

NYM / 2014 / 0840 / FL-7

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

2014/0840

Application for removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) Act 1990

K195 #13249
 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 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):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

2. Agent Name and Address

Title: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

NYM/NPA
 15 DEC 2014

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: **FOXHILL PADDOCKS**

Address 1: **LOW ROAD**

Address 2: **THROXYENBY**

Address 3:

Town: **SCARBOROUGH.**

County: **NORTH YORKSHIRE**

Postcode (optional): **YO12 5TD.**

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

NYM / 2014 / U 8 4 0 / FL

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently).

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name: **HILARY SAUNDERS.**

Reference: **E MAIL**

Date (DD/MM/YYYY): **02/12/2014**
(must be pre-application submission)

Details of pre-application advice received?

INFORMED THAT IN ORDER TO ALLOW PROPERTY TO BE SALEABLE ON OPEN MARKET CONDITIONS 8 AND 10 OF PREVIOUS APPROVAL WOULD HAVE TO BE REMOVED AND APPLICATION WOULD HAVE TO STATE THAT IT IS NOW WIBLE OF PROPERTY TO BE AVAILBLE ON OPEN MARKET. (FORMS TO BE USED 'VARIATION OF CONDITION') ~~INFORMATION PERMISSION UNLESS TO BE GRANTED UNLESS A LOCAL OCCUPANCY CONDITION IS IMPOSED.~~

5. Description Of Your Proposal

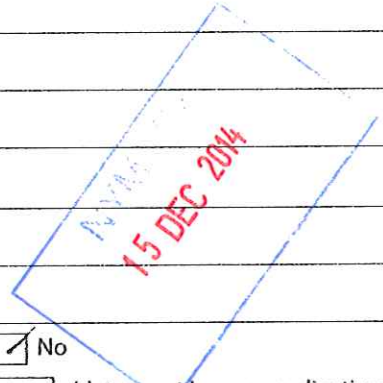
Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

1 AMENDMENTS TO PREVIOUSLY APPROVED SCHEME, REBUILDING OF COLLAPSED SECTION OF BUILDING (RESPECTIVE / PROPOSED DEMOLITION AND REBUILDING OF WORKSHOP TO UNIT 2 AND DEMOLITION OF EXISTING OUBUILDINGS AND ERECTION OF CHANGAR AND STABLES (NYM/2004/0346/FL & NYM/2004/0397/LB) (THIS PERMISSION RELATES TO PREVIOUSLY APPROVED PERMISSIONS OF DEC 1999 FOR CHANGE OF USE REF NYMA/018/2010B/PA AND NYMA/018/2010C/LB).

Reference number: **NYM/2004/0346/FL** Date of decision (DD/MM/YYYY): **18/08/2004.** (date must be pre-application submission)

Please state the condition number(s) to which this application relates:

1.	CONDITION No. 8	6.	
2.	CONDITION No. 10	7.	
3.		8.	
4.		9.	
5.		10.	



Has the development already started? Yes No

If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)

Has the development been completed? Yes No

If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)

6. Condition(s) - Removal

Please state why you wish the condition(s) to be removed or changed:

SEE ATTACHED LETTER

If you wish the existing condition to be changed, please state how you wish the condition to be varied:

SEE ATTACHED LETTER.

8. Agricultural Land Declaration

AGRICULTURAL LAND DECLARATION

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12
Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY)

10/12/2014

(B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY)

9. 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 Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form:



The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable):



The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:



The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):



The correct fee:

195.00

10. 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):

[Signature line for Applicant]

[Signature line for Agent]

10/12/2014

(date cannot be pre-application)

11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

12. Agent Contact Details

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 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) Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

NYMNP
15 DEC 2014