

NYM / 2015

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

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

Application for a non-material amendment following a grant of planning permission.

**Town and Country Planning Act 1990** 

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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.

	ualy to make a non-material amendment				
1. Applic	ant Name and Address				
Tit <mark>l</mark> e:	MR. Ms. First name: DAUE VICKY				
Last name:	WARD STEWART.				
Company (optional):	green green				
Unit:	House House suffix:				
House name:	NEWLANDS COTTAGE				
Address 1:	NEWLANDS ROAD				
Address 2:	CLOUGHTON				
Address 3:					
Town:	SCAR BOROUGH				
County:	NORTH YORKSHIRE				
Country:	UK,				
Postcode:	YOIS OAR				

2. Agent	Name and Address			
Title:	MR First name: JOHN			
Last name:	PEOPLES I what at bonevery over the			
Company (optional):				
Unit:	House number: 19 House suffix:			
House name:				
Address 1:	CRESCENT AVENUE			
Address 2:				
Address 3:				
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County:	NORTH YORKSHIRE.			
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3. Site Address Details				Pre-application Advice	Action .	
Please provide the full postal address of the application site.			е.    Н	as assistance or prior advice been	sought from the local	
Unit:	House number:	House suffix:	au	thority about this application?	Yes No	
House name:	NEWLANDS C		lf yo	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this		
Address 1:	NENTHIOS	POAD	ap	application more efficiently).  Please tick if the full contact details are not		
Address 2:	Choog HTON	7	kr	own, and then complete as much		
Address 3:				fficer name:	Acceleration for a	
Town:	SCARBORGE			eference:	0 CH HRIDGERING IV	
County:	NORTH YORK	LSHIRE.	1 1 1 1 1 1 1 1 1	The state of the s		
Postcode (optional): Description	escription of location or a grid reference.			Date of advice (DD/MM/YYY		
Easting:	ompleted if postcode is not kn		——]   <u>Ĕ</u>	etails of pre-application advice rec	elved:	
Description		ing:				
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5. Eligibi	lity					
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(0 TENEDIUS 9 7150)	Date of decision (DD/MM/YYYY):
NYM/2014/2014/FL	23-06-2014
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	Applicant Contact Details
For the purpose of calculating fees, which of the following best describes the original	al application type?
louseholder development: development to an existing dwelling-house or develo	
Other: anything not covered by the above category	
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lease describe the non-material amendment(s) you are seeking to make:	SUMBLEGA TOO HALL MA
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9. Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application not being accept Local Planning Authority has been submitted.	
The original and 3 copies of a completed and dated application form	Him Parkagen Korch 131 Jesin
The original and 3 copies of other plans and drawings or informatio necessary to describe the subject of the application:	AND DOWN AND DOWN THE
The correct fee: NYM / 2015 / 0 0 3 11 / W	A SALYO STEWE PATIO IS VADO
10. Declaration  I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed - Agent	ny facts stated are true and accurate and any opinions given are the
Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Email address (optional):  Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  If Other has been selected, please provide:  Contact name:	Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Or other public land? Yes No  Agent Applicant Other (if different from the agent/applicant's details)  Telephone number:
JOHN PEDPLES	receptione number.
Email address:	
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