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NYMNPA 13 FEB 2015 The Old Vicarage Bondgate Helmsley York YO62 5BP

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

North York Moors National Park Authority

£195 # 13358

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

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

'ublication of applications on planning authority websites

'lease note that the information provided on this application form and in supporting documents may be published on the suthority's website. If you require any further clarification, please contact the Authority's planning department.

lease complete using block capitals and black ink.

: is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

. Applicant Name and Address	2. Agent Name and Address			
itle: First name:	Title: First name:			
ast name: CTHORNTON & B MATTIUSON	Last name:			
Company optional):	Company (optional): PETER RAYMENT DESIGN GD			
Jnit: House House suffix:	Unit: House number: House suffix:			
House lame: BAILLE CLOSE	House name: SWAN HOUSE			
address 1: Bickley	Address 1: WELD HEAD			
address 2: LANGBALT END	Address 2:			
Address 3:	Address 3:			
own: SCARBOROUGH	Town: PICKERING			
County:	County:			
Country:	Country:			
ostcode: YO 13 OLN	Postcode: YOIX &LL			

100 Test 100 Personal School (100)	ddress Details NYM / 2015 / g 1	4. P	re-application Advice
	ide the full postal address of the application site. House House		ssistance or prior advice been sought from the local prity about this application?
Unit:	number: suffix:		Tes No
House name:	BAIME CLOSE	you v	, please complete the following information aboute advice vere given. (This will help the authority to deal with this
Address 1:	Biokley		cation more efficiently). e tick if the full contact details are not
Address 2:	langualt end		n, and then complete as much as possible:
Address 3:	j j	Offic	er name:
Town:	SCANBENDOUGH	Refe	rence:
County:			
Postcode (optional):	Y013 OLN		Date (DD/MM/YYYY):
Description	of location or a grid reference.	11	be pre-application submission)
	mpleted if postcode is not known):	Deta	ls of pre-application advice received?
Easting:	Northing:		NYMNIDA
Description):		
2			1 3 FEB 2015
		كالا	
Please provi	otion Of Your Proposal ide a description of the approved development as shown decision in the sections below:	on the	decision letter, including the application reference number
Reference n		D/MM/	YYY): 21 Nov 2007 (date must be pre-application submission)
	the condition number(s) to which this application relate	1	
	oudition number 3	6.	
2.		7.	
3.	to the second se	8.	
4.		9.	
5.		10.	
Has the deve	elopment already started?		Yes No
If Yes, please	e state when the development started (DD/MM/YYYY):		(date must be pre-application submission)
Has the deve	elopment been completed?		Yes No
If Yes, please	e state when the development was completed (DD/MM/	YYYY): [2008 (date must be pre-application submission)
б. Conditi	on(s) - Removal		
Please state	why you wish the condition(s) to be removed or change	d:	
to allow	U THE ANNEXE TO BE USED FOR	Hohi	MY LETTING
	·		
	ne existing condition to be changed, please state how yo		
مللم سد	IN THE ANNIER TO BE USED FOR	Hour	DAY LETTING

8. Agricultural Land Declaration Town and Country Planning (Dev	AGRICUL	TURAL LAN	D DECLARATION	der 2010 Certificate I	under Article 12	
Agricul	tural Land Declar	ation - You M	lust Complete Either A	or B		
(A) None of the land to which the applica	ation relates is, or	H ² 10 10				
Signed - Applicant:		Or signed - Agent:			Date (DD/MM/YYY)	
					13/02/2015	
(B) I have/The applicant has given the rebefore the date of this application, was a as listed below:	quisite notice to e tenant of an agric	every person cultural hold	other than myself/ the ing on all or part of the	applicant who, on the land to which this ap	e day 21 days plication relates,	
Name of Tenant		Address			Date Notice Served	
	_			NYMN	PA	
				13 FEB	2015	
			1			
Signed - Applicant:		Or signed - A	Agent:		Date (DD/MM/YYY)	
					9	
9. Planning Application Require Please read the following checklist to mak information required will result in your ap the Local Planning Authority has been sul	e sure you have s plication being de	ent all the in	formation in support c d. It will not be consid	of your proposal. Failu lered valid until all info	re to submit all ormation required by	
The original and 3 copies of a completed and dated application form:		/ 🗆	The original and 3 co Ownership Certificat	pies of the completed e (A, B, C, or D - as app	, dated licable):	
The original and 3 copies of other plans ar information necessary to describe the sub	nd drawings or ject of the applica	ation: 🗌	The original and 3 co Article 12 Certificate	pies of the completed (Agricultural Holdings	, dated):	
The correct fee:						

Signed oplicant:	Or signed - Agent:	Date (DD/MM/YYYY):				
		•	13		te cannot b -application	
11. Applicant Contact Details		12. Agent Co	ntact Details			
Telephone numbers	*	Telephone numbers				
Country code: National number:	Extension number:	Country code: National number:			Extensior number:	
Country code: Mobile number (optiona	l):	Country code:	Mobile number ((optional):		
Country code: Fax number (optional):		Country code:	Fax number (opt	tional):		
Email address (optional):		Email address (optional):				
13. Site Visit						
Can the site be seen from a public road, pu	blic footpath, bridleway or	other public land?	Yes	No		
f the planning authority needs to make an out a site visit, whom should they contact?	(Please select only one)	Agent	Applicant	Other (if differ agent/applica		
f Other has been selected, please provide: Contact name:		Telephone numb	ner:			
Contact name		relephone num.	, c			
Email address:						

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10. Declaration