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

E195 # 13373 27-2-15

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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:	MRS	First name:	MELANIE					
Last name:	SHEPHARD							
Company (optional):								
Unit:		House number:		House suffix:				
House name:	THIRLEY COTES FARM							
Address 1:	HARWOOD DALE							
Address 2:								
Address 3:			-					
Town:	SCARBOROUGH							
County:	NORTH YORKSHIRE							
Country:	ENGLAND							
Postcode:	YO130DR							

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:	NYMNPA						
County:	Z 4 FEB 2015						
Country:	1						
Postcode:							

3. Site Address Details	4. Pre-application Advice					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local					
Unit: House House suffix:	ll , , , , ,					
House name: THIRLEY COTES 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: HARWOOD DALE	application more efficiently). Please tick if the full contact details are not					
Address 2:	known, and then complete as much as possible:					
Address 3:	Officer name:					
Town: SCARBOROUGH	MR CHRIS FRANCE					
County: NORTH YORKSHIRE	Reference: SITE VISIT					
Postcode (optional): YO130DR	Date (DD/MM/YYYY):					
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?					
Easting: Northing:						
Description:	SITE VISIT BY MR CHRIS FRANCE					
5. Description Of Your Proposal	The state of the s					
Please provide a description of the approved development as shown and date of decision in the sections below:	NVMNPA					
CONVERSION OF REDUNDANT FARM BUILDINGS TO FORM 4 HOLIDAY LI GABLE WALL TO CART SHED AT THIRLEY COTES FARM, HARWOOD DALI						
	7 4 LED					
Reference number: NYM/2010/0659/FL Date of decision (D	DD/MM/YYYY): 28/01/2011 (date must be pre-application submission)					
Please state the condition number(s) to which this application relate	Subinission)					
1.	6.					
2.	7.					
3. _{YES}	8.					
4. YES	9.					
5.	10.					
Has the development already started?	Yes					
If Yes please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)					
Has the development been completed?	∑ Yes					
If Yes please state when the development was completed (DD/MM/	YYYY): 04/05/2012 (date must be pre-application submission)					
6. Condition(s) - Removal						
Please state why you wish the condition(s) to be removed or change						
DUE TO THE CURRENT ECONOMIC CLIMATE, WE WISH TO BE MORE FLEXIBLE AND REMOVE THE RESTRICTIONS ON THE PROPERTIES, ALLOWING FOR A MORE VARIED USE.						
If you wish the existing condition to be changed, please state how you wish the condition to be varied:						
WE WOULD LIKE THE CONDITIONS VARIED TO ALLOW THE INDIVIDUAL SALE OF THE PROPERTIES ON A LEASEHOLD BASIS, FOR RESIDENTIAL USE WITH LOCAL OCCUPANCY, OR TO SELL INDIVIDUALLY FOR HOLIDAY COTTAGE USE. THE FREEHOLD OF THE SITE WILL REMAIN WITH THIRLEY COTES FARM.						

10. Applicant Contact Details		11. Agent Contact Details							
Telephone numbers	Telephone numbers								
	Extension number:	Country code:	National number	:	Extension number:				
Country code: Mobile number (optional):		Country code:	Mobile number (optional):					
Country code: Fax number (optional):		Country code:	Fax number (opt	ional):					
Email address (optional):		Email address (o	ptional):		! 				
12. Site Visit									
Can the site be seen from a public road, public footpath, b	bridleway or	other public land?	X Yes	No					
If the planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select o	to carry only one)	Agent	X Applicant	Other (if differ agent/applica	ent from the nt's details)				
If Other has been selected, please provide:		collect on the above							
Contact name:		Telephone number:							
MELANIE SHEPHARD									
Email address:									

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