



NOTH TOLK MOOLS HADOLALE ALK MUDICITY The Old Vicarage Bondgate Helmsley York YO62 5BP

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

£195 # 13503

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

Publication 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 luthority's website. If you require any further clarification, please contact the Authority's planning department.

'lease complete using block capitals and black ink.

1. Applicant Name and Address

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

1. Applic	ant Name and Address	2. Agent Name and Address		
Title:	MR First name: TIM	Title: First name:		
Last name:	COLE	Last name:		
Company (optional):		Company (optional):		
Jnit:	House House suffix:	Unit: House number: House suffix:		
House and anne:	BOULBY BANK	House name:		
Address 1:		Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
own:	WHITBY	Town:		
County:	N. YORKSHIRE	County:		
country:		Country:		
ostcode:	Y022 4AN	Postcode:		

5. 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 authority about this application?				
Unit: House House suffix:	Tes 140				
Hou ABBEY VIEW	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this				
Address 1: WHITBY LAITHES	application more efficiently). Please tick if the full contact details are not				
Address 2: HAWSKER LANE	known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: WHITBY	MRS HILARY SAUNDERS Reference:				
County: NORTH YORKSHIRE	NYM /2012 /0337 /FL				
Postcode (optional): Y022 45Y	Date (DD/MM/YYYY): (must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: 4924 27 Northing: 510135	POSITIVE, NEED TO APPLY FOR				
Description:	A VARIATION OF CONDITION.				
Description.	a D (A) 27 LED A				
	NYMNPA				
	7 4 APR 2015				
	n on the decision letter, including the application reference number				
CHANGE OF USE AND ALTERA	MONS TO 2 AGRICULTURAL				
BARNS TO FORM 2 NO. HOLIDAN	LETTING UNITS				
Reference number: NYM / 2011 / 0230/FL Date of decision (I	DD/MM/YYYY): 21/06/11 (date must be pre-application submission)				
Please state the condition number(s) to which this application relate	es:				
1. 3	6.				
2.	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?					
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:					
TO LIVE IN THE PROPERTY, AS I NEED TO LIVE IN					
THE NYMNP FOR SOLE CURRENT EMPLOYMENT					
If you wish the existing condition to be changed, please state how you wish the condition to be varied: VARIATION OF CONDITIONS TO ALLOW / INCLUDE					
LOCAL OCCUPANCY					

8. Agricultural Land Declarati	on			
Town and Country Planning (De	AGRICULTURAL LAI evelopment Management Pro cultural Land Declaration - You	ocedure) (England) Order 2010 Certificat	te under Article 12	
(A) None of the land to which the appl	ication relates is, or is part of, a	n agricultural holding.		
Signed - Applicant:		Or signed - Agent:		
			Date (DD/MM/YYYY) 22/04/15	
(b) mave, me applicant has given the before the date of this application, was as listed below:	requisite notice to every perso a tenant of an agricultural hol	n other than myself/ the applicant who, on ding on all or part of the land to which this	the day 21 days application relates,	
Name of Tenant	Address		Date Notice Served	
Signed - Applicant:	- Applicant: Or signed - Agent:		Date (DD/MM/YYYY	
9. Planning Application Requir Please read the following checklist to main information required will result in your a the Local Planning Authority has been so	ake sure you have sent all the in opplication being deemed inval	nformation in support of your proposal. Fa lid. It will not be considered valid until all i	ilure to submit all nformation required by	
The original and 3 copies of a completed and dated application form:		The original and 3 copies of the complet Ownership Certificate (A, B, C, or D - as a	red, dated applicable):	
The original and 3 copies of other plans a information necessary to describe the su	and drawings or bject of the application:	The original and 3 copies of the complet Article 12 Certificate (Agricultural Holdin	red, dated	
			J .	

I/we hereby apply for planning permission/coinformation. I/we confirm that, to the best of a genuine opinions of the person(s) giving them	nv/our knowledge, anv	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signer Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		22/04/15 (date cannot be pre-application)
11. Applicant Contact Details		12. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: National number:	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 (optional):
Email address (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 app out a site visit, whom should they contact? (Ple	oointment to carry ase select only one)	Agent Applicant Other (if different from the agent/applicant's details)
f Other has been selected, please provide:		5 0
Contact name:		Telephone number:
Email address:		
	NY	MNPA

IV. Declaration

4 APR 2015