



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

Telephone: 01439 770657  
 Email: dc@northyorkmoors-npa.gov.uk  
 Website: www.moors.uk.net

NYM / 2012 / 0070 / PL 1

2012/0070

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

*Variation of condition  
 within 12 months of  
 grant of permission*

**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				2. Agent Name and Address			
Title:	MR	First name:	WILLIAM	Title:		First name:	
Last name:	TAYLOR & MRS JULIE SALLIARD			Last name:			
Company (optional):				Company (optional):			
Unit:		House number:	2	House suffix:		Unit:	
House name:	LOWCROFT			House name:			
Address 1:	CHURCH LANE			Address 1:			
Address 2:				Address 2:			
Address 3:	FYLINGS THORPE			Address 3:			
Town:	WHITBY			Town:			
County:	NORTH YORKSHIRE			County:			
Country:				Country:			
Postcode:	YO22 4TS			Postcode:			

NYMNPA  
 31 JAN 2012



### 3. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting:  Northing:

Description:

### 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:

Reference:

Date (DD/MM/YYYY):   
(must be pre-application submission)

Details of pre-application advice received?

### 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:

CONSTRUCTION OF SINGLE STOREY SIDE EXTENSION WITH ROOF BALCONY TOGETHER WITH CONSTRUCTION OF 1 No. DORMER WINDOW AND INSERTION OF 5 No. ROOFLIGHTS AT 2 LOWCROFT CHURCH LANE FYLINGTHORPE. REF. No. NYM/2011/0558/FL DATED 21 OCT 11

Reference number:  Date of decision (DD/MM/YYYY):  (date must be pre-application submission)

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

1.	CONDITION 2	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?

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:

IT HAS BECOME APPARENT DURING CONSTRUCTION THAT FITTING ROOFLIGHTS IN THE UPSTAIRS BATHROOM WILL NOT GIVE SUFFICIENT HEADROOM!

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

THE ROOFLIGHT NEEDS TO BE CHANGED TO A CATSLIDE DORMER WINDOW TO ENABLE SUFFICIENT HEAD HEIGHT IN THE UPSTAIRS BATHROOM - PLEASE SEE AMENDED DRAWINGS ATTACHED.

**AGRICULTURAL HOLDINGS CERTIFICATE**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

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:

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

31 JAN 2012

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:

**8. 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.

3 copies of a completed and dated application form:

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

**9. Declaration**

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

(date cannot be pre-application)



### 10. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional):		
<input type="text"/>		

### 11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional):		
<input type="text"/>		

### 12. 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:

NYM / 2012 / 0070 / FL 1



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Name of Tenant	Address	Date Notice Served

NYMINE  
- 8 FEB 2012

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY:




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