

WYN / 7013 / 0 5 6 6 / 8 6

2. Agent Name and Address

Mr

Winn

First name:

Richard

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

North York Moors National Park Authority

The Old Vicarage

Helmsley York YO62 5BP

2013/0266

Application for Planning Permission. **Town and Country Planning Act 1990**

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.

Title:

Last name:

Please complete using block capitals and black ink.

First name:

Ray

1. Applicant Name and Address

Mr

Last name: | Owen

Title:

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

Company (optional):	Ray Owen Waste Disposal	Company (optional):	Architectural Design
Unit:	House House suffix:	Unit:	House House number: suffix:
House name:		House name:	Old Barn Cottage
Address 1:	Teydale Farm	Address 1:	Middle Farm
Address 2:	Whitby Road	Address 2:	Main Street
Address 3:	Cloughton	Address 3:	Allerston
Town:	Scarborough	Town:	Pickering
County:	North Yorkshire	County:	North Yorkshire
Country:	UK	Country:	UK
Postcode:	YO13 0DZ	Postcode:	YO18 7PG
S, Desail	ption of Proposed Works		
Please desc	ribe the proposed works:		
Use of I	and for the siting of 12 camping pods with asso	ciated access	paths ancillary to The Falcon Inn
			VYMANOA 30/19
-	or works already been carried out or use of land alread	ly started?	Yes No
	e state the date when building e were started (DD/MM/YYYY):		(date must be pre-application submission)
	rks been completed or change of use already occurred?		Yes No .
	e state when the works were or use occurred (DD/MM/YYYY):		(date must be pre-application submission)
Martin de grande de state de la composition della composition dell			\$Date: 2007/05/11 09:53:50 \$ \$Revision: 1.16 \$

4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application sit	Has assistance or prior advice been sought from the local
Unit: House number: House suffix:	authority about this application? Yes No
House name: Ray Owen Waste Disposal	If Yes, please complete the following information about the dvice you were given. (This will help the authority to deal with this
Address 1: Feydale Farm The Follow	application more efficiently). Please tick if the full contact details are not
Address 2: Whitby Road	known, and then complete as much as possible:
Address 3: Cloughton	Officer name:
Town: Scarborough	Mrs Hilary Saunders
County: North Yorkshire	Reference:
Postcode (optional): YO13 0DZ	ENQ/9419
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission) 27 June 2013
Easting: N/A Northing: N/A	Details of pre-application advice received?
Description:	Subject to favourable consultation response, the
	III proposal would be likely to receive favourable
N/A 7000 1 0 5 6 6 7 6 1	Consideration.
The Market of the Control of the Con	
6. Pedestrian and Vehicle Access, Roads and Rights	
Is a new or altered vehicle access proposed	Do the plans incorporate areas to store
to or from the public highway? Yes No	Unknow and aid the collection of waste? Yes No Unknown
Is a new or altered pedestrian access proposed to or from	If Yes, please provide details:
the public highway? Yes No	Jnknown N/A
Are there any new public roads to be provided within the site? Yes No	Jnknown
Are there any new public	
rights of way to be provided within or adjacent to the site? Yes V No L	Jnknown
Do the proposals require any diversions /extinguishments and/or	Have arrangements been made for the separate
creation of rights of way? Yes No to the rights of way?	Unknow of recyclable waste? Yes No Unknown
If you answered Yes to any of the above questions, please s details on your plans/drawings and state the reference of ti	he plan
(s)/drawings(s)	Separate containers for recyclable materials
8. Neighbour and Community Consultation	9. Council Employee / Member
Have you consulted your neighbours or the local community about the proposal? Yes	Is the applicant or agent related to No any member of staff or elected
	member of the Council?
f Yes please provide details:	If Yes, please provide details:
See the Design and Access Statement	N/A
·	

10. Materials If applicable, please sta	te what ma	terials are to be used external	y. Include type, colour and name for e	ach material	l:			
{ }	Existing (where ap		Proposed (1) (1) (1) (1) (1) (2) (2) (3)	ā	Don't Know			
Walls	N/A		Stained natural timber					
Roof	N/A		Decra "Oberon" cladding			See enclosed manufacturers detail sheets		
Windows	N/A		Stained natural timber			See enclosed manufacturers detail sheets		
Doors	N/A		. Stained natural timber			See enclosed manufacturers detail sheets		
Boundary treatments (e.g. fences, walls)	N/A		As existing - no change			1304-2		
Vehicle access and hard-standing	N/A		See design statement			1304-2		
Lighting			NINAMIOA					
Others (please specify)								
Are you supplying add	itional info	mation on submitted plan(s)/	drawing(s)/design and access statemen	nt?	Y (es No		
If Yes, please state refe	rences for t	he plan(s)/drawing(s)/design a	and access statement:					
Drawing no. 1304 Pod manufacture		rawings for The Family Ty	oe Pod and general brochure					
11. Vehicle Parkin	g							
Please provide infor	mation on		mber of on-site parking spaces:					
Type of Vehic	le	Total Existing	Total proposed (including spaces retained)		Difference in spaces			
Cars		N/A	20	20	20			
Light goods vehi public carrier veh	cles/ nicles	N/A	0	Nil	Nil			
Motorcycles		N/A	6 or more	6 or mo	ore			

2

N/A

N/A

10 or more

Disability spaces

Cycle spaces

Other (e.g. Bus)

Other (e.g. Bus)

N/A

N/A

N/A

N/A

2

N/A

N/A

10 or more

12. Foul Sewage	13. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the
Mains sewer Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as neces ('.)
Septic tank Other	Yes No
Package treatment plant Unknown	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere? Yes No Unknow
plants)/drawnig(s).	How will surface water be disposed of?
NOTE: No foul sewage connection required	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer Unknown
14. Biodiversity and Geological Conservation	15. Existing Use
Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site? a) Protected and priority species:	Please describe the current use of the site: Managed woodland
Yes, on the development site	
	Is the site currently vacant? Yes No
Yes, on land adjacent to or near the proposed development	If Yes, please describe the last use of the site:
L d No	N/A
b) Designated sites, important habitats or other biodiversity features:	
Yes, on the development site	When did this use end (if known)?
Yes, on land adjacent to or near the proposed development	(date where known may be approximate)
√ No	Does the proposal involve any of the following:
	Land which is known to be contaminated? Yes No
Features of geological conservation importance:	Land where contamination is suspected for all or part of the site? Yes No
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable to the presence of contamination? Yes No
☑ No	If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.
6. Trees and Hedges	17. Trade Effluent
Are there trees or hedges on the proposed development site? Yes No	Does the proposal involve the need to dispose of trade effluents or waste?
and/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the levelopment or might be important as part If the local landscape character?	of trade effluents or waste
Yes to either or both of the above, you will need to provide a full	N/A
ree Survey, with accompanying plan before your application can e determined. Your Local Planning Authority should make clear	
n its website what the survey should contain, in accordance with se current 'BS5837: Trees in relation to construction -	
ecommendations'.	\$Date 2007/05/11 09:53:50 \$ \$Revision: 1.16 \$

18. Residential U Does your proposal in	iclude	the	qai	n, los	s or c	nange	e of use of	resider	itial units?		1	10 10					
If Yes please complete details of the changes in the tables below:								ow:					*	•		West reserve	
Proposed Housing 17 7013 7 1									Exi	sti		łous					
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Live-work units		\perp							Live-work units								
Cluster flats		-							Cluster flats								
Sheltered housing		H		ļ			-		Sheltered housing								
Bedsit/studios	Ξ	\vdash							Bedsit/studios								
Unknown type		\vdash	\dashv								Ì				ļ		
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Social Rented	Not		\rightarrow	Nµml	oer of	Bedr	ooms	Total	Social Rented	Not	t		Numb	er of	Bedro	ooms	Total
30Clai Reilleu	know	n	1	X	3	4+	Unknown		Social Kented	knov	vn	1	2	3	4+	Unknown	
Houses				<u> </u>					Houses		-						
Flats and maisonettes									Flats and maisonettes								
Live-work units					`	_			Live-work units								
Cluster flats									Cluster flats								
Sheltered housing									Sheltered housing								
Bedsit/studios									Bedsit/studios								
Unknown type									Unknown type								
	,	Tot	als	(a + b	+ C +	d + e	+f+g)=				To	otals	(a + b	+ C +	d+e	+ f + g) =	
	1													·			
Intermediate	Not know	n	1	Numb 2	er of		ooms Unknown	Total	Intermediate	Not know		1	Numb 2	er of	Bedro 4+	ooms Unknown	Total
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Sheltered housing									Sheltered housing								
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Total existing reside	ential B+C	uni LD)	(5	1		·			Total proposed units (E+	resid	941 94	ntial <i>H)</i> –	1				
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Net tradable are:		, , , , , , , , , , , , , , , , , , , ,		Existing gross internal	Gross internation to be lost by	al floorspace change of molition	Total gross floorspace p (including ch	roposed nange of	internal floorse following development
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Professional services	۸۵			<u></u>	<u> </u>	**·			
Ad Drinking establishments As Hot food takeaways		professional services						····an_	
AS Hotfood tokeaways									
B1 (a) Office (other than A2)	~	establishments	17						
Bit (b) Research and development	· · · · · · · · · · · · · · · · · · ·								
B1 (c) Light Industrial		,			· 				
B2 General industrial		development							
Storage or distribution C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure OTHER Please specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms OTHER Please specify Total Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Not addition, for hotels C1 Hotels C2 Residential institutions of use or demolition C3 Residential institutions OTHER Please specify D3 Please state the following information regarding employees: Full-time Part-time required the following information regarding employees: Five Nil Five Proposed employees Five Nil Five 1. Hours of Opening Please state the hours of opening for each non-residential use proposed: USE Monday to Friday Saturday Saturday Sanday Holidays Not known Bank Holidays Not known Not known Sunday and Bank Holidays Not known	B1 (c)	Light industrial							
C1 Hotels and halls of residence C2 Residential institutions C3 C4 C5 C5 C5 C5 C5 C5 C5	B2	General industrial		<u> </u>			· ·		
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District of Opening	C2	Į.				NYM	With I	\ \ \	1174 × 137 ± 78-
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Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Type of use policiable of use or demolition Total rooms proposed (including changes of use) Net additional rooms Partition changes of use) Not known Existing employees Full-time Part-time quivalent Five Nil Five Proposed employees Five Nil Five Proposed employees Five Nil Five Please state the hours of opening Please state the hours of opening for each non-residential use proposed: We Monday to Friday Saturday Sunday and Bank Holidays Not known Site Area	D2			V-/16		·			
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lease complete the following information regarding employees: Full-time	Other								
lease complete the following information regarding employees: Full-time									
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Proposed employees Five Nil Five 1. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known 2. Site Area	Exis	ting employees F		Tan and	-			ent	NOT KHOWN
Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known 2. Site Area		asad amplayaes				· · · · · · · · · · · · · · · · · · ·	T		
Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known Site Area			IVE		1 1/11		Five		TOTAL
Use Monday to Friday Saturday Sunday and Bank Holidays Not known Sunday and Bank Holidays Not known Street Area	1. Hou	rs of Opening							
Bank Holidays Not known Site Area	Please	state the hours of openi	ng for	each non-reside	ntial use prope	osed:			
2. Site Area		Use Mc	onday	to Friday	Saturday	,	Sunday and Bank Holiday	/s	Not known

	M2								
	2. Site	Area			1001				
			ıs (ha)						

Rease describe the activities and processes becarried out on the site and the end produplant, ventilation or air conditioning. Please type of machinery which may be installed or	which icts in includ	n would ncluding de the		4/5(4)			
Is the proposal a waste management develor If the answer is Yes, Please complete the follow	pmei	nt? Yes	✓ No				
	Not applicable	The total capa including engir	acity of the void in neering surcharge cover or restorati	and making no	Please provide the maximum annual operational throughput of		
	appli appli	tonnes if soli	d waste or litres if		the following waste streams:		
Inert landfill							
Non-hazardous landfill							
Hazardous landfill							
Energy from waste incineration							
Other incineration					······································		
Landfill gas generation plant							
Pyrolysis/gasification							
Metal recycling site	¥						
Transfer stations Material resource of spiliting (MREs)							
Material recovery/recycling facilities (MRFs) Household civic amenity sites	믬		/	- 1			
Open windrow composting	\dashv						
In-vessel composting							
Anaerobic digestion							
Any combined mechanical, biological and/	귀			<u> </u>			
or thermal treatment (MBŤ) Sewage treatment works	퓜				/		
Other treatment	퓜						
Recycling facilities construction, demolition			$\overline{}$	·	***		
and excavation waste Storage of waste	귀						
Other waste management	\exists						
Other developments	퓜				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Please provide the maximum annual operati	onal i	i throughput of the	e following waste	streams:			
Municipal		· · · · · · · · · · · · · · · · · · ·					
Construction, demolition and ex	xcava	ntion					
Commercial and industr	ial						
Hazardous							
If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.							
24. Hazardous Substances							
Does the proposal involve the use or storage the following materials in the quantities state			⊘ No	Not applical	ole		
If Yes, please provide the amount of each sub	stan	ce that is involve	d:				
Acrylonitrile (tonnes)	E	th y lene oxide (to	nnes)		Phosgene (tonnes)		
Ammonia (tonnes)	ogen cyanide (to	nnes)	Sul	Sulphur dioxide (tonnes)			
Bromine (tonnes)	Ĺ	iquid oxygen (to	nnes)		Flour (tonnes)		
Chlorine (tonnes) Liq	juid p	etroleum gas (to	nnes)	Refined	white sugar (tonnes)		
Other:			Other:				
Amount (kilograms):			Amount (kild	ograms):			
					\$Date: 2007/05/11 09:53.50 \$ \$Revision: 1.16 \$		

25. Certificates (continued)					
Yown and Country Pla	CERTIF nnina (Gene	ICATE OF OWNE ral Developmen	:RSHIP - CERTI nt Procedure) (FICATE D Order 1995 Certificate u	nder Article 7
I certify/ The applicant certifies that: Certificate A cannot be issued for the control of the certificate of the certifies of the certificate of			•		
 All re conable stone have been take 	en to find out	the names and a	ddresses of eve	eryone else who, on the c	lay 21 days before the date of
this\\pilication, was the owner (on of the land to which this applicatio	<i>mer is a persoi</i> n <u>r</u> elates, but	n with a freenoid i. I have/ the applic	nterest or leaser cant has been u	noia interest with at least 7 inable to do so.	years left to run) of any part
The steps taken were:					
			MVM /	conduction of the distribution	
Notice of the application has been pub	lished in the I	following newspa		7(1) / 11 d) (1) On the following date	(which must not be earlier
(circulating in the area where the land	is situated):	- Chothing the trops		than 21 days before th	e date of the application):
Signed - Applicant:		Or signed -	- Agent:		Date (DD/MM/YYYY):
	,		or o mount anno - o care pour ou o constitue	ATT	
Town and Country Place	AGRI	CULTURAL HOLI	DINGS CERTIFI	ICATE rder 1995 Certificate un	der Article 7
Agricultural Land Declaration - You Mus (A) None of the land to which the ag	t Complete Ei	ther A or B			
Signed - Applicant:	phication tela	- Or signed		ar norumg.	Date (DD/MM/YYYY):
				Richard G Winn	1 st August2013
	at a tra				
B) I have/ The applicant has given before the date of this application, was	the requisite i s a tenant of a	notice to every pe n agricultural hol	erson otner tna Iding on all or p	n myself/ the applicant w eart of the land to which t	this application relates,
as listed below: Name of Tenant	1		Address		Date Notice Served
Nante of Tellant			Address		Date Hotice Served
				1	
			7		
		_			
				7	
		·			
Signed - Applicant:		Or signed -	- Agent:		Date (DD/MM/YYYY):
		-			
26. Planning Application Requ					C Fallows to a subschief
Please read the following checklist to minformation required will result in your	application be	nave sent all the eing deemed inv	alid. It will not	support of your proposal be considered valid until	all information required by
the Local Planning Authority has been s	submitted.		The corre	ct fee:	
3 copies of a completed and dated app	lication form:			of a design and access sta	
3 copies of the plan which identifies the		h	•	of the completed, dated A	L _e
the application relates drawn to an ider scale and showing the direction of Nort	h:			e (Agricultural Holdings):	
3 copies of other plans and drawings or	information			of the completed, dated	5
necessary to describe the subject of the	application:	<u> </u>	Ownersn	p Certificate (A, B, C, or E	D - as applicable): الم
27. Declaration					
I/we hereby apply for planning permiss	ion/consent a	s described in th	is form and the	accompanying plans/dra	awings and additional
Information. Signed - Applicant:	Or	sianed - Agept:		Date (DD)	/MM/YYYY):
			Richard G	Winn 1st Augus	st 2013 (date cannot be
			inchara o	2 1494	pre-application)

EYM / 2003 / 0 5 6 6 6 6 6 L. T. C.

VALIDATION CHECKLIST

PLANNING PERMISSION AND LISTED BUILDING CONSENT

For alterations, extension or demolition of a listed building



Please complete the attached checklist to indicate what you have included with your application. All plans should include paper size, key dimensions and scale.

STANDARD REQUIREMENTS:

(1 original and 3 copies to be supplied unless that application is submitted electronically)

Completed application form	YES.	N/A 🗌
Completed Certificate of Ownership, A, B, C or D as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995 and by Regulation 6 of the Planning (Listed Building and Conservation Areas) regulations 1990.	YES[]	N/A []
Agricultural Holdings Certificate as required by Article 7 of the Town and Country Planning (General Development Procedure) Order 1995	YES.	N/A 🗌
Location Plan at a scale of 1:2500 or 1:1250 with your application site edged red and any other land in your ownership edged in blue.	YES.	N/A 🗌
Existing site layout plans at a scale of 1:100, 1:200 or 1:500 showing the site in relation to existing buildings and site boundaries. The plan should indicate where existing features of the site are located including existing buildings (indicating proposed demolitions), trees (identifying any proposed felling), means of access and type of enclosure (wall, fence, hedges) and shall show adjacent properties/buildings.	YES[]	N/A [∕]
Proposed site layout plans at a scale of 1:500, 1:200 or 1:100	YES□	N/A 🗸
Existing and proposed elevations to a scale of 1:50 or 1:100 Requirements dependent on position of extension eg. no front elevation required for rear extension etc.	YES[/]	N/A 🗌
Existing and proposed floor plans to a scale of 1:50 or 1:100 For each floor ie, ground and first floor required for two storey extension	YES☑	N/A 🗌
Roof plans to a scale of 1:50 or 1:100 If the proposal alters the existing roof	YES[/]	N/A[]
Existing and proposed site sections and finished floor levels and site levels at a scale of not less than 1:100	YES	N/A 🗌
Design and Access Statement	YES☑	N/A□
		N/A