



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

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

Application for a non-material amendment following a grant of planning permission.
 Town and Country Planning Act 1990

DDA Exempt

NYMNP
 28 MAY 2015

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority'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: First name:

Last name:

Company (optional):

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

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:

County:

Country:

Postcode:

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: HILLSIDE FARM

Address 1: ESKDALESIDE

Address 2: SLEIGHTS

Address 3:

Town: WHITBY

County: NORTH YORKSHIRE

Postcode (optional): YO22 5ES

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

Easting: Northing:

Description:

BARN CONVERSION

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: Mrs AILSA TEASDALE

Reference: ENQ 11265

Date of advice (DD/MM/YYYY): 21ST MAY 2015

Details of pre-application advice received:

TO FORM THE PROPOSED OPENING USING A STRAIGHT HEADED OPENING INSTEAD OF AN ARCHED OPENING.

5. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates? Yes No

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you are not the sole owner, has notification under article 9 of the DMPO been given? Yes No Not Applicable

If you have answered No to this question, you cannot apply to make a non-material amendment.

If you have answered Yes to this question, please give details of persons notified:

Person Notified	Address	Date of Notification

NYMNPA
28 MAY 2015

6. Authority Employee / Member

With respect to the Authority, I am:

(a) a member of staff

(b) an elected member

(c) related to a member of staff

(d) related to an elected member

Do any of these statements apply to you? Yes No

If yes please provide details of the name, relationship and role

7. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type:

THE CONSTRUCTION OF SINGLE STOREY AND TWO STOREY EXTENSIONS TO FARMHOUSE FOLLOWING DEMOLITION OF EXISTING SINGLE STOREY EXTENSION, CONVERSION OF OUTBUILDINGS TO FORM DOMESTIC WORK/ACTIVITY SPACE AND THERAPY ROOM WITH HYDROTHERAPY POOL TOGETHER WITH CONSTRUCTION OF A LINK BETWEEN OUTBUILDINGS AT HILLSIDE FARM, ESKDALESIDE

Reference number:

NYM/2011/0685/FL

Date of decision (DD/MM/YYYY):

20TH DEC 2011

What was the original application type?:

(e.g. 'Full', 'Householder and Listed Building', 'Outline')

FULL

For the purpose of calculating fees, which of the following best describes the original application type?

Householder development: development to an existing dwelling-house or development within its curtilage

Other: anything not covered by the above category

8. Non-Material Amendment(s) Sought

Please describe the non-material amendment(s) you are seeking to make:

WE WISH TO OMIT 2 OF THE WINDOWS AS PASSED IN THE THERAPY ROOM AND REPLACE THEM WITH A GLAZED STRIGHT ARCH OPENING. WE WOULD ALSO LIKE TO RELOCATE THE ROOF WINDOW TO THE AREA ABOVE THE ARCHES OPENING.
AFTER PRE-APPLICATION ADVICE WE WOULD LIKE TO FORM THE PROPOSED OPENING BY USING A STRIGHT STONE LINTOL. THIS STONE LINTOL WILL BE SOURCED FROM THE LOCAL QUARRY WHICH IS A MATTER OF A FEW HUNDREDS YARDS FROM OUR LOCATION. THIS STONE HEAD WOULD NEED TO BE FORMED USING TWO LARGE HEAD STONES AND A CENTRE KEY STONE TO FOLLOW GOOD BUILDING GUIDE LINES.

Are you intending to substitute amended plans or drawings?

Yes

No

If Yes, please complete the following:

Old plan/drawing number(s):

New plan/drawing number(s):



Please state why you wish to make this amendment:

WE FEEL AFTER CONSIDERATION THAT CAN INHANCE THE INTERNAL AREA BY SWAPPING THE LIGHT THERAPY AREA TO WHERE THE HYDROTHERAPY POOL AREA IS. THIS IS BECAUSE THE LOUNGE AREA IN THE LINKED BUILDING IS GLAZED. SO SWAPPING THE AREAS WOULD MAKE THE LIGHT THERAPY AREA DARKER AND THE NEW HYDROTHERAPY AREA LIGHTER.

9. 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 not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.

The original and 3 copies of a completed and dated application form:

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

The correct fee:

10. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

28TH MAY 2015

11. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:
[] [] []

Country code: Mobile number (optional):
[] []

Country code: Fax number (optional):
[] []

Email address (optional):
[]

12. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:
[] [] []

Country code: Mobile number (optional):
[] []

Country code: Fax number (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 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: []

NYMNP
28 MAY 2015