



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

13880

Application for approval of details reserved by condition.

23-11-15

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

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.

and the property of the property and decide	
1. Applicant Name and Address	2. Agent Name and Address
Title: First name:	Title: MR First name: ANDREW
Last name:	Last name: MCROYALL
Company (optional): DUCHY OF LANCASTER	Company (optional): SAVILLS INCORPORATING SMITHS GORE
Unit: House number: House suffix:	Unit: House number: 48 House suffix:
House name:	House name:
Address 1: 1 LANCASTER PLACE	Address 1: BOOTHAM
Address 2: STRAND	Address 2:
Address 3:	Address 3:
Town: LONDON	Town: YORK
County:	County:
Country:	Country:
Postcode: WC2E 7ED	Postcode: Y030 7WZ

3. Site Address Details	4. Pre-application Advice Has assistance or prior advice been sought from the local	
Please provide the full postal address of the application site. Unit: House House	authority about this application?	
number: Sullix:	If Yes, please complete the following information about the advice	
name: CLOUGHTION FIELDS TARM	you were given. (This will help the authority to deal with this	
Address 1: STATION LANE	application more efficiently). Please tick if the full contact details are not	
Address 2: CLOVGHTON	known, and then complete as much as possible:	
Address 3:	Officer name:	
Town: SCARBOROUGH	MRS. HILARY SAUNDERS Reference:	
County:	nelerence.	
Postcode (ontional): YOIS OAD	Date (DD/MM/YYYY): VARIOUS	
Description of location or a grid reference.	(must be pre-application submission)	
(must be completed if postcode is not known):	Details of pre-application advice received?	
Easting: Northing:	EXTERNAL UGHTING TO BE UMITED IN NUMBER & SPREAD.	
Description:		
	13,	
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: CONVERSION OF FORMER STONE FARM BUILDINGS TO CREATE A FARMHOUSE TOGETHER WITH CONSTRUCTION OF A RANGE OF FARM BUILDINGS TO THE WEST A NEW ACCESS ARRANGEMENTS TOGETHER WITH ERECTION OF A ISM WIND TURBINE		
ALANDSCAPING AT CLOUGHTON FIELDS, S	TATION LAND, CLOUGHTON, SCARBOROUGH.	
Reference number: NYM/2015/0570 _Date of decision:	10	
Please state the condition number(s) to which this application relate		
1. 4 - EIGHTING	6.	
2.	Z purchasen in the form t	
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. Discharge Of Condition		
Please provide a full description and/or list of the materials/details that are being submitted for approval:		
SEE ACCOMPANYING LETTER & DRAWINGS -29A & 31.		
7. Part Discharge Of Condition(s)		
Are you seeking to discharge only part of a condition?		
If Yes, please indicate which part of the condition your application relates to:		

Please read the following checklist to informate required will result in you the Local Planning Authority has be	our application being deemed in	e information in support of your proposal. Failure to submit all valid. It will not be considered valid until all information required by
The original and 3 copies of a completed and dated application for	orm: The	original and 3 copies of other plans and drawings formation necessary to describe the subject of the application:
The correct fee:	lacktriangledown	Portal recording
9. Declaration I/we hereby apply for planning pern information. I/we confirm that, to th genuine opinions of the person(s) g Signed - Applicant:	e best of my/our knowledge, any	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:
Date (DD/MM/YYYY): 19 . 11 . 15 (dat	e cannot be pre-application)	
10. Applicant Contact Detai	ls	11. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: National number: Country code: Mobile number (or	Extension number:	Country code: National number: Extension number: Country code: Mobile number (optional):
Country code: Fax number (optio	nal):	Country code: Fax number (optional):
Email address (optional):		Email address (optional):
12. Site Visit		
Can the site be seen from a public ro	ad, public footpath, bridleway or	other public land? Yes No
If the planning authority needs to mo out a site visit, whom should they co	ake an appointment to carry ntact? (Please select only one)	Agent Applicant Other (if different from the agent/applicant's details)
f Other has been selected, please pr	ovide:	
Contact name:		Telephone number:
Email address:		

8. Planning Application Requirements - Checklist

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