

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

#13955

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

1 1 JAN 2016

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.

1. Applic	ant Name and Address	2. Agent	Name and Address
Title:	MR First name: RICHARD.	Title:	MR. First name: GARETH.
Last name:	GUNTON.	Last name:	DOCKERTY.
Company (optional):	NORTH YORK MOOKS INATIONALP.	Company (optional):	NORTH YORK MOORS NPA.
Unit:	House number: House suffix:	Unit:	House House suffix:
House name:	THE OLD VILARAGE	House name:	THE OLD VICARAGE
Address 1:	BONDGATE	Address 1:	BONDGATE
Address 2:	Y.	Address 2:	
Address 3:		Address 3:	
Town:	HELMSLEY	Town:	HELMSLEY.
County:	RYEDALE	County:	RYEDIALE
Country:	ENGLAND.	Country:	ENGLAND
Postcode:	Y062 SBP.	Postcode:	Y062 5BP.

3. 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:				
House SEA WALL PARAPET.	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			
Address 1:				
Address 2:	known, and then complete as much as possible: Officer name:			
Address 3:	HILARY SAINDERS.			
Town: ROBIN HOODS BAY.	Reference:			
County: SCARBOROUGH.				
Postcode (optional):	Date (DD/MM/YYYY): 7/1/2016 (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: Northing:	CLARIFICATION ON WHAT			
Description:	NEEDED TO BE SUBMITTED AS PART OF THE CONDITIONS.			
SECTION OF WALL ENCLOSING, PEDESTRIAN WALK WAY.	PART OF THE CONDITIONS.			
TOUGHT WALK WITT.				
5. Description Of Your Proposal				
Please provide a description of the approved development as shown and date of decision in the sections below:	on the decision letter, including the application reference number			
S S				
	27/m /2016 (Date must be pre-application			
	submission) (DD/MM/YYYY)			
Please state the condition number(s) to which this application relate				
1.	6.			
2.	7.			
3. (3) NO WORK SHALL COMMENCE	8. 34N 2016			
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 the	nat are being submitted for approval:			
Evidence to show Mosaic Colours, ple	ons and Materials being used.			
Further Images will follow as bounds are completed prior to installation.				
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:				
3) No Work shall Commence until the design and materials have				
been submitted.				
	\$Date: 2012-07-17 #\$ \$Revision: 4636 \$			

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.				
The original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings information necessary to describe the subject of the application:			
The correct fee:				
9. 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): (date cannot be pre-application)				
10. Applicant Contact Details	11. 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):			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No Other life different from the				
out a site visit, whom should they contact? (Please select only one) Agent Applicant Applicant Other (II different from to				
If Other has been selected, please provide: Contact name: Telephone number:				
	- and the state of			
Fmail address:				

11 JAN 2018