



NORTH YORKSHIRE COUNCIL

PLANNING SERVICES
County Hall, Northallerton
North Yorkshire DL7 8AH
Tel: 0300 131 2 131
Email: planning.control@northyorks.gov.uk

This form has been issued to enable the Council to tell you whether an application is required under the Town & Country Planning Acts. Please complete and return to Planning Services.

The information will be examined and you will be informed, in writing, whether or not an application is required for Planning Permission. Please note: This form is for information only and is not a formal planning application.

FOR OFFICE USE ONLY

NY ref: NY/...../...../PRE
Date Received:/...../.....
District:
Case Officer:

WASTE DEVELOPMENT ENQUIRY FORM

PARTICULARS OF PROPOSED WORKS INCLUDING BUILDINGS (please TYPE or use BLOCK LETTERS)

1. CONTACT DETAILS

Applicant Name:
Agent Name (if applicable):
Address:
.....Postcode:.....
Email:Telephone No. (Daytime):.....

2. ADDRESS AT WHICH THE PROPOSED DEVELOPMENT/WORKS ARE TO BE UNDERTAKEN?

Address:
.....Postcode:

3. DESCRIBE THE PRESENT USE OF THE SITE (including planning permissions held)

.....
.....
.....

4. DESCRIBE THE PROPOSED USE OF THE SITE

.....
.....
.....
.....

5. NATURE OF WASTE OPERATION

New landfill site	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Extension to an existing site	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Surface waste disposal ie; landraising	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Waste Transfer Station	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other (please provide details)?.....				

6. IS THIS ACCOMPANIED BY A REQUEST FOR A 'SCREENING OPINION' UNDER THE EIA REGS

Yes ☐ No ☐ To follow ☐

7. DESCRIBE THE CONTEXT AND NEED FOR THE DEVELOPMENT AND CATCHMENT AREA

.....

.....

.....

.....

8. WHAT IS THE APPLICANT'S INTEREST IN THE SITE?

.....

9. TOTAL APPLICATION AREA

Site hectares Building(s) floor space.....square metres

10. HOW FAR WILL THE DEVELOPMENT BE FROM:

a) The nearest boundarymetres b) The nearest dwellingmetres

11. PROPOSED DURATION OF THE WASTE OPERATION

Duration of operations years Start date End Date

12. PLEASE SPECIFY THE LIKELY TYPE OF WASTE MATERIALS

Household ☐

Industrial ☐

Commercial ☐

Other wastes ☐

(please specify)

.....

13. TOTAL QUANTITY OF WASTE MATERIALS

.....tonnes per annumvoid space (m3)

14. PLEASE PROVIDE DETAILS OF ANY ENVIRONMENTAL PERMITS HELD AND/OR APPLIED FOR

.....

.....

15. PLEASE SUMMARISE THE PROPOSED WORKING METHOD INCLUDING PHASING

.....

.....

.....

16. ARE OUTSIDE STORAGE BAYS/AREAS TO BE PROVIDED?

Yes ☐ No ☐

If YES, please give details.....

Size..... square metres Location.....

17. SUMMARISE ANY PLANT AND MACHINERY TO BE USED IN THE OPERATIONS

.....

.....

.....

18. SUMMARISE ANY BUILDINGS OR STRUCTURES TO BE ERECTED

Purpose of building(s).....

Size and appearance of buildings etc.....
.....

19. PROPOSED HOURS OF OPERATION OF THE SITE

.....Monday to Friday

.....Saturday

20. SUMMARISE THE PROVISION TO BE MADE FOR THE SCREENING OF YOUR DEVELOPMENT

.....
.....
.....

21. SUMMARISE NOISE, DUST & ODOUR ATTENUATION MEASURES

.....
.....
.....

22. SUMMARISE POLLUTION CONTROL (including windblown litter) & VISUAL AMENITY PROPOSALS

.....
.....
.....

23. DOES THE PROPOSAL INVOLVE THE CREATION OF ADDITIONAL HARDSTANDING?

Yes ☐ No ☐

If YES, delete as applicable: Car parking/Footpaths/Access/Other: please specify.....

Size.....sq. metres Location.....

24. SUMMARISE METHOD OF TRANSPORTATION OF WASTE MATERIALS (size, type & capacity of vehicles)

.....
.....
.....

25. VEHICLE MOVEMENTS

	Average	Maximum
Estimated number of vehicles	Daily:	Daily:
	Weekly:	Weekly:
Estimated capacity of loaded vehicles	Average	Maximum

*vehicle movement definition egress= 1 movement, ingress= 1 movement

26. DOES THE PROPOSAL INVOLVE A NEW VEHICULAR ACCESS OVER A FOOTPATH OR VERGE?

Yes ☐ No ☐

If YES, onto which road?

27. DO YOU PROPOSE TO FELL OR DO ANY WORKS TO TREES ON OR ADJOINING THE SITE?

Yes ☐ No ☐

**28. ARE THERE ANY RECORDS OF ANY PROTECTED SPECIES WITHIN OR ADJACENT TO THE SITE?
(for example, bats, nesting birds, great crested newts)**

Yes ☐ No ☐ If YES, please provide details:.....

.....

29. IS THE SITE IN AN AREA AT RISK OF FLOODING?

Yes ☐ No ☐

30. LOCATION PLAN

Please provide an OS base location plan of the site (typically 1:1250 or 1:2500). The application site boundary should be marked in RED and any other land under the ownership or control of the applicant should be outlined in BLUE. If available please submit any other drawings which may assist with your enquiry.

31. IS YOUR PRE-APPLICATION ENQUIRY TO BE TREATED AS CONFIDENTIAL?

Yes ☐ No ☐

32.



Signed:

Date:

The information provided is to the best of my knowledge a true and accurate statement. I accept that the advice provided by the Planning Authority is based upon the information contained herein and should these details change or be inaccurate the advice provided by the Planning Authority may no longer be valid. An acknowledgement will be issued informing you of who is dealing with your planning enquiry. A written response will be given within 15 working days of the receipt of the information.