



West Offices Station Rise York YO1 6GA

Application for a Lawful Development Certificate for an Existing use or operation

or activity including those in breach of a planning condition.

Town and Country Planning Act 1990: Section 191 as amended by section 10 of

the Planning and Compensation Act 1991.

Town and Country Planning (Development Management Procedure) (England) Order 2015

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:                 | MRS First name: LEE-ANNE | Title: Fírst name:        |  |  |  |  |  |
| Last name:             | GREENAWAY                | Last name:                |  |  |  |  |  |
| Company<br>(optional): |                          | Company<br>(optional):    |  |  |  |  |  |
| Unit:                  | House House suffix:      | Unit: House House suffix: |  |  |  |  |  |
| House<br>name:         | OVER YONDER              | House name:               |  |  |  |  |  |
| Address 1:             | MAIN STREET              | Address 1:                |  |  |  |  |  |
| Address 2:             | BIELBY                   | Address 2:                |  |  |  |  |  |
| Address 3:             |                          | Address 3:                |  |  |  |  |  |
| Town:                  | YORK                     | Town:                     |  |  |  |  |  |
| County:                | EAST RIDING OF YORKSHIRE | County:                   |  |  |  |  |  |
| Country:               | ЧК                       | Country:                  |  |  |  |  |  |
| Postcode:              | Y042 4JL                 | Postcode:                 |  |  |  |  |  |

|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |       |                 |                             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------|---------------------------------------|--------|---------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|-------|-----------------|-----------------------------|--|--|
| 3. Site Address Details                                                                                                                                    |                                                                                               |                                                                                                |                    |                                       |        | 4. Pre-application Advice                                                                   |                                       |                                       |       |                 |                             |  |  |
| Please provide the full postal address of the application site.       Unit:     House       29     House                                                   |                                                                                               |                                                                                                |                    |                                       |        | Has assistance or prior advice been sought from the local authority about this application? |                                       |                                       |       |                 |                             |  |  |
| Unit:                                                                                                                                                      |                                                                                               | Authority about this application?                                                              |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| House<br>name:                                                                                                                                             |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 | out the advice<br>with this |  |  |
| Address 1:                                                                                                                                                 |                                                                                               | you were given. (This will help the authority to deal with this application more efficiently). |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| Address 2:                                                                                                                                                 | Please tick if the full contact details are not known, and then complete as much as possible: |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| Address 3:                                                                                                                                                 |                                                                                               |                                                                                                |                    | · · · · · · · · · · · · · · · · · · · |        | Officer name:                                                                               |                                       |                                       |       |                 |                             |  |  |
| Town:                                                                                                                                                      |                                                                                               | YORI                                                                                           | ۷                  |                                       |        | Reference:                                                                                  |                                       |                                       |       |                 |                             |  |  |
| County:                                                                                                                                                    | N                                                                                             | ORTH                                                                                           | 1 YORKS            | HIRE                                  |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| Postcode<br>(optional):                                                                                                                                    | 7030                                                                                          | GEN                                                                                            | (                  |                                       |        | Date (DD/MM/YYYY):                                                                          |                                       |                                       |       |                 |                             |  |  |
| Description                                                                                                                                                | of location o                                                                                 | r a grid re                                                                                    | ference.           |                                       |        | (must be pre-application submission) Details of pre-application advice received?            |                                       |                                       |       |                 |                             |  |  |
|                                                                                                                                                            | mpleted if po                                                                                 | ostcode Is                                                                                     | not known):        |                                       |        |                                                                                             | ne-applicat                           | ion advice re                         | ceive | 20?             |                             |  |  |
| Easting:<br>Description                                                                                                                                    | •                                                                                             |                                                                                                | Northing:          |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| Description                                                                                                                                                | •                                                                                             |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| 5. Lawful                                                                                                                                                  | Developn                                                                                      | nent Ce                                                                                        | rtificate - Int    | erest In Lar                          | nd     |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| Please state                                                                                                                                               | the applican                                                                                  | t's interes                                                                                    | t in the land:     |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| Owner: 🛛                                                                                                                                                   | Yes                                                                                           | ] No                                                                                           | I                  | Lessee:                               | Yes    | 🗌 No                                                                                        |                                       | Occupier                              | : [   | Yes             | No                          |  |  |
| If Yes to Le                                                                                                                                               | ssee or Occu                                                                                  | pier plea                                                                                      | se give details of | f the owner an                        | d stat | e whether th                                                                                | ey have bee                           | en informed                           | in wr | iting of this a | pplication:                 |  |  |
|                                                                                                                                                            | Name                                                                                          |                                                                                                |                    |                                       | A      | Address Have they been informed<br>in writing of the application                            |                                       |                                       |       |                 |                             |  |  |
|                                                                                                                                                            | Name                                                                                          |                                                                                                |                    |                                       |        | Yes No                                                                                      |                                       |                                       |       |                 |                             |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       | [ <del>1</del>  |                             |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| If No to all                                                                                                                                               | the above, p                                                                                  | ease give                                                                                      | name and addr      | ress of anyone                        | you k  | now who ha                                                                                  | s an interest                         | t in the land:                        |       |                 | LJ                          |  |  |
|                                                                                                                                                            | ·······                                                                                       |                                                                                                |                    | <u> </u>                              | State  | e the nature                                                                                |                                       | ether they<br>informed                |       | If No. pl       | 2260                        |  |  |
| Na                                                                                                                                                         |                                                                                               |                                                                                                |                    |                                       |        | neir interest<br>f known)                                                                   | about this                            | application                           |       |                 |                             |  |  |
| NO TO                                                                                                                                                      | NATHAN                                                                                        | OVE                                                                                            | r yon der          | )                                     |        |                                                                                             | Yes                                   | No                                    |       |                 |                             |  |  |
|                                                                                                                                                            |                                                                                               | BIEL                                                                                           |                    |                                       |        | NER                                                                                         | X                                     |                                       |       |                 |                             |  |  |
| GREEN                                                                                                                                                      | IAWAY                                                                                         | YOR                                                                                            | K 404              | 24JL                                  | on     | NEK                                                                                         |                                       |                                       |       | 1               |                             |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 | ;                           |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        | <u> </u>                                                                                    |                                       |                                       |       |                 |                             |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
|                                                                                                                                                            |                                                                                               |                                                                                                |                    | ,                                     |        |                                                                                             | 1                                     | l l                                   |       |                 |                             |  |  |
| 6. Author                                                                                                                                                  | r <b>ity Emplo</b><br>t to the Autho                                                          | -                                                                                              |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| (a) a membe                                                                                                                                                | er of staff                                                                                   | (c) r                                                                                          | elated to a mem    |                                       |        | I                                                                                           | Do any of th                          | iese stateme                          | nts a | pply to you?    |                             |  |  |
| <ul><li>(b) an elected member</li><li>(d) related to an elected member</li><li>If Yes, please provide details of the name, relationship and role</li></ul> |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             | Yes                                   |                                       |       | No No           |                             |  |  |
| It Yes, pleas                                                                                                                                              | e provide de                                                                                  | tails of th                                                                                    | e name, relation   | ship and role                         |        |                                                                                             |                                       |                                       |       | <u>-</u>        | l                           |  |  |
| ]                                                                                                                                                          |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             |                                       |                                       |       |                 |                             |  |  |
| 1                                                                                                                                                          |                                                                                               |                                                                                                |                    |                                       |        |                                                                                             | · <u> </u>                            |                                       |       |                 |                             |  |  |

.

| 7. Description of Use, Building Works or Activity                                                                                       | 8. Description of Existing Use, Building Works or Activity                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| Please state for which of these you need a lawful development certificate/building works (you must tick at least one option):           | What is the existing site use(s) for which the certificate of lawfulness is being sought? Please fully describe each use and             |
| An existing use: X Yes No                                                                                                               | state which part of the land the use relates to:                                                                                         |
| Existing building works:                                                                                                                | 1 Purchased the house in                                                                                                                 |
| An existing use, building work or                                                                                                       | November 2006                                                                                                                            |
| activity in breach of a condition:                                                                                                      | Since this date it has been a                                                                                                            |
| date of this application                                                                                                                | HMD (House of Multiple Occupancy).                                                                                                       |
| If Yes to either 'an existing use' or 'an existing use in breach of a condition', please state which one of the Use Classes of the Town | I have attached a statement                                                                                                              |
| and Country Planning (Use Classes) Order 1987 (as amended) the use relates to:                                                          | Aron my Accountant, who has                                                                                                              |
|                                                                                                                                         | completed the yearly accounts                                                                                                            |
|                                                                                                                                         | Since 2007 & My Tax Returns.                                                                                                             |
|                                                                                                                                         |                                                                                                                                          |
|                                                                                                                                         |                                                                                                                                          |
| 9. Grounds For Application For A Lawful Developmen                                                                                      | t Certificate                                                                                                                            |
| Please state under what grounds is the certificate sought (you must t                                                                   |                                                                                                                                          |
| X The use began more than 10 years before the date of this applic                                                                       |                                                                                                                                          |
| The use, building works or activity in breach of condition began                                                                        |                                                                                                                                          |
| The use began within the last 10 years, as a result of a change                                                                         | of use not requiring planning permission, and there has not been a                                                                       |
| La change of use requiring planning permission in the last 10 years                                                                     | ) were substantially completed more than four years before the date                                                                      |
| $\square$ of this application.                                                                                                          |                                                                                                                                          |
| The use as a single dwelling house began more than four years b                                                                         |                                                                                                                                          |
| from planning permission granted under the Act or by the Gene                                                                           | e of use or building work was not development, or that it benefited ral Permitted Development Order).                                    |
| If the certificate is sought on 'Other' grounds please give details:                                                                    |                                                                                                                                          |
|                                                                                                                                         |                                                                                                                                          |
|                                                                                                                                         |                                                                                                                                          |
| If applicable, please give the reference number of any existing plann                                                                   | ing permission, lawful development certificate or enforcement                                                                            |
| notice affecting the application site. Include its date and the number                                                                  | Date (DD/MM/YYYY):                                                                                                                       |
| Number: Number:                                                                                                                         | (must be pre application submission)                                                                                                     |
| Please state why a Lawful Development Certificate should be grante                                                                      | d:                                                                                                                                       |
|                                                                                                                                         |                                                                                                                                          |
|                                                                                                                                         |                                                                                                                                          |
| 10. Information In Support Of A Lawful Development                                                                                      | Contificato                                                                                                                              |
| ••                                                                                                                                      | 1                                                                                                                                        |
| When was the use or activity begun, or the building works substantially completed:                                                      | (date must be pre-application submission)<br>  (DD/MM/YYYY)                                                                              |
| In the case of an existing use or activity in breach of conditions has the                                                              | • • •                                                                                                                                    |
| your application is based on the claim that a use or activity has                                                                       | nuance of the development which is the subject of this application. If been ongoing for a period of years, please state exactly when any |
| interruption occurred:                                                                                                                  |                                                                                                                                          |
|                                                                                                                                         |                                                                                                                                          |
|                                                                                                                                         |                                                                                                                                          |
| In the case of an existing use of land, has there been any material cha                                                                 | ange                                                                                                                                     |
| of use of the land since the start of the use for which a certificate is s                                                              | ought? Yes X No                                                                                                                          |
| If Yes please provide details?                                                                                                          |                                                                                                                                          |
|                                                                                                                                         |                                                                                                                                          |
| L                                                                                                                                       |                                                                                                                                          |

.

|                                                | -                 | -         |              |                     |              | -                                            | Certificate (Continu                           |         |                |              |         |            |      |
|------------------------------------------------|-------------------|-----------|--------------|---------------------|--------------|----------------------------------------------|------------------------------------------------|---------|----------------|--------------|---------|------------|------|
| Does the application<br>If Yes, please complet |                   |           |              |                     | residential  | use where                                    | e the number of resident                       | ial uni | ts has c       | hange        | d? [    | Yes        | X No |
| Proposed Housing                               |                   |           |              |                     |              | Existing Housing                             |                                                |         |                |              |         |            |      |
|                                                | Number of Bedroon |           | ms           | Total               |              | Number of Bedrooms                           |                                                |         |                |              | Total   |            |      |
| <b>.</b>                                       | 1                 | 2         | 3            | 4+                  | Unknown      |                                              |                                                | 1       | 2              | 3            | 4+      | Unknown    |      |
| Market<br>Housing                              |                   |           |              |                     |              |                                              | Market<br>Housing                              |         |                |              |         |            |      |
| Houses                                         |                   |           |              |                     |              |                                              | Houses                                         |         |                |              |         |            |      |
| Flats & Maisonettes                            |                   |           |              |                     |              |                                              | Flats & Maisonettes                            |         |                |              |         | -          |      |
| Live-Work Units                                |                   |           |              |                     |              |                                              | Live-Work Units                                |         |                |              |         |            |      |
| Cluster Flats                                  |                   |           |              |                     |              |                                              | Cluster Flats                                  |         |                |              |         |            |      |
| Sheltered Housing                              |                   |           |              |                     |              |                                              | Sheltered Housing                              |         |                |              |         |            |      |
| Bedsit/Studios                                 |                   |           |              |                     |              |                                              | Bedsit/Studios                                 |         |                | ······       |         |            |      |
| Unknown                                        |                   |           |              |                     |              |                                              | Unknown                                        |         |                |              |         |            |      |
| Market Hou                                     | sing To           | otal (a   | + b + c      | +d+e                | (f+f+g) =    |                                              | Market Hou                                     | sing T  | otal (a        | +b+c         | + d + e | + f + g) = |      |
| Social Rented<br>Housing                       | 1                 | 2         | 3            | 4+                  | Unknown      |                                              | Social Rented<br>Housing                       | 1       | 2              | 3            | 4+      | Unknown    |      |
| Houses                                         |                   |           |              |                     |              |                                              | Houses                                         |         |                |              | +       |            |      |
| Flats & Maisonettes                            |                   |           |              |                     |              |                                              | Flats & Maisonettes                            |         |                |              |         | +          |      |
| Live-Work Units                                |                   |           |              |                     |              |                                              | Live-Work Units                                |         |                |              |         |            |      |
| Cluster Flats                                  |                   |           |              |                     |              |                                              | Cluster Flats                                  |         |                |              |         |            |      |
| Sheltered Housing                              |                   |           | <u> </u>     | :                   |              |                                              | Sheltered Housing                              |         |                |              |         |            |      |
| Bedsit/Studios                                 |                   |           |              |                     |              |                                              | Bedsit/Studios                                 |         |                |              |         |            |      |
| Unknown                                        |                   |           |              |                     |              |                                              | Unknown                                        |         |                |              |         |            |      |
| Social Rented Hous                             | sina Ta           | tal (a -  | 1<br>+ b + c | <u> </u><br>+ d + e | <br>(+f+a) = |                                              | Social Rented Hou                              | sina T  | l<br>otal (a · | L<br>+ b + с | + d + e | (+f+a) =   |      |
| Intermediate                                   |                   |           |              | 1                   |              |                                              | Intermediate                                   |         | 1              | 1            | Τ       | 1          |      |
| Housing                                        | 1                 | 2         | 3            | 4+                  | Unknown      |                                              | Housing                                        | 1       | 2              | 3            | 4+      | Unknown    |      |
| Houses                                         |                   |           |              |                     |              |                                              | Houses                                         |         |                |              |         |            |      |
| Flats & Maisonettes                            |                   |           | ļ            |                     |              |                                              | Flats & Maisonettes                            |         |                |              | ļ       |            |      |
| Live-Work Units                                |                   |           | ļ            |                     |              |                                              | Live-Work Units                                |         |                |              |         |            |      |
| Cluster Flats                                  |                   | <br>      |              |                     |              |                                              | Cluster Flats                                  |         |                |              |         |            |      |
| Sheltered Housing                              |                   |           |              |                     |              |                                              | Sheltered Housing                              |         |                |              | ļ       |            |      |
| Bedsit/Studios                                 |                   | <br>      |              |                     |              |                                              | Bedsit/Studios                                 |         |                |              |         |            |      |
| Unknown                                        |                   |           |              |                     |              |                                              | Unknown                                        |         |                |              |         |            |      |
| Intermediate Hous                              | sing To           | otal (a - | + b + c      | + d + e             | (r+f+g) =    |                                              | Intermediate Housing Total $(a+b+c+d+e+f+g) =$ |         |                |              |         |            |      |
| Key Worker<br>Housing                          | 1                 | 2         | 3            | 4+                  | Unknown      |                                              | Key Worker<br>Housing                          | 1       | 2              | 3            | 4+      | Unknown    |      |
| Houses                                         |                   |           |              |                     |              |                                              | Houses                                         |         |                |              |         |            |      |
| Flats & Maisonettes                            |                   |           |              |                     |              |                                              | Flats & Maisonettes                            |         |                |              |         |            |      |
| Live-Work Units                                |                   |           |              |                     |              |                                              | Live-Work Units                                |         |                |              |         |            |      |
| Cluster Flats                                  |                   |           | [            |                     |              |                                              | Cluster Flats                                  |         |                |              |         |            |      |
| Sheltered Housing                              |                   |           |              |                     |              |                                              | Sheltered Housing                              |         |                |              |         |            |      |
| Bedsit/Studios                                 |                   |           |              |                     |              |                                              | Bedsit/Studios                                 |         |                |              |         |            |      |
| Unknown                                        |                   |           |              |                     |              |                                              | Unknown                                        |         |                |              |         |            |      |
| Key Worker Housing Total $(a+b+c+d+e+f+g) =$   |                   |           |              |                     |              | Key Worker Housing Total $(a+b+c+d+e+f+g) =$ |                                                |         |                |              |         |            |      |
| Proposed Hou                                   | sing G            | rand T    | otal         | (A + B              | + C + D) =   |                                              | Existing Hou                                   | sing G  | rand T         | otal         | (E + F  | + G + H) = |      |

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

| <ul> <li>11. Planning Application Requirements - Clease read the following checklist to make sure you had information required will result in your application being the Lòcal Planning Authority has been submitted.</li> <li>The burden or proof in a Lawful Development Certificate should be provided.</li> <li>The original and 3 copies of a completed dated application form:</li> <li>The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ive sent all the<br>ng deemed inv | alid. It will not be considered valid until all information                  | required by          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|----------------------|
| <b>12. Declaration</b> I/we hereby apply for a Lawful Development Certificate information. I/we confirm that, to the best of my/our kn genuine opinions of the person(s) giving them. Signed - Applicant Date (DD/MM/YYYY): 24.1.24. (date cannot be pre-application (date cannot be pre-application) WARNING: The amended section 194 of the 1990 Act provides that information with intent to deceive. Section 193(7) enables a section 193(7) enables a section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | owledge, any                      | facts stated are true and accurate and any opinions giv<br>Or signed - Agent | en are the           |
| <b>13. Applicant Contact Details</b> Telephone numbers         Country code:       National number:         Country code:       Mobile number (optional):         Country code:       Fax number (optional):         Country code:       Fax number (optional):         Email address (sectional)       Fax number (optional):         Email address (sectional)       Fax number (optional):         Image: Section 1       Fax number (optional):         Email address (sectional)       Fax number (optional):         Image: Section 2       Fax number (optional):         Email address (sectional)       Fax number (optional):         Image: Section 2       Fax number (optional):         Image: | nt to carry                       | Agent X Applicant Other (if diffe                                            | Extension<br>number: |
| If Other has been selected, please provide:<br>Contact name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | Telephone number:                                                            | ant's details)       |

,