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## Application for a Certificate of Lawfulness of Proposed Works to a listed building.

The Planning (Listed Buildings and Conservation Areas) Act 1990: sections 26H and 26I, as inserted by section 61 of the Enterprise and Regulatory Reform Act 2013.

The Planning (Listed Buildings) (Certificates of Lawfulness of Proposed Works)

Regulations 2014

22/01/2021

## **Privacy Notice**

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to a Local Planning Authority in accordance with the legislation detailed on this form.

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Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

## **Publication on Local Planning Authority websites**

Information provided on this form and in supporting documents may be published on the authority's planning register or website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

Find contact details for Local Planning Authorities: https://www.planning.co.uk/lpasearch

If printed, please complete using block capitals and black ink.

1. Applica	ant Name and Address	2. Agent Name and Address
Title:	MR First name: DAMIAN	Title: First name:
Last name:	BUZHANAN	Last name:
Company (optional):		Company (optional):
Unit:	House number: 3 House suffix:	Unit: House number: House suffix:
House name:		House name:
Address 1:	ESPLANADE	Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	ROBIN HOODS BAY	Town:
County:		County:
Country:		Country:
Postcode:	Y022 4RS	Postcode:

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 number: 3 House suffix:	Thom the local authority about this application:
House name:	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).
Address 1: ESPLANADE	Please tick if the full contact details are not
Address 2:	known, and then complete as much as possible:
Address 3:	Officer name:
Town: ROBIN HOODS BAY	Reference:
County:	
Postcode (if known): Y022 4/15	Date DD/MM/YYYY: (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:	
Description:	
5. Listed Building Grading Please state the grading (if known) of the building in the list of Buildin box must be ticked):	gs of Special Architectural or Historic Interest? (Note: only one
Grade I Grade II* Grade II Don't kno	ow
6. Description of Proposed Works	
Please provide a detailed description of the proposed works (includetails of those part(s) of the building that are likely to be affected	uding existing and proposed materials and finishes) together with
building to which your application relates (drawn to an identified sca	le and showing the direction of North):
TO RE-ROOF THE PROPERTY INCLUDIA	16:
BREATHABLE ROOFING MEMBRANE	
NEW TREATED TILE LATTS	
· USING MINERAL WOOL INSULATION WHEN	RE POSSIBLE
EXISTING SCATES TO BE USED WHERE	POSSIBLE
. NEW WELSH SLATE TO MAKE UP THE	REST
· SLATES FIXED WITH COPPER NAILS	
Neuriss Committee of the Committee of th	

7. Grounds for App	lication	1									
Please state why you co require listed building cointerest:	nsider tha onsent ar	at a Certificate nd will not affe	of Lawfulnes ect the charac	ss of Propo cter of the l	sed Work isted bui	s should	l be gran a buildin	ted for th g of speci	ese worl al archit	cs i.e. why ectural or	y they do not r historic
I BELIEVE A CE	RTIFICA	TE SHOULD	BE GR.	ANTED	AS A	NYN	EW SL	ATES	USED	WILL	BE
VC 05 C( 11 08	IN T	YPF AND	D APPEAR	ANCE	TO 7	HE E	XISTING	SLA	TES	THEREI	FORE
THE PROPOSED	WORKS	WILL NO	T AFFECT	THE	CHA	RACTE	R OF	THE	L157	ED E	BUILDING.
Please list any supporting	ng docun	nentary evider	nce which ac	companies	this app	lication:					
1. PHOTO OF NEW SLATE ON #3 ROOF											
2. LOCATION PLAN OF #3											
3.											
4.											
5.											
8. Certificate of Lav	vfulnes	s of Propos	ed Works	- Interes	t in List	ed Bui	lding				
Please state the applicar	nt's intere	st in the listed	l building?								Newmont
Owner: Yes	No .		Lessee:		☐ No			Occupie		Yes	No
If Yes to Lessee or Occu	pier pleas	se give details	of the owner	r and state	whether	they hav	e been ii	nformed	Hav	ve they be	een informed
Name		Address						riting of t Yes	he application No		
,											
If No to all the above of	oases aiv	o names and a	addresses of	anvone vo	ıı know.w	ho has a	ın interes	t in the li	stad bui	Idina:	
If No to all the above, pleases giv		Address		Nat int in th	Nature of Have they been interest informed of the in the listed application? application			nave not	e not been informed of the on please explain why not		
				bui	lding	Yes	No				
9. Authority Employ	100 / M	ombor									
lt is an important principl	e of decis	ion-making th									
means related, by birth or conclude that there was b								aving con	sidered	the facts,	would
Do any of the following st	atements	s apply to you	and/or agen	t? Yes	5 2	₹ No	(a) a me (b) an el (c) relate	pect to the mber of sected meed to a meed to a meed to a meed to an eed to a	taff mber ember of		:
If Yes, please provide det	ails of the	eir name, role a	and how you	are related	d to them						
								*			

10. 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 the 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 burden of proof in a Certificate of Lawfulness of Proposed Works is firmly with the applicant and therefore sufficient and precise information should be provided.							
completed dated application form:	The original and 3 copies of such evidence verifying the information included in the application as you can provide:						
	as described in this form and the accompanying plans/drawings and wledge, any facts stated are true and accurate and any opinions given						
Signed - Abblicant	Or signed - Agent						
Date (DD/MM/YYYY):    NAME							
12. Applicant Contact Details	13. Agent Contact Details						
Telephone numbers  Extension	Telephone numbers  Extension						
Country code: National number: number:	Country code: National number: 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):						
14. Site Visit							
Can the site be seen from a public road, public footpath, bridleway o	or other public land?						
f 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)						
f Other has been selected, please provide: Contact name:	Telephone number:						

Email address: