

## Application for Planning Permission. Town and Country Planning Act 1990

### 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 the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

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.

### Local Planning Authority details:



North York Moors National Park Authority  
 The Old Vicarage  
 Bondgate  
 Helmsley  
 York  
 YO62 5BP

Telephone: 01439 772700  
 Email: [planning@northyorkmoors.org.uk](mailto:planning@northyorkmoors.org.uk)  
 Website: [www.northyorkmoors.org.uk](http://www.northyorkmoors.org.uk)

### Publication of applications on planning authority websites

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

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

It is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your application.

1. Applicant Name and Address	2. Agent Name and Address
Title: <input type="text" value="MR"/> First name: <input type="text" value="DAVID"/>	Title: <input type="text" value="MR"/> First name: <input type="text" value="STEVEN"/>
Last name: <input type="text" value="GALLAGHER"/>	Last name: <input type="text" value="REED"/>
Company (optional): <input type="text" value=""/>	Company (optional): <input type="text" value="REEDSIGN"/>
Unit: <input type="checkbox"/> House number: <input type="text" value=""/> House suffix: <input type="checkbox"/>	Unit: <input type="checkbox"/> House number: <input type="text" value="5"/> House suffix: <input type="checkbox"/>
House name: <input type="text" value="ORCHARD HOUSE"/>	House name: <input type="text" value=""/>
Address 1: <input type="text" value="THE BOLTS"/>	Address 1: <input type="text" value="LARBOL MENS"/>
Address 2: <input type="text" value="ROBIN HOODS BAY"/>	Address 2: <input type="text" value="LARBOL DRIVE"/>
Address 3: <input type="text" value=""/>	Address 3: <input type="text" value=""/>
Town: <input type="text" value="WHITBY"/>	Town: <input type="text" value="WHITBY"/>
County: <input type="text" value="NORTH YORKSHIRE"/>	County: <input type="text" value="NORTH YORKSHIRE"/>
Country: <input type="text" value="ENGLAND"/>	Country: <input type="text" value="ENGLAND"/>
Postcode: <input type="text" value="YO22 4SG"/>	Postcode: <input type="text" value="YO22 4NF"/>

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

TO SEPARATE THE MAIN HOUSE BACK TO ITS ORIGINAL 2x2 BED COTTAGES IT ONCE WAS, IN LINE WITH THE OTHER TERRACED COTTAGES ALONG THE BOLTS.  
ALSO TO ADD A "POTTING SHED" SIZED OUTBUILDING TO USE AS AN OFFICE, THE SIZE AND DESIGN IN ACCORDANCE WITH POLICY CO17 CALCULATION AND THE PREVIOUS APPLICATION/REF/NYM/2020/0823/FL RECOMMENDATIONS FROM LETTER DATED DEC/2020.

Has the building, work or change of use already started?

Yes  No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

\_\_\_\_\_

(date must be pre-application submission)

Has the building, work or change of use been completed?

Yes  No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

\_\_\_\_\_

(date must be pre-application submission)

Reference no. of permission in principle being relied on (technical details consent applications only):

\_\_\_\_\_

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name: ORCHARD HOUSE

Address 1: THE BOLTS

Address 2: ROBIN HOODS BAY

Address 3: \_\_\_\_\_

Town: WHITBY

County: NORTH YORKSHIRE

Postcode (optional): YO22 4SQ

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: \_\_\_\_\_ Northing: \_\_\_\_\_

Description: \_\_\_\_\_

### 5. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes  No

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 known, and then complete as much as possible:

Officer name:

HELEN WEBSTER

Reference:

NYM/2020/0823/FL LETTER 09/12/2020

Date (DD/MM/YYYY):

(must be pre-application submission) \_\_\_\_\_

Details of pre-application advice received?

TO WITHDRAW APPLICATION AND RECOMMENDED REDUCTIONS TO PROPOSED OUTBUILDING AND MORE MODERN APPROACH TO FENESTRATION AND ALSO LOW EMISSION FILM TO FRENCH WINDOWS/DOORS.  
ACCORDING TO INFORMATION FROM PLANNING OFFICER AND CONSERVATOR.

**6. Pedestrian and Vehicle Access, Roads and Rights of Way**

Is a new or altered vehicle access proposed to or from the public highway?  Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No

Are there any new public roads to be provided within the site?  Yes  No

Are there any new public rights of way to be provided within or adjacent to the site?  Yes  No

Do the proposals require any diversions /extinguishments and/or creation of rights of way?  Yes  No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s).

**7. Waste Storage and Collection**

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No

If Yes, please provide details:

**8. Authority Employee / Member**

It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.

Do any of the following statements apply to you and/or agent?  Yes  No With respect to the authority, I am:  
(a) a member of staff  
(b) an elected member  
(c) related to a member of staff  
(d) related to an elected member

If Yes, please provide details of their name, role and how you are related to them.

## 9. Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	SAND + CEMENT RENDERED WALLS PAINTED WHITE,	TO MATCH THAT OF EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Roof	TERACOTTA PAN-TILED ROOF GABLE ENDED	TO MATCH THAT OF EXISTING	<input type="checkbox"/>	<input type="checkbox"/>
Windows	WOODEN SLIDING VICTORIAN STYLE SASH WINDOWS	MODERN DOUBLE GLAZED PLAIN SMALL WINDOWS WITH ALSO PLAIN SMALL FRENCH DOORS WITH LOW LIGHT TRANSMISSION FILM.	<input type="checkbox"/>	<input type="checkbox"/>
Doors	WOODEN VICTORIAN STYLE DOORS .	MODERN HALF DOUBLE GLAZED DOOR WITH LOW LIGHT TRANSMISSION FILM.	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting	SMALL LOW VOLTAGE DOWN LIGHTS.	TO MATCH THAT OF EXISTING TO REAR OF PROPERTY.	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  Yes  No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

DQ 020 - GROUND FLOOR PLANS      DQ 026 - PROPOSED GROUND FLOOR PLAN  
 DQ 020a - " " "      DQ 032 - DESIGN + ACCESS STATEMENT  
 DQ 022 - SECOND " "      DQ 033 - HERITAGE STATEMENT + SCHEDULE  
 DQ 024 - PROPOSED FRONT ELEVATION      OF WORKS.

## 10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	2	2 (RETAINED)	0
Light goods vehicles/ public carrier vehicles	<del>0</del>	<del>0</del>	<del>0</del>
Motorcycles	<del>0</del>	<del>0</del>	<del>0</del>
Disability spaces	<del>0</del>	<del>0</del>	<del>0</del>
Cycle spaces	<del>0</del>	<del>0</del>	<del>0</del>
Other (e.g. Bus)	<del>0</del>	<del>0</del>	<del>0</del>
Other (e.g. Bus)	<del>0</del>	<del>0</del>	<del>0</del>

### 11. Foul Sewage

Please state how foul sewage is to be disposed of:

- Mains sewer
- Cess pit
- Septic tank
- Other
- Package treatment plant

Are you proposing to connect to the existing drainage system?  Yes  No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

*[Handwritten line]*

### 12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

- Yes  No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  No

Will the proposal increase the flood risk elsewhere?  Yes  No

How will surface water be disposed of?

- Sustainable drainage system
- Existing watercourse
- Soakaway
- Pond/lake
- Main sewer

### 13. Biodiversity and Geological Conservation

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

c) Features of geological conservation importance:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

### 14. Existing Use

Please describe the current use of the site:

*THE HOUSE IS A RESIDENTIAL DWELLING.*

Is the site currently vacant?  Yes  No

If Yes, please describe the last use of the site:

*AS PART OF THE CURRENT DWELLING.*

When did this use end (if known)? DD/MM/YYYY

(date where known may be approximate)

*[Handwritten line]*

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated?  Yes  No

Land where contamination is suspected for all or part of the site?  Yes  No

A proposed use that would be particularly vulnerable to the presence of contamination?  Yes  No

### 15. Trees and Hedges

Are there trees or hedges on the proposed development site?  Yes  No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?  Yes  No

If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.

### 16. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste?  Yes  No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

*[Handwritten line]*

### 17. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

 Yes

 No

Proposed Housing						Existing Housing									
Market Housing	Not known	Number of Bedrooms					Total	Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown				1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>	0	2	0	0		2	Houses	<input type="checkbox"/>	0	0	0	1		1
Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0	Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0
Sheltered housing	<input type="checkbox"/>	0	0	0	0		0	Sheltered housing	<input type="checkbox"/>	0	0	0	0		0
Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0	Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0
Cluster flats	<input type="checkbox"/>	0	0	0	0		0	Cluster flats	<input type="checkbox"/>	0	0	0	0		0
Other	<input type="checkbox"/>	0	0	0	0		0	Other	<input type="checkbox"/>	0	0	0	0		0
<b>Totals (a + b + c + d + e + f) =</b>						<b>2</b>	<b>Totals (a + b + c + d + e + f) =</b>						<b>1</b>		
Social, Affordable or Intermediate Rent						Social, Affordable or Intermediate Rent									
Houses	<input type="checkbox"/>	0	0	0	0		0	Houses	<input type="checkbox"/>	0	0	0	0		0
Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0	Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0
Sheltered housing	<input type="checkbox"/>	0	0	0	0		0	Sheltered housing	<input type="checkbox"/>	0	0	0	0		0
Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0	Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0
Cluster flats	<input type="checkbox"/>	0	0	0	0		0	Cluster flats	<input type="checkbox"/>	0	0	0	0		0
Other	<input type="checkbox"/>	0	0	0	0		0	Other	<input type="checkbox"/>	0	0	0	0		0
<b>Totals (a + b + c + d + e + f) =</b>						<b>0</b>	<b>Totals (a + b + c + d + e + f) =</b>						<b>0</b>		
Affordable Home Ownership						Affordable Home Ownership									
Houses	<input type="checkbox"/>	0	0	0	0		0	Houses	<input type="checkbox"/>	0	0	0	0		0
Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0	Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0
Sheltered housing	<input type="checkbox"/>	0	0	0	0		0	Sheltered housing	<input type="checkbox"/>	0	0	0	0		0
Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0	Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0
Cluster flats	<input type="checkbox"/>	0	0	0	0		0	Cluster flats	<input type="checkbox"/>	0	0	0	0		0
Other	<input type="checkbox"/>	0	0	0	0		0	Other	<input type="checkbox"/>	0	0	0	0		0
<b>Totals (a + b + c + d + e + f) =</b>						<b>0</b>	<b>Totals (a + b + c + d + e + f) =</b>						<b>0</b>		
Starter Homes						Starter Homes									
Houses	<input type="checkbox"/>	0	0	0	0		0	Houses	<input type="checkbox"/>	0	0	0	0		0
Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0	Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0
Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0	Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0
Other	<input type="checkbox"/>	0	0	0	0		0	Other	<input type="checkbox"/>	0	0	0	0		0
<b>Totals (a + b + c + d) =</b>						<b>0</b>	<b>Totals (a + b + c + d) =</b>						<b>0</b>		
Self Build and Custom Build						Self Build and Custom Build									
Houses	<input type="checkbox"/>	0	0	0	0		0	Houses	<input type="checkbox"/>	0	0	0	0		0
Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0	Flats/maisonettes	<input type="checkbox"/>	0	0	0	0		0
Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0	Bedsit/studios	<input type="checkbox"/>	0	0	0	0		0
Other	<input type="checkbox"/>	0	0	0	0		0	Other	<input type="checkbox"/>	0	0	0	0		0
<b>Totals (a + b + c + d) =</b>						<b>0</b>	<b>Totals (a + b + c + d) =</b>						<b>0</b>		
<b>Total proposed residential units (A + B + C + D + E) =</b>						<b>2</b>	<b>Total existing residential units (F + G + H + I + J) =</b>						<b>1</b>		

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):** 1

### 18. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?  Yes  No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input checked="" type="checkbox"/>				
Shops	<input checked="" type="checkbox"/>				
Net tradable area:	<input checked="" type="checkbox"/>				
A2	<input checked="" type="checkbox"/>				
Financial and professional services	<input checked="" type="checkbox"/>				
A3	<input checked="" type="checkbox"/>				
Restaurants and cafes	<input checked="" type="checkbox"/>				
A4	<input checked="" type="checkbox"/>				
Drinking establishments	<input checked="" type="checkbox"/>				
A5	<input checked="" type="checkbox"/>				
Hot food takeaways	<input checked="" type="checkbox"/>				
B1 (a)	<input type="checkbox"/>	0	0	11.7m <sup>2</sup>	11.7m <sup>2</sup>
Office (other than A2)	<input checked="" type="checkbox"/>				
B1 (b)	<input checked="" type="checkbox"/>				
Research and development	<input checked="" type="checkbox"/>				
B1 (c)	<input checked="" type="checkbox"/>				
Light industrial	<input checked="" type="checkbox"/>				
B2	<input checked="" type="checkbox"/>				
General industrial	<input checked="" type="checkbox"/>				
B8	<input checked="" type="checkbox"/>				
Storage or distribution	<input checked="" type="checkbox"/>				
C1	<input checked="" type="checkbox"/>				
Hotels and halls of residence	<input checked="" type="checkbox"/>				
C2	<input checked="" type="checkbox"/>				
Residential institutions	<input checked="" type="checkbox"/>				
D1	<input checked="" type="checkbox"/>				
Non-residential institutions	<input checked="" type="checkbox"/>				
D2	<input checked="" type="checkbox"/>				
Assembly and leisure	<input checked="" type="checkbox"/>				
OTHER	<input checked="" type="checkbox"/>				
Please Specify	<input checked="" type="checkbox"/>				
Total		0	0	11.7m <sup>2</sup>	11.7m <sup>2</sup>

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input checked="" type="checkbox"/>			
C2	Residential institutions	<input checked="" type="checkbox"/>			
OTHER		<input checked="" type="checkbox"/>			
Please Specify		<input checked="" type="checkbox"/>			

### 19. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

### 20. Hours of Opening

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

### 21. Site Area

Please state the site area in hectares (ha)

## 22. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

N/A

Is the proposal a waste management development?  Yes  No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input checked="" type="checkbox"/>		
Non-hazardous landfill	<input checked="" type="checkbox"/>		
Hazardous landfill	<input checked="" type="checkbox"/>		
Energy from waste incineration	<input checked="" type="checkbox"/>		
Other incineration	<input checked="" type="checkbox"/>		
Landfill gas generation plant	<input checked="" type="checkbox"/>		
Pyrolysis/gasification	<input checked="" type="checkbox"/>		
Metal recycling site	<input checked="" type="checkbox"/>		
Transfer stations	<input checked="" type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input checked="" type="checkbox"/>		
Household civic amenity sites	<input checked="" type="checkbox"/>		
Open windrow composting	<input checked="" type="checkbox"/>		
In-vessel composting	<input checked="" type="checkbox"/>		
Anaerobic digestion	<input checked="" type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input checked="" type="checkbox"/>		
Sewage treatment works	<input checked="" type="checkbox"/>		
Other treatment	<input checked="" type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input checked="" type="checkbox"/>		
Storage of waste	<input checked="" type="checkbox"/>		
Other waste management	<input checked="" type="checkbox"/>		
Other developments	<input checked="" type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

## 23. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?  Yes  No  Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>

Other:

Other:

Amount (tonnes):

Amount (tonnes):



## 24. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form

### CERTIFICATE OF OWNERSHIP - CERTIFICATE A

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**  
 I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

**NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.**

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):





11/08/2022

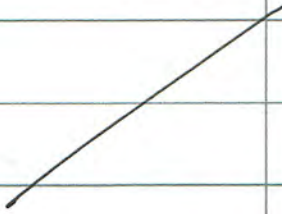
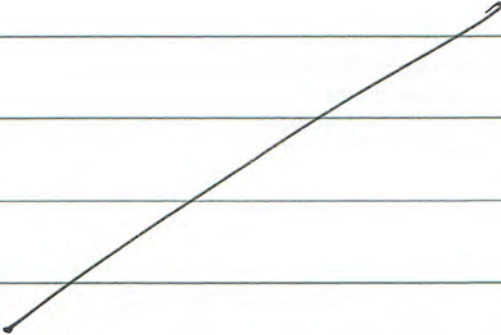
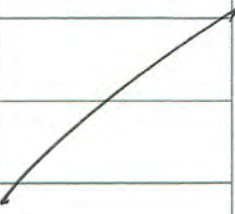
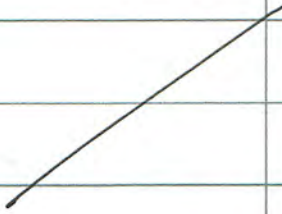
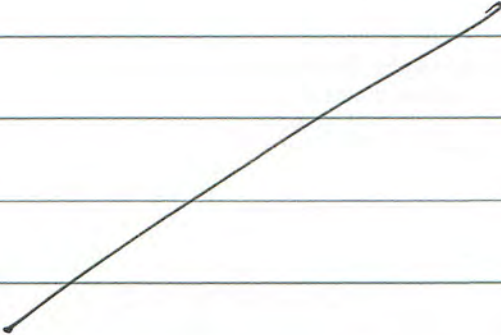
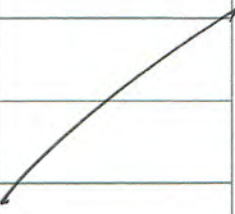
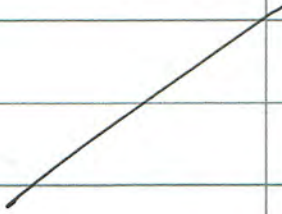
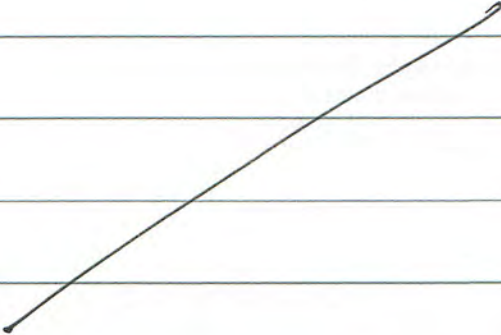
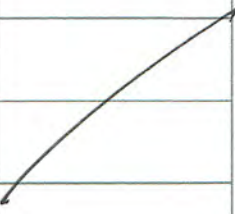
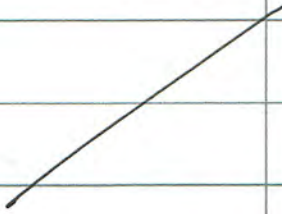
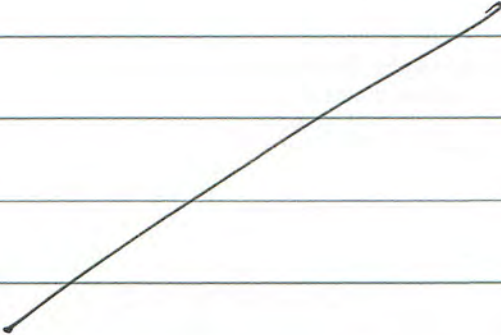
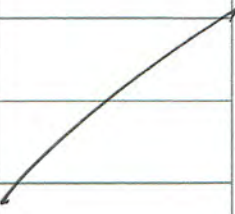
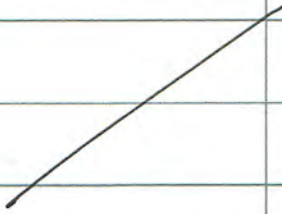
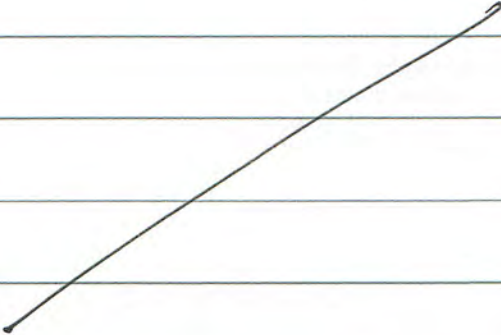
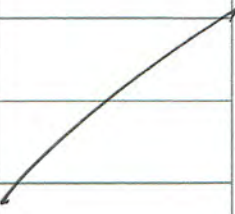
### CERTIFICATE OF OWNERSHIP - CERTIFICATE B

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

I certify/ The applicant certifies that I have/ the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land or building to which this application relates.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

Name of Owner / Agricultural Tenant	Address	Date Notice Served
		
		
		
		
		

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):







**24. Ownership Certificates and Agricultural Land Declaration (continued)**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners\* and/or agricultural tenants\*\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

[Redacted area]

Name of Owner / Agricultural Tenant	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

[Redacted newspaper name]

On the following date (which must not be earlier than 21 days before the date of the application):

[Redacted date]

Signed - Applicant:

[Redacted signature]

Or signed - Agent:

[Redacted signature]

Date (DD/MM/YYYY):

[Redacted date]

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

**Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14**

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

[Redacted area]

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

[Redacted newspaper name]

On the following date (which must not be earlier than 21 days before the date of the application):

[Redacted date]

Signed - Applicant:

[Redacted signature]

Or signed - Agent:

[Redacted signature]

Date (DD/MM/YYYY):

[Redacted date]

## 25. Planning 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 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 (LPA) has been submitted.

The original and 3 copies\* of a completed and dated application form:

The correct fee:

The original and 3 copies\* of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:

The original and 3 copies\* of a design and access statement, if required (see help text and guidance notes for details):

The original and 3 copies\* of other plans and drawings or information necessary to describe the subject of the application:

The original and 3 copies\* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):

\*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.

## 26. 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):

11/08/2022

(date cannot be pre-application)

## 27. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

## 28. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

## 29. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?  Yes  No

If 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)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: