

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

### Privacy Notice

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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.

### Local Planning Authority details:



**MANCHESTER**  
CITY COUNCIL

#### Planning

Telephone: +44 (0)161 234 4516  
[planning@manchester.gov.uk](mailto:planning@manchester.gov.uk)  
PO Box 532 Town Hall  
Manchester M60 2LA

PLANNING AND  
BUILDING CONTROL  
05 SEP 2024

### 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

|                     |                                             |               |                                     |
|---------------------|---------------------------------------------|---------------|-------------------------------------|
| Title:              | <input type="text" value="MR"/>             | First name:   | <input type="text" value="ANDREW"/> |
| Last name:          | <input type="text" value="ACTON"/>          |               |                                     |
| Company (optional): | <input type="text"/>                        |               |                                     |
| Unit:               | <input type="text"/>                        | House number: | <input type="text" value="12"/>     |
|                     |                                             | House suffix: | <input type="text"/>                |
| House name:         | <input type="text"/>                        |               |                                     |
| Address 1:          | <input type="text" value="MARSLAND RD"/>    |               |                                     |
| Address 2:          | <input type="text" value="MARPLE"/>         |               |                                     |
| Address 3:          | <input type="text" value="STOCKPORT"/>      |               |                                     |
| Town:               | <input type="text" value="GTR MANCHESTER"/> |               |                                     |
| County:             | <input type="text" value="CHESHIRE"/>       |               |                                     |
| Country:            | <input type="text" value="UK"/>             |               |                                     |
| Postcode:           | <input type="text" value="SK6 6HD"/>        |               |                                     |

#### 2. Agent Name and Address

|                     |                                                 |               |                      |
|---------------------|-------------------------------------------------|---------------|----------------------|
| Title:              | <input type="text"/>                            | First name:   | <input type="text"/> |
| Last name:          | <input type="text" value="N/A NOT APPLICABLE"/> |               |                      |
| Company (optional): | <input type="text"/>                            |               |                      |
| Unit:               | <input type="text"/>                            | House number: | <input type="text"/> |
|                     |                                                 | House suffix: | <input type="text"/> |
| House name:         | <input type="text"/>                            |               |                      |
| Address 1:          | <input type="text"/>                            |               |                      |
| Address 2:          | <input type="text"/>                            |               |                      |
| Address 3:          | <input type="text"/>                            |               |                      |
| Town:               | <input type="text"/>                            |               |                      |
| County:             | <input type="text"/>                            |               |                      |
| Country:            | <input type="text"/>                            |               |                      |
| Postcode:           | <input type="text"/>                            |               |                      |

### 3. Site Address Details

Please provide the full postal address of the application site.

|                                                                                               |                                     |               |           |               |  |
|-----------------------------------------------------------------------------------------------|-------------------------------------|---------------|-----------|---------------|--|
| Unit:                                                                                         | <input checked="" type="checkbox"/> | House number: | 37        | House suffix: |  |
| House name:                                                                                   |                                     |               |           |               |  |
| Address 1:                                                                                    | LANDCROSS RD                        |               |           |               |  |
| Address 2:                                                                                    | FALLOWFIELD                         |               |           |               |  |
| Address 3:                                                                                    |                                     |               |           |               |  |
| Town:                                                                                         | MANCHESTER                          |               |           |               |  |
| County:                                                                                       | GTR MANCHESTER                      |               |           |               |  |
| Postcode (optional):                                                                          | M14 6LZ                             |               |           |               |  |
| Description of location or a grid reference.<br>(must be completed if postcode is not known): |                                     |               |           |               |  |
| Easting:                                                                                      |                                     |               | Northing: |               |  |
| Description:                                                                                  |                                     |               |           |               |  |
| LARGE MID TERRACE HOUSE<br>AT FAR ENDS OF LANDCROSS RD                                        |                                     |               |           |               |  |

### 4. 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:

N/A

Reference:

NOT APPLICABLE

Date (DD/MM/YYYY):  
(must be pre-application submission)

Details of pre-application advice received?

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### 5. Lawful Development Certificate - Interest In Land

Please state the applicant's interest in the land:

Owner: ☒ Yes ☐ No Lessee: ☐ Yes ☒ No Occupier: ☐ Yes ☒ No

If Yes to Lessee or Occupier please give details of the owner and state whether they have been informed in writing of this application:

| Name | Address             | Have they been informed in writing of the application |                          |
|------|---------------------|-------------------------------------------------------|--------------------------|
|      |                     | Yes                                                   | No                       |
|      | N/A. NOT APPLICABLE | <input type="checkbox"/>                              | <input type="checkbox"/> |

If No to all the above, please give name and address of anyone you know who has an interest in the land:

| Name | Address        | State the nature of their interest (if known) | State whether they have been informed about this application |                          | If No, please explain why not |
|------|----------------|-----------------------------------------------|--------------------------------------------------------------|--------------------------|-------------------------------|
|      |                |                                               | Yes                                                          | No                       |                               |
|      | N/A            |                                               | <input type="checkbox"/>                                     | <input type="checkbox"/> |                               |
|      | NOT APPLICABLE |                                               | <input type="checkbox"/>                                     | <input type="checkbox"/> |                               |
|      |                |                                               | <input type="checkbox"/>                                     | <input type="checkbox"/> |                               |
|      |                |                                               | <input type="checkbox"/>                                     | <input type="checkbox"/> |                               |

## 6. 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.

N/A Not Applicable

## 7. Description of 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):

An existing use: ☒ Yes ☐ No

Existing building works: ☐ Yes ☒ No

An existing use, building work or activity in breach of a condition: ☐ Yes ☒ No

Being a use, building works or activity which is still going on at the date of this application

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 and Country Planning (Use Classes) Order 1987 (as amended) the use relates to:

HMO PROPERTY (C4)

## 8. Description of Existing Use, Building Works or Activity

What is the existing site use(s) for which the certificate of lawfulness is being sought? Please fully describe each use and state which part of the land the use relates to:

HMO PROPERTY

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## 9. Grounds For Application For A Lawful Development Certificate

Please state under what grounds is the certificate sought (you must tick at least one box):

☒ The use began more than 10 years before the date of this application.

☒ The use, building works or activity in breach of condition began more than 10 years before the date of this application.

☐ 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 change of use requiring planning permission in the last 10 years.

☐ The building works (for instance, building or engineering works) were substantially completed more than four years before the date of this application.

☐ The use as a single dwelling house began more than four years before the date of this application.

☐ Other - please specify (this might include claims that the change of use or building work was not development, or that it benefited from planning permission granted under the Act or by the General Permitted Development Order).

If the certificate is sought on 'Other' grounds please give details:

N/A Not Applicable

If applicable, please give the reference number of any existing planning permission, lawful development certificate or enforcement notice affecting the application site. Include its date and the number of any condition being breached:

Reference Number:

N/A

Condition Number:

N/A

Date (DD/MM/YYYY):  
(must be pre application submission)

N/A

Please state why a Lawful Development Certificate should be granted:

## 10. Information In Support Of A Lawful Development Certificate

When was the use or activity begun, or the building works substantially completed: 01/10/2010 (date must be pre-application submission) (DD/MM/YYYY)

In the case of an existing use or activity in breach of conditions has there been any interruption?

☐ Yes

☒ No

If Yes, please provide details of the dates, duration and any discontinuance of the development which is the subject of this application. If your application is based on the claim that a use or activity has been ongoing for a period of years, please state exactly when any interruption occurred:

N/A Not Applicable

In the case of an existing use of land, has there been any material change of use of the land since the start of the use for which a certificate is sought?

☐ Yes

☒ No

If Yes please provide details?

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10. Information In Support Of A Lawful Development Certificate (Continued) - Residential Information

Does the application for a Certificate relate to a residential use where the number of residential units has changed? ☐ Yes ☒ No  
If Yes, please complete the following table:

| Proposed Housing                                   |                    |   |   |    |         |       |
|----------------------------------------------------|--------------------|---|---|----|---------|-------|
| Market Housing                                     | Number of Bedrooms |   |   |    |         | Total |
|                                                    | 1                  | 2 | 3 | 4+ | Unknown |       |
|                                                    |                    |   |   |    |         |       |
| Houses                                             |                    |   |   |    |         |       |
| Flats & Maisonettes                                |                    |   |   |    |         |       |
| Live-Work Units                                    |                    |   |   |    |         |       |
| Cluster Flats                                      |                    |   |   |    |         |       |
| Sheltered Housing                                  |                    |   |   |    |         |       |
| Bedsit/Studios                                     |                    |   |   |    |         |       |
| Unknown                                            |                    |   |   |    |         |       |
| Market Housing Total (a + b + c + d + e + f + g) = |                    |   |   |    |         |       |

| Social Rented Housing                                     | 1 | 2 | 3 | 4+ | Unknown |  |
|-----------------------------------------------------------|---|---|---|----|---------|--|
|                                                           |   |   |   |    |         |  |
|                                                           |   |   |   |    |         |  |
| Houses                                                    |   |   |   |    |         |  |
| Flats & Maisonettes                                       |   |   |   |    |         |  |
| Live-Work Units                                           |   |   |   |    |         |  |
| Cluster Flats                                             |   |   |   |    |         |  |
| Sheltered Housing                                         |   |   |   |    |         |  |
| Bedsit/Studios                                            |   |   |   |    |         |  |
| Unknown                                                   |   |   |   |    |         |  |
| Social Rented Housing Total (a + b + c + d + e + f + g) = |   |   |   |    |         |  |

| Intermediate Housing                                     | 1 | 2 | 3 | 4+ | Unknown |  |
|----------------------------------------------------------|---|---|---|----|---------|--|
|                                                          |   |   |   |    |         |  |
|                                                          |   |   |   |    |         |  |
| Houses                                                   |   |   |   |    |         |  |
| Flats & Maisonettes                                      |   |   |   |    |         |  |
| Live-Work Units                                          |   |   |   |    |         |  |
| Cluster Flats                                            |   |   |   |    |         |  |
| Sheltered Housing                                        |   |   |   |    |         |  |
| Bedsit/Studios                                           |   |   |   |    |         |  |
| Unknown                                                  |   |   |   |    |         |  |
| Intermediate Housing Total (a + b + c + d + e + f + g) = |   |   |   |    |         |  |

| Key Worker Housing                                     | 1 | 2 | 3 | 4+ | Unknown |  |
|--------------------------------------------------------|---|---|---|----|---------|--|
|                                                        |   |   |   |    |         |  |
|                                                        |   |   |   |    |         |  |
| Houses                                                 |   |   |   |    |         |  |
| Flats & Maisonettes                                    |   |   |   |    |         |  |
| Live-Work Units                                        |   |   |   |    |         |  |
| Cluster Flats                                          |   |   |   |    |         |  |
| Sheltered Housing                                      |   |   |   |    |         |  |
| Bedsit/Studios                                         |   |   |   |    |         |  |
| Unknown                                                |   |   |   |    |         |  |
| Key Worker Housing Total (a + b + c + d + e + f + g) = |   |   |   |    |         |  |

|                                                |  |
|------------------------------------------------|--|
| Proposed Housing Grand Total (A + B + C + D) = |  |
|------------------------------------------------|--|

| Existing Housing                                   |                    |   |   |    |         |       |
|----------------------------------------------------|--------------------|---|---|----|---------|-------|
| Market Housing                                     | Number of Bedrooms |   |   |    |         | Total |
|                                                    | 1                  | 2 | 3 | 4+ | Unknown |       |
|                                                    |                    |   |   |    |         |       |
| Houses                                             |                    |   |   |    |         |       |
| Flats & Maisonettes                                |                    |   |   |    |         |       |
| Live-Work Units                                    |                    |   |   |    |         |       |
| Cluster Flats                                      |                    |   |   |    |         |       |
| Sheltered Housing                                  |                    |   |   |    |         |       |
| Bedsit/Studios                                     |                    |   |   |    |         |       |
| Unknown                                            |                    |   |   |    |         |       |
| Market Housing Total (a + b + c + d + e + f + g) = |                    |   |   |    |         |       |

| Social Rented Housing                                     | 1 | 2 | 3 | 4+ | Unknown |  |
|-----------------------------------------------------------|---|---|---|----|---------|--|
|                                                           |   |   |   |    |         |  |
|                                                           |   |   |   |    |         |  |
| Houses                                                    |   |   |   |    |         |  |
| Flats & Maisonettes                                       |   |   |   |    |         |  |
| Live-Work Units                                           |   |   |   |    |         |  |
| Cluster Flats                                             |   |   |   |    |         |  |
| Sheltered Housing                                         |   |   |   |    |         |  |
| Bedsit/Studios                                            |   |   |   |    |         |  |
| Unknown                                                   |   |   |   |    |         |  |
| Social Rented Housing Total (a + b + c + d + e + f + g) = |   |   |   |    |         |  |

| Intermediate Housing                                     | 1 | 2 | 3 | 4+ | Unknown |  |
|----------------------------------------------------------|---|---|---|----|---------|--|
|                                                          |   |   |   |    |         |  |
|                                                          |   |   |   |    |         |  |
| Houses                                                   |   |   |   |    |         |  |
| Flats & Maisonettes                                      |   |   |   |    |         |  |
| Live-Work Units                                          |   |   |   |    |         |  |
| Cluster Flats                                            |   |   |   |    |         |  |
| Sheltered Housing                                        |   |   |   |    |         |  |
| Bedsit/Studios                                           |   |   |   |    |         |  |
| Unknown                                                  |   |   |   |    |         |  |
| Intermediate Housing Total (a + b + c + d + e + f + g) = |   |   |   |    |         |  |

| Key Worker Housing                                     | 1 | 2 | 3 | 4+ | Unknown |  |
|--------------------------------------------------------|---|---|---|----|---------|--|
|                                                        |   |   |   |    |         |  |
|                                                        |   |   |   |    |         |  |
| Houses                                                 |   |   |   |    |         |  |
| Flats & Maisonettes                                    |   |   |   |    |         |  |
| Live-Work Units                                        |   |   |   |    |         |  |
| Cluster Flats                                          |   |   |   |    |         |  |
| Sheltered Housing                                      |   |   |   |    |         |  |
| Bedsit/Studios                                         |   |   |   |    |         |  |
| Unknown                                                |   |   |   |    |         |  |
| Key Worker Housing Total (a + b + c + d + e + f + g) = |   |   |   |    |         |  |

|                                                |  |
|------------------------------------------------|--|
| Existing Housing Grand Total (E + F + G + H) = |  |
|------------------------------------------------|--|

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

## 11. 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 burden of proof in a Lawful Development Certificate is firmly with the applicant and therefore sufficient and precise information should be provided.

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



The original and 3 copies\* of such evidence verifying the information included in the application as you can provide:



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:



The correct fee:



\*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.

## 12. Declaration

I/we hereby apply for a Lawful Development Certificate 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

[Redacted Signature]

Or signed - Agent

[Redacted Signature]

Date (DD/MM/YYYY):

12/08/2024

(date cannot be pre-application submission)



### WARNING:

The amended section 194 of the 1990 Act provides that it is an offence to furnish false or misleading information or to withhold material information with intent to deceive. Section 193(7) enables the authority to revoke, at any time, a certificate they may have issued as a result of such false or misleading information.

## 13. Applicant Contact Details

Telephone numbers

Country code: [ ] National number: [ ] Extension number: [ ]

Country code: [ ] Mobile number (optional): [ ]

Country code: [ ] Fax number (optional): [ ]

Email address (optional): [ ]

## 14. Agent Contact Details

Telephone numbers

Country code: [ ] National number: [ ] Extension number: [ ]

Country code: [ ] Mobile number (optional): [ ]

Country code: [ ] Fax number (optional): [ ]

Email address (optional): [ ]

## 15. 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:

[Redacted Contact Name]

Telephone number:

[Redacted Telephone Number]

Email address:

[Redacted Email Address]