

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

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:



**For assistance with completing this form contact:**

The Planning Service  
3 Knowsley Place, Duke Street, Bury BL9 0EJ

Phone: 0161 253 5432 Email: [development.control@bury.gov.uk](mailto:development.control@bury.gov.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

|                     |                 |               |       |
|---------------------|-----------------|---------------|-------|
| Title:              | MS              | First name:   | HOLLY |
| Last name:          | PIXTON          |               |       |
| Company (optional): |                 |               |       |
| Unit:               |                 | House number: |       |
|                     |                 | House suffix: |       |
| House name:         | BAST HOUSE FARM |               |       |
| Address 1:          | MANCHESTER ROAD |               |       |
| Address 2:          |                 |               |       |
| Address 3:          |                 |               |       |
| Town:               | RAMSBOTTOM      |               |       |
| County:             | BURY            |               |       |
| Country:            |                 |               |       |
| Postcode:           | BL9 5LZ         |               |       |

#### 2. Agent Name and Address

|                     |                                      |               |         |
|---------------------|--------------------------------------|---------------|---------|
| Title:              | MS                                   | First name:   | HARRIET |
| Last name:          | GREENWOOD                            |               |         |
| Company (optional): | JDA ARCHITECTS                       |               |         |
| Unit:               |                                      | House number: |         |
|                     |                                      | House suffix: |         |
| House name:         | <del>SAXON HOUSE</del> THE WAREHOUSE |               |         |
| Address 1:          | SAXON STREET                         |               |         |
| Address 2:          | DENTON                               |               |         |
| Address 3:          |                                      |               |         |
| Town:               |                                      |               |         |
| County:             | MANCHESTER                           |               |         |
| Country:            |                                      |               |         |
| Postcode:           | M34 3DS                              |               |         |

### 3. Site Address Details

Please provide the full postal address of the application site.

|                                                                                               |                 |               |        |               |  |
|-----------------------------------------------------------------------------------------------|-----------------|---------------|--------|---------------|--|
| Unit:                                                                                         |                 | House number: |        | House suffix: |  |
| House name:                                                                                   | BAST HOUSE FARM |               |        |               |  |
| Address 1:                                                                                    | MANCHESTER ROAD |               |        |               |  |
| Address 2:                                                                                    |                 |               |        |               |  |
| Address 3:                                                                                    |                 |               |        |               |  |
| Town:                                                                                         | BURY            |               |        |               |  |
| County:                                                                                       | RAMSBOTTOM      |               |        |               |  |
| Postcode (optional):                                                                          | BL9 5LZ         |               |        |               |  |
| Description of location or a grid reference.<br>(must be completed if postcode is not known): |                 |               |        |               |  |
| Easting:                                                                                      | 380455          | Northing:     | 415253 |               |  |
| Description:                                                                                  |                 |               |        |               |  |
|                                                                                               |                 |               |        |               |  |

### 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:

MICHELLE ASHTON

Reference:

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

30/10/24

Details of pre-application advice received?

ACOLAID CASE - 71183

### 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                       |
| HOLLY PIXTON | AS ABOVE | <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                       |                               |
|      |         |                                               | <input type="checkbox"/>                                     | <input type="checkbox"/> |                               |
|      |         |                                               | <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.

## 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:

C3 - DWELLING HOUSES

## 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:

STORE TO GABLE END OF EXISTING BUILDING HAS BEEN USED AS A DOMESTIC STORE FOR OVER 10 YEARS PRIOR TO TRANSFER OF OWNERSHIP AND RENOVATION WORKS.

THE EXISTING DOORWAYS OPEN INTO DOMESTIC CURTILAGE OF EAST HOUSE AND HAS DONE FOR SEVERAL DECADES.

## 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:

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:

Condition Number:

Date (DD/MM/YYYY):

(must be pre application submission)

Please state why a Lawful Development Certificate should be granted:

STORE TO GABLE END OF EXISTING BUILDING HAS BEEN USED AS A DOMESTIC STORE FOR OVER 10 YEARS PRIOR TO TRANSFER OF OWNERSHIP AND RENOVATION. THE EXISTING DOORWAYS OPEN INTO DOMESTIC CURTILAGE OF EAST HOUSE + HAS DONE FOR SEVERAL DECADES.

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

When was the use or activity begun, or the building works substantially completed:

01-01-2000

(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:

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?

# 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                                                   |                    |   |   |    |         |       | Existing Housing                                                   |                    |   |   |    |         |       |
|--------------------------------------------------------------------|--------------------|---|---|----|---------|-------|--------------------------------------------------------------------|--------------------|---|---|----|---------|-------|
|                                                                    | Number of Bedrooms |   |   |    |         | Total |                                                                    | Number of Bedrooms |   |   |    |         | Total |
|                                                                    | 1                  | 2 | 3 | 4+ | Unknown |       |                                                                    | 1                  | 2 | 3 | 4+ | Unknown |       |
| <b>Market Housing</b>                                              |                    |   |   |    |         |       | <b>Market Housing</b>                                              |                    |   |   |    |         |       |
| 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                                                            |                    |   |   |    |         |       |
| <b>Market Housing Total</b> $(a + b + c + d + e + f + g) =$        |                    |   |   |    |         |       | <b>Market Housing Total</b> $(a + b + c + d + e + f + g) =$        |                    |   |   |    |         |       |
| <b>Social Rented Housing</b>                                       |                    |   |   |    |         |       | <b>Social Rented Housing</b>                                       |                    |   |   |    |         |       |
| 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                                                            |                    |   |   |    |         |       |
| <b>Social Rented Housing Total</b> $(a + b + c + d + e + f + g) =$ |                    |   |   |    |         |       | <b>Social Rented Housing Total</b> $(a + b + c + d + e + f + g) =$ |                    |   |   |    |         |       |
| <b>Intermediate Housing</b>                                        |                    |   |   |    |         |       | <b>Intermediate Housing</b>                                        |                    |   |   |    |         |       |
| 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                                                            |                    |   |   |    |         |       |
| <b>Intermediate Housing Total</b> $(a + b + c + d + e + f + g) =$  |                    |   |   |    |         |       | <b>Intermediate Housing Total</b> $(a + b + c + d + e + f + g) =$  |                    |   |   |    |         |       |
| <b>Key Worker Housing</b>                                          |                    |   |   |    |         |       | <b>Key Worker Housing</b>                                          |                    |   |   |    |         |       |
| 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                                                            |                    |   |   |    |         |       |
| <b>Key Worker Housing Total</b> $(a + b + c + d + e + f + g) =$    |                    |   |   |    |         |       | <b>Key Worker Housing Total</b> $(a + b + c + d + e + f + g) =$    |                    |   |   |    |         |       |
| <b>Proposed Housing Grand Total</b> $(A + B + C + D) =$            |                    |   |   |    |         |       | <b>Existing Housing Grand Total</b> $(E + F + G + H) =$            |                    |   |   |    |         |       |

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