

## RIGHTS OF WAY COMMITTEE 24 April 2024

# REVIEW OF THE DEFINITIVE MAP AND STATEMENT OF PUBLIC RIGHTS OF WAY

# ALLEGED PUBLIC FOOTPATH No 55 PARISH OF INGRAM

Report of the Director of Environment & Transport Cabinet Member: Councillor John Riddle, Roads & Highways

## **Purpose of report**

In this report, the Rights of Way Committee is asked to consider all the relevant evidence gathered in support and in rebuttal of the existence of public footpath rights over a route between the junction of existing Parish of Ingram Public Footpaths No 10 & 11, 1140 metres north-east of Fawdon Farm and a point on existing Parish of Ingram Public Footpath No 11, 325 metres north-east of Quarterknowe Plantation.

#### Recommendation

It is recommended that the Rights of Way Committee agrees that:

- (i) there is insufficient evidence to indicate that public footpath rights have been reasonably alleged to exist over the route C-X-Y-Z-D;
- (ii) the route should not be included in a future Definitive Map Modification Order as a public footpath.

#### 1.0 BACKGROUND

1.1 The relevant statutory provisions which apply to adding a public right of way to the Definitive Map and Statement based on 20 years user evidence are Sections 53(3)(b) and 53(3)(c)(i) of the Wildlife and Countryside Act, 1981, which require the County Council (as Surveying Authority) to modify the Definitive Map and Statement following:

"The expiration, in relation to any way in the area to which the map relates, of any period such that the enjoyment by the public of the way during that period raises a presumption that the way has been dedicated as a public path or restricted byway" [s53(3)(b)]

"the discovery by the authority of evidence which (when considered with all other relevant evidence available to them) shows that a right of way which is not shown in the map and statement subsists or is reasonably alleged to subsist over land in the area to which the map relates, being a right of way such that the land over which the right subsists is a public path, a restricted byway or, subject to section 54A, a byway open to all traffic;" [s53(3)(c)(i)]

- 1.2 It is an unresolved question whether it is permissible to invoke section 53(3)(c)(i) in a case to which section 53(3)(b) applies. There is a case (Bagshaw), which is indirect authority to the effect that in any case of deemed dedication reliance on paragraph (c)(i) is perfectly acceptable. Members are therefore invited to apply the lower test.
- 1.3 Section 31 of the Highways Act 1980 (HA80) provides for the presumption of dedication of a public right of way following 20 years continuous use. Subsection (1) states:

"Where a way over any land, other than a way of such a character that use of it by the public could not give rise at common law to any presumption of dedication, has been actually enjoyed by the public as of right and without interruption for a full period of 20 years, the way is deemed to have been dedicated as a highway unless there is sufficient evidence that there was no intention during that period to dedicate it."

- 1.4 It is necessary to show that there has been uninterrupted use, as of right, by the public over a period of 20 years or more. 'As of right' means openly, not secretly, not by force and not by permission. The public must have used the way without hindrance (e.g. objections, verbal / written warnings, etc.) or permission from the landowner or his agents. The 20 year period may be shown at any time in the past and is generally taken to run backwards from the date when the use of the path was first "brought into question", whether by a notice or otherwise.
- 1.5 The Committee must consider whether there is sufficient evidence to allege that the presumption is raised. The standard of proof is the civil one that is the balance of probabilities. Members must weigh up the evidence and if, on balance, it is reasonable to allege that there is a public right of way, then the presumption is raised. The onus is then on the landowner to show evidence that there was no intention on their part to dedicate.
- 1.6 Such evidence may consist of notices or barriers, or by the locking of the way on one day in the year, and drawing this to the attention of the public, or by the deposit of a Declaration under section 31(6) HA80 to the effect that no additional ways (other than any specifically indicated in the Declaration) have been dedicated as highways since the date of the deposit.
- 1.7 All the relevant statutory provisions and competing rights and interests have been considered in making this report. The recommendation is in accordance with the law and proportionate, having regard to individuals' rights and the public interest.

#### 2.0 PUBLIC EVIDENCE

- 2.1 In November 2022, Mr J R Graham of Morpeth, made a formal application in support of a public footpath from the junction of existing Parish of Ingram Public Footpaths No 10 & 11, 1140 metres northwest of Fawdon Farm, to a point on existing Parish of Ingram Public Footpath No 11, 325 metres northeast of Quarterknowe Plantation.
- 2.2 By letter, received December 2022, Mr J Graham submitted further user evidence and stated:

"Thank you for your recent letter and telephone conversations regarding the Wildlife and Countryside Act and Review of definitive map and statement of public rights of way Old Fawdon Hill and Farm Ingram, Certificate of Service of application order on the one owner of the lane, Herne Limited Company number 11677392, Direction Phillip Magor, served by post on this day on Form C with the definitive map and statement for the area.

"I have enclosed 8 further evidence statements under list of documents. There are 2 other statements that I have left with the persons concerned if they are retuned to me before your enquiries are complete, I will immediately send them to you.

"I note that John Bowers statement paragraph 17 notes the website <a href="https://www.hillbagging.co.uk">www.hillbagging.co.uk</a> has 34 logged descriptions between 1996 and 2021 which refer to walks over Old Fawdon Hill of which 8 refers to West Hill.

"I have used the route from 1969-2022 and part of my time was with other police cadets whom I worked with, and for 15 years, as an instructor for the Duke of Edinburgh Gold, Silver and Bronze Awards. This will probably amount to at least 100 people who have used the route. I cannot now remember the names or whereabouts of these people and therefore realise they cannot be used in this application however, it does explain why I used the route so many times as it was perfect to show people how to navigate, how to produce route plans and how to say safe on the hills. I received my Mountain Leadership Certificate in the late seventies and have used it regularly on this route.

"Finally, I mentioned to you The Secretary of the Ingram Parish Council, Helen Wilde who knows the route extremely well and has indicated she knows a number of local people in Ingram who may wish to support this application."

2.3 The proposal is supported by user evidence from 16 local people, 12 of whom claim to have used the route on foot for periods in excess of 20 years.

## 3. LANDOWNER EVIDENCE

3.1 By letter, dated 22 February 2023, Robin Carr Associates responded to the application on behalf of the landowner, Mr E Magor, stating:

"Robin Carr Associates is in receipt of instructions from Mr Edward Magor of Rogam Farms Limited of Fawdon Farm, Powburn, Nr Alnwick, Northumberland, England, NE66 4JQ in respect of the above matter.

"Firstly, may I take the opportunity to thank you for sending me a copy of the above application and the redacted user evidence that has been submitted in support.

"My Clients are the owners of the land crossed by the application route and wish to register their objection to the application and any subsequent Order. The grounds for objection are that there is insufficient evidence to give rise to a reasonable allegation in support of the establishment of a public right of way, and there is certainly insufficient evidence to prove the case on balance of probability.

"I have now had the opportunity to undertake an assessment of the user evidence and have the following comments:

"Lorna Lazzari from Northumberland National Park has confirmed that a permissive path/access agreement was in place from August 1993 (and then amended in 1997, when the national park became a free-standing authority) and was in place for 12 years (until 2009). The agreement was between Northumberland County Council and the landowner and tenant and covered an area of open access land on the Ingram Valley haughland and a series of permissive Hillfort trails – of which East Hill was one.

"It is my clients understanding that the permissive nature of the access was signposted and made clear to any person wishing to use it.

"The effect of this permissive agreement is that any use between 1993 and 2009 was in the exercise of an express and documented permission. Such use cannot therefore be considered to be 'as of right'. As such it cannot be attributed to the exercise of a public right of way. Furthermore, the period of permission also demonstrates an interruption to use (that is 'as of right') and is clear overt act which demonstrates a lack of intention to dedicate.

"With regard to the user evidence, much of this evidence provides evidence of use during the permissive period referred to above (1993-2009) and must be disregarded so far as that period is concerned.

"I should further add that whilst the actual permissive access agreement may have lapsed in 2009, the permissive path signage remained on site, and was renewed recently (2021) by my Clients. The effect of this is that from 2009 to present, signage has been maintained which is wholly inconsistent with any intention to dedicate.

"Furthermore, none of the users give evidence of use of a frequency greater than every few months to once a year. There are also suggestions that no single route has been used, with use more akin to a general wandering between the fixed higher points on the hills. Overall, this would suggest that use has not been of a defined route, nor has there been a sufficiency of use to give rise to any presumption of dedication. The application should therefore be refused.

"I should be obliged if you would confirm safe receipt of this objection on behalf of my Clients and keep me informed of any progress with the application."

3.2 By email, dated 7 July 2023, Mr E Magor responded to the consultation, stating:

"Thank you for your letter dated 27 June 2023

"Mr Robin Carr of Robin Carr Associates has been appointed to handle the matter of the Alleged Public Footpath on behalf of Rogam Farms Ltd.

"I understand that Mr Carr wrote to you on 22<sup>nd</sup> February 2023 confirming our objection to the application and any subsequent Order. I can confirm that Mr Carr will write to you again regarding our objection to the application.

"In the meantime I can confirm that all of the alleged route marked C to D on the Map 55/66 dated May 2023 supplied with your letter is owned by Rogam Farms Ltd.

"Please confirm receipt of this letter."

3.3 By letter, dated 5 September 2023, Robin Carr Associates responded to the consultation on behalf of the landowner, Mr E Magor, stating:

"I refer to your letter to my Client dated 27<sup>th</sup> June 2023 regarding the above matter and seeking evidence which may assist with your investigations. I can confirm that the whole of this claimed footpath is situated on my Client's land.

"The majority of our comments were submitted to you in our letter dated 22<sup>nd</sup> February 2023, a copy of which is attached, and which I should request be taken into account when any decision is made. To assist you further I can add that the route shown in pink highlighter on the attached plan is a permissive footpath and is signed as such. This was the subject of a now lapsed permissive path agreement between the former landowner and the County Council and or National Park Authority. Whilst the agreement may have lapsed the signage has remained and been replaced/ renewed as and when required. Any use of the permissive path is not of. A nature that can be defined as being 'as of right' and therefore cannot be taken into consideration when determining the DMMO application. The permissive path agreement and signage etc. also clearly demonstrate overt acts on the part of the landowner, directed at users of the path, that he has no intention to dedicate public rights of way.

"With regard to the area of land highlighted in green on the attached plan, this is Access Land and anyone walking over that area will be doing so 'by right' in exercise of the so-called 'right to roam'. Any such use is inadmissible when considering the DMMO application.

"I trust that this information is of assistance, however if you require anything more, please do not hesitate to contact me."

#### 4. CONSULTATION

- 4.1 In June 2023, the Council carried out a consultation with the Parish Council, known owners and occupiers of the land, the local County Councillor and the local representatives of the "prescribed and local organisations" listed in the Council's "Code of Practice on Consultation for Public Path Orders". Two replies were received and are included below.
- 4.2 By email, in July 2023, the British Horse Society responded to the consultation, stating:

"Although the BHS has no specific comment to make, it is aware that the route is regularly used by both local people and visitors and that part of it is over Open Access Land (Old Fawdon Hill). As an alternative to a new footpath, would it not be possible for the West Hill and the East Hill to be dedicated as Open Access Land as well as there is no apparent difference in the vegetation of these areas? The CROW Act 2000 provides for such a development."

4.3 By email, dated 29 September 2023, Ms M Anderson, responded to the consultation on behalf of the Berwick Ramblers, stating:

"Df map 55/66 NU01 NW/SW: to create a right of way of way over East Hill and West Hill in the Breamish Valley near Ingram. The path over East Hill has been walked many times over the years by the Ramblers on our walks programmes and also by individuals. We support an attempt to extend this over West Hill making the entire route a right of way."

## 5. DOCUMENTARY EVIDENCE

- 5.1 A search has been made of archives relating to the area. Evidence of Council Highways records, County Maps and O.S. Maps was inspected, and the following copies are enclosed for consideration.
  - c.1860 Ordnance Survey Map: Scale 1:10,560

There is no evidence of a path / track approximating to the route of alleged Footpath No 55.

1899 Ordnance Survey Map: Scale 1:10,560

There is no evidence of a path / track approximating to the route of alleged Footpath No 55.

1926 Ordnance Survey Map: Scale 1:10,560

There is no evidence of a path / track approximating to the route of alleged Footpath No 55.

1957 Ordnance Survey Map: Scale 1:10,560

There is no evidence of a path / track approximating to the route of alleged Footpath No 55.

Survey Map: Scale 1:10,560

There is no evidence of a path / track approximating to the route of alleged Footpath No 55 on the base map used, and this route is not identified for inclusion as a public right of way.

### Draft Map: Scale 1:10,560

As with the Survey Map, there is no evidence of a path / track approximating to the route of alleged Footpath No 55 on the base map used, and this route is not identified for inclusion as a public right of way.

## Provisional Map: Scale 1:10,560

As with the Survey and Draft Maps, there is no evidence of a path / track approximating to the route of alleged Footpath No 55 on the base map used, and this route is not identified for inclusion as a public right of way.

## Original Definitive Map: Scale 1:10,560

There is no evidence of a path / track approximating to the route of alleged Footpath No 55 on the base map used. This route is not identified as a public right of way.

## 1987 Ordnance Survey Map: Scale 1:10,560

There is no evidence of a path / track approximating to the route of alleged Footpath No 55.

## 1997 Section 31(6) deposits by Northumberland Estates

The alleged public footpath route crosses land identified by the Northumberland Estates as being land within its ownership. The alleged footpath route is not acknowledged, by the landowner, as being a public right of way.

## 1997 <u>Permissive Agreement between Northumberland County Council and</u> the Landowner

Document stating that the permissive path agreement shall have effect for a period of 12 years from the 6th day of August 1993.

## 6. SITE INVESTIGATION

- 6.1 From Point C, at the junction of existing Public Footpaths No. 10 and No. 11, an unenclosed trodden grass earth track proceeds in a south westerly direction, for a distance of 560 metres to the top of East Hill, and then continues in south westerly direction, following the route of the current permissive path, for a distance of 795 metres to a Point marked Y on existing Byway Open to All Traffic No 40 at Long Plantation, 535 metres north-west of Fawdon Farm.
- 6.2 The middle section of the route could not be surveyed between Point Y and Point Z, due to obstructions at either end. At Point Y, there is an 8ft high metal fence that prevents any access to Snail Knowe and West Hill. At Point Z, there was a large padlocked gate with barbed wire and signs stating "End of access land" and "West Hill is not access land and has no public right of way", which prevented access to West Hill.
- 6.3 From Point D, an unenclosed grass surface track proceeds in a north-easterly direction for a distance of 1205 metres over the open access land to the top of Old Fawdon Hill and then continues in a north-easterly direction on a less well-defined route for a distance of 510 metres, to Point Z, 1165 metres south-west of Fawdon Farm, at the boundary between the open access land and West Hill.

#### 7. COMMENTS RECEIVED ON THE DRAFT REPORT

- 7.1 In March 2024, a draft copy of the report was circulated to the applicant and to those landowners/ occupiers who responded to the initial consultation for their comments.
- 7.2 By email, dated 15 March 2024, Robin Carr Associates made the following comments, on behalf of Mr Magor, in relation to the draft report:

"Thank you for your email and attached report. I submit the following comments on self of Mr Magor who has recently emailed you advising that I will be in touch.

"The only comments that I have are as follows:

"Paras 8.9 & 8.14. - As you will be aware, before Section 31 of the Highways Act 1980 comes into effect there must be an event which brings into question the existence of the alleged public right of way and the required 20 year period is then calculated back from that date. For an act to constitute a bringing into question it must be sufficient to bring it home to the public that there right to use the way is being challenged, thus allowing the opportunity for the user to respond (e.g. apply for a DMMO). In the absence of a bringing into question the date of a DMMO applicant can now be used instead.

"The designation of the land as Access Land in 2005 would not meet the definition of a bringing into question because it does not raise any challenge over public use, on the contrary it does exactly the opposite. As such Section 31 would not come into effect and therefore there would be no 20 years period to consider dating back from 2005.

"Para 8.16 on similar lines to the above, a deposition and stat declares made in 1998 would not constitute a bringing into questing within the menacing ion Section 31 of the 1980 Act. Unlike now, where I agree that the submission of these documents now would almost certainly be a bringing into question (due to advertising, notice posting and entry to a registers etc) back in 1998 there were no publicity requirements for this documents, they were simply received by the Council and placed on a file. No need for register entries or publicity of any form. As a result the submission would not bring it home to the public that their right was being challenged because users would not be aware that they had been submitted. Again this would mean that Section 31 of the 1980 Act would not be triggered and there would be no 20 year period to consider.

"I appreciate that neither point will alter the conclusions of your report; And we do of course welcome the conclusions as they are in our favour, however I should request the report be amended to reflect the above not least because the applicant should not be inadvertently encouraged to pursue alternate 20 year periods as part of any appeal, when they have no real basis in the scheme of things."

7.3 By email, dated 29 March 2024, Mr Graham made the following comments in relation to the draft report:

"Thank you for. Your report regarding the above and your recommendations that the footpath should not be adopted. The report is quite complicated to follow and understand and we have had little time in researching all of the documents that maybe available. I have sent copies to all of the people whom submitted an Evidence Statement and most are happy for me to respond on their behalf but others may also write separately to you.

"Unfortunately, most of us feel that the future of the Cheviot Hills and the National Park in Northumberland is in some jeopardy if decisions like this continue. We are a group of walkers who love who have spent most of our lives enjoying the beautiful countryside in the. area we are passionate about what we do and we follow the countryside code and will continue to do this. Our view is that we go there quietly without a fuss walk each week on the many hundreds of footpaths ,bridleways and other places available and when we leave nobody realises we have been there. The paths in this part of the Ingram valley are very quiet and some days we never see another soul but we are confident that many hundreds of people have been over the path we describe in our evidence statement.

"This reminds us of going back nearly 100 years to 1926 when hundreds of walkers marched up Kinder Scout in The Peak District and protested against the owners who prevented We hope that future generations do not have to face the same.

"In your report you rightly state that the evidence that can be used is at a lower level where we only show that what we say happened on the balance of probabilities not beyond all reasonable doubt as in criminal law .However Mr Magor only took over the farm in about 2022 and we first saw the signs that had been put up on the route .The ugly sign for us at the start of West Hill which told us for the first time that West Hill iis not. Access Land has no public right of way. Also reminding is one of several key wildlife habitat areas that should be left undisturbed. We know that because we had walked on them for many years and not disturbed them. Later Mr Magor then added other barriers and the 8 ft metal deer fence to ensure no public go that way. Is the fence to keep the wildlife in or out (which wildlife is he talking about) His legal advisors Robin Carr became involved around about that time and you yourself later to write your report. Where and when did any of you see the supposed signs that told us not to enter.

"EAST HILL the main decision you have dismissed. Our appeal is that the permissive path on East Hill was in place for some of the time in the 90s and into early 2000 and because of the wording it was allowed but never to be permanent. Can you inform us who asked for the path to be created and why and who removed the path and therefore it was never intended for public access. Even so this part of the total route from the start to the top of the hill is only about one tenth of the total route why cannot down East Hill up West Hill and across to Old Fawdon Hill to the end where it rejoins the Public Path become a right of way. There are many permissive paths in the area we use them quite a lot .Nobody ever suggested that we needed to seek permission How does it work in practice. The other point I wish to add that many paths that cross the cheviots are not always seen on the ground you can walk quite a few miles and there is nothing on the ground to tell you your on a path many

do not measure between 1 or 2 metres and luckily with the map and compass spot heights and now the magic of sat nav's and the ordinance survey with lap tops and phones we can find where we are because the nature of the terrain and underfoot conditions you cannot see the path.

"West Hill the route goes across flattish ground to Long Plantation and at this point there was always a farm gate with no signs and which easily opened. The legal advisors say that we wandered about between fixed points on a defined route nor has it been a sufficiency of use to give rise to any presumption of dedication. Paths are not straight and the natural way is to use fixed points.

"OLD FAWDON HILL going off west hill down and up to Fawdon Hill was a little more difficult but if done properly we stuck to a route . You first see trees just before the stream and, aim for a ford to aid crossing. Previously there was another open farm gate with no warning signs not to enter. The new owner MR Magor also put up a sign at this gate telling us to go back a few hundred metres to the south and rejoin the public footpath that comes around Old Fawdon Hill between the heights of 250 and 225 which takes you on flatish ground to old Fawdon farm. Previously there was no sign and most walkers generally like to go uphill to Triangulation Points that thanks to Ordinance Survey are the highest point around and on clear days allow you to see your route ahead take bearings on your compass and spot which way to go by identifying features on the route ahead. I must have done this route at least 50 times with the groups of police cadets and later Duke of Edinburgh students learning how to Map read it was ideal for this type of work. The public footpath does not go to the top. But you can come down virtually in a straight line to the public path that comes around the hill and at the end of our prescribed route D013134.

"Our group feel that the loss of this route would be a disgrace and would entice other landowners in The Cheviots to put up more signs and prevent walkers from our right to roam. Can you tell me when and where the decision will be ratified by the council will any of us be allowed to come to the meeting and state our case."

## 8. DISCUSSION

8.1 Section 53 (3)(c)(i) of the Wildlife and Countryside Act 1981, requires the County Council to modify the Definitive Map when evidence is discovered which, when considered with all other relevant evidence available to them shows:

that a right of way, which is not shown in the Map and Statement, subsists or is reasonably alleged to subsist over land in the area to which the Map relates, being a right of way such that the land over which the right subsists is a public path, a restricted byway or; subject to section 54A, a byway open to all traffic.

When considering an application / proposal for a modification order, Section 32 of the Highways Act 1980 provides for "any map, plan or history of the locality or other relevant document" to be tendered in evidence and such weight to be given to it as considered justified by the circumstances, including

the antiquity of the tendered document, the status of the person by whom and the purpose for which it was made or compiled, and the custody in which it has been kept and from which it is produced.

- 8.3 The representation of a path or track on an Ordnance Survey Map is not evidence that it is a public right of way. It is only indicative of its physical existence at the time of the survey.
- 8.4 Under Section 31 of the Highways Act 1980, a particular way may be presumed to be a highway if it can be shown that there has been twenty years uninterrupted use by the public, as a right of way, and that the landowners have not taken steps to rebut this presumed dedication during that twenty-year period.
- 8.5 The proposal is supported by user evidence from 16 people, 12 of whom claim to have used the route on foot for periods in excess of 20 years and 1 of whom claims to have used the route on horseback. The frequency of use ranges from weekly through to once per year.
- 1 out of the 16 users claimed to have used the route on horseback for a period in excess of 20 years. The frequency of this use is weekly.
- 8.7 The landowner's agent, Robin Carr Associates, has identified various points to rebut the footpath application in their letter dated 22 February 2023. Firstly, they have indicated that a permissive path/access agreement was made between Northumberland County Council and the landowner/ tenant in 1993, over the land between Point X, at the top of East Hill, and Point Y and this was in place for 12 years until 2009. None of 12 of the users have made reference to this permissive agreement or the permissive waymarks.
- 8.8 In their letter, dated 22 February 2023, Robin Carr Associates also mention that when the permissive agreement lapsed in 2009 (though the paragraph 10 in the document itself suggests that it lapsed in 2005), the permissive path signs were maintained on the ground and renewed by Mr E Magor in 2021. All of the users claim to have continued to use the route after 2009, even though the route is clearly currently signposted as a permissive route, so user evidence since 1993 should be disregarded for this part of the route (Point X to Point Y).
- 8.9 The route of alleged Public Footpath No 55 passes over Open Access Land between Points Z and D. Section 12(3) of the Countryside and Rights of Way Act 2000 states:

"For the purposes of any enactment or rule of law as to the circumstances in which the dedication of a highway or grant of an easement may be presumed, or may be established by prescription, the use by the public or by any person of a way across the land in the exercise of the right conferred by Section 2(1) is to be disregarded."

Access land that was dedicated under the Countryside and Rights of Way Act 2000 came into being on 28 May 2005. Only pedestrians can exercise a 'right to roam' over Access Land so pedestrian use should be disregarded from that date. As cyclists and horse riders do not benefit from land being designated, their use would still count. In this case, pedestrian use from 28 May 2005 onwards will be disregarded for the southern third of the route between Points

- Z and D, which leaves 5 out of the 16 user evidence providers claiming to have walked the path for 20 years prior to this date.
- 8.10 The historical maps do not provide any evidence to suggest that a path may have physically existed over the claimed route for any great length of time.
- 8.11 None of the evidence providers have acknowledged ever having been given permission to use the route, and 2 of them claim to have been prevented from using the route, due to recent barriers and signs.
- 8.12 All 16 of the user evidence providers have acknowledged the existence of gates or barriers on the alleged route, at Long Plantation and/or at the bottom of West Hill on the boundary of the open access land, and 4 of the evidence providers have acknowledged the existence of 'private' and 'end of access land' signs on the route since March 2022.
- 8.13 For the section of alleged footpath between Point X and Point Y, the permissive agreement was in place between 1993 and 2009 and the current landowner alleges that signage was and has been maintained on site since 2009. If the dates that the public's right to use the section of the alleged path was called into question is taken to be 1993, then 2 out of the 16 user evidence providers claim to have used that section of the route for a 20 year period prior to 1993. The frequency and purpose of this use is considered to be insufficient to raise a presumption of dedication over the route X-Y.
- 8.14 For the section of alleged footpath between Point Z and Point D, the land has been designated as Open Access Land since May 2005. If public use after May 2005 cannot count towards establishing public footpath rights, then 5 out of the 16 user evidence providers claim to have used that section of the route for a 20 year period prior to 2005. Although the frequency and purpose of this use might be considered sufficient to raise a presumption of dedication, there isn't any evidence of a valid 'calling into question' over this section. As argued by Robin Carr Associates, the designation as Access Land, itself, wouldn't qualify and there is currently no evidence of any other acts of rebuttal prior to this date, save for the section 31(6) deposits, which are covered in paragraph 8.16, below.
- 8.15 The sections of alleged footpath between Points C-X and Points Y-Z do not appear to be compromised by previous permissive path agreements or designated as Access Land. If the date that the public's right to use the path was called into question is taken to be November 2022, the date the application was submitted, then 12 out of the 16 user evidence providers claim to have walked these sections of the route for the 20 year period prior to this date. This remains as 12 out of 16 user evidence providers having claimed to have used the route for the 20 year period prior to this date, if the fencing, locked gates and signage from March 2022 is taken as the earliest effective challenge to public use of the route. This frequency and purpose of use is considered to be sufficient to raise presumption of dedication for the routes C-X and Y-Z.
- 8.16 The Map and Statement and Statutory Declaration deposited under Section 31(6) of the Highways Act 1980 in 1997 and 1998 respectively, by Northumberland Estates, the landowners at the time covers the whole application, if made correctly, and repeated, such deposits, would generally be effective at 'cancelling out' public use occurring after the date the first Declaration was received. The 1997 Map and Statement and the 1998

Statutory Declaration were followed up with a further Statutory Declaration in May 2003. Northumberland Estates made a further Statutory Declaration in 2013, but this specifically excluded the land at Fawdon, the Northumberland Estates having sold this land to Mr Telford in 2004. On this basis, it would seem appropriate is discount the user evidence for the route between 1998 and 2003. There is an issue that might compromise the effectiveness of the Northumberland Estates deposit. At the time, deposits made under Section 31(6) of the Highways Act 1980 could only be made by the landowner and only cover the land that was owned by them. In this case, Northumberland Estates made one large deposit covering all of the land in their collective ownership, rather than identifying all the individual component landownership. If January 1998 is taken to be the earliest date when the public's right to use the C-X and the Y-Z-D sections of the route were called into question, then only 4 of the 16 claimed to have used the path for 20+ years prior to this date, though a further 7 people have used the route C-X and 6 people the route Y-Z-D for periods of less than 20 years. This frequency and purpose of use is borderline but on balance, not quite sufficient to raise presumption of dedication for the routes C-X and Y-Z-D.

- 8.17 Commenting on the draft report, Robin Carr Associates, for the landowner, indicated that they did not consider either the designation as Access Land in 2005, or the earlier deposits under section 31(6) of the Highways Act 1980 to be acts which would call into question the public's right to use the route (and so be a valid trigger to count backwards from, when establishing a 20 year period of public user). Whilst officers would agree with this view, in respect of the Access Land designation, they do not feel it is applicable to the section 31(6) deposits. The 1997 Map & Statement and the 1998 Statutory Declaration were on deposit at County Hall, available to anyone who wished to view them. Officers are not aware of any caselaw examples that set any precedent in this regard.
- 8.18 The applicant, Mr Graham, also submitted comments in relation to the draft report. Clearly, he is concerned that public access to this and other sections of the Cheviot Hills would be jeopardized if the committee accepted the officer recommendation. Whilst it is recognized that he and others have previously enjoyed many years of unhindered access to the application route (and other routes in the area), this does not mean they have necessarily become public rights of way, or that the public automatically have an ongoing right to continue using them. This needs to be determined by looking at all the available evidence and by the correct application of highway law.
- 8.19 Advice from the Planning Inspectorate in their 'consistency guidelines' states that it is important to have the correct width, where known, recorded in the definitive statement. The user evidence providers have identified a path width ranging from 1 to 2 metres. From measurements taken on my site visit, in March, the current width that physically exists on the ground would appear to range from 0.5 to 2 metres and unenclosed. If the path is included in a future Definitive Map Modification Order, it would seem appropriate to identify the whole route with the Council's standard default width of 1.5 metres (i.e. wide enough for two people travelling in opposite directions to pass each other).

## 9. CONCLUSION

9.1 In the light of the evidence submitted, it appears that there is not sufficient evidence to justify that public footpath rights have been reasonably alleged to exist over the claimed route C-X-Y-Z-D.

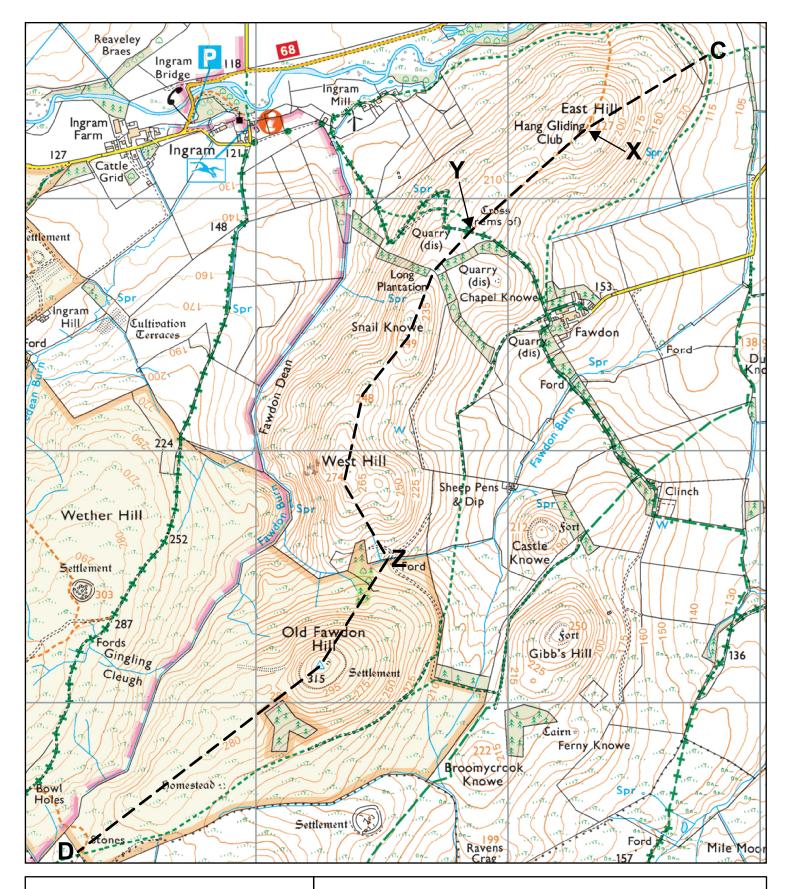
## **BACKGROUND PAPERS**

Local Services Group File: 224/055z

Report Author Zara Quinn – Definitive Map & Search Technical Officer

07542 318328

Zara.Quinn@Northumberland.gov.uk





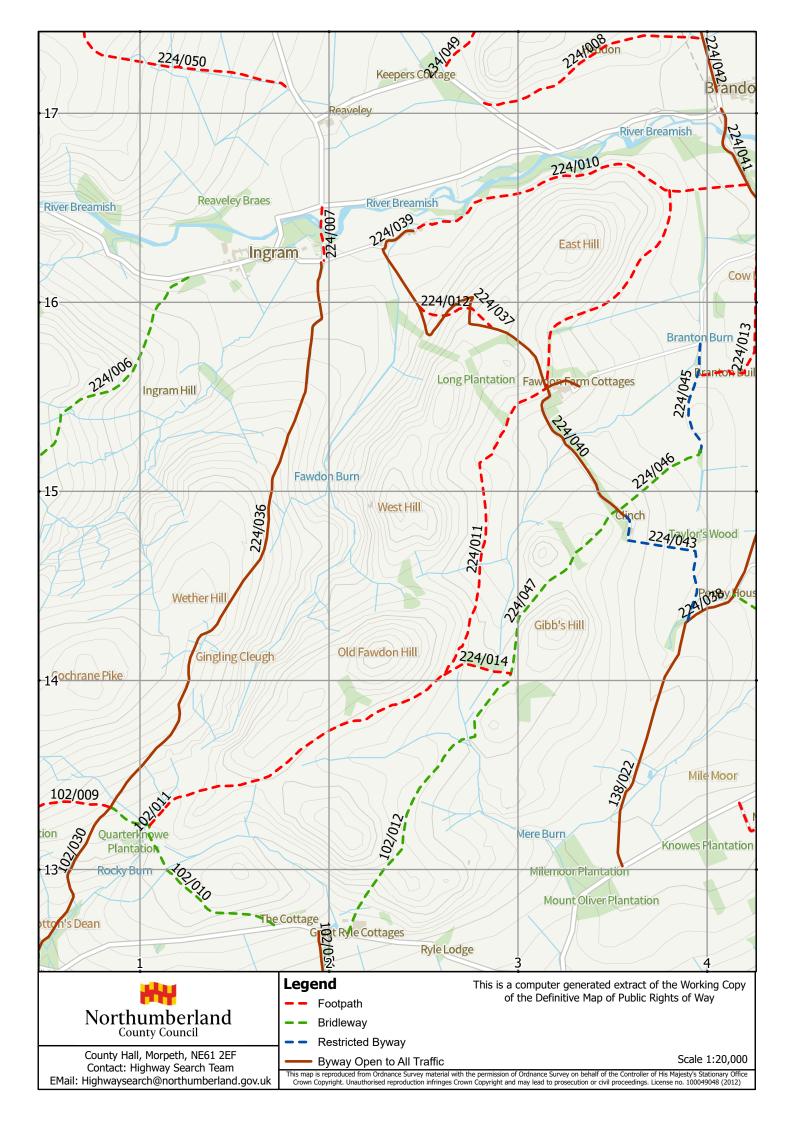
Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings. License No. 100049048 (2013).

## Wildlife & Countryside Act, 1981 Public Rights of Way

**————** Alleged Public Footpath

| Former District(s): | Parish(es): | Scale:     |
|---------------------|-------------|------------|
| Berwick             | Ingram      | 1:15,000   |
| Def. Map No.:       | O.S. Map:   | Date:      |
| NU 01 NW/SW         | 55/66       | March 2024 |



#### PARISH OF INGRAM ALLEGED FOOTPATH NO 55

|             | 1960 | 1970 | 1980 1990 2000 2010 2020 |   | Frequency and Type of Use | Prevented from using the route? |   |                                       |            |
|-------------|------|------|--------------------------|---|---------------------------|---------------------------------|---|---------------------------------------|------------|
|             |      |      |                          |   |                           |                                 |   | or use                                | the route? |
| J R Graham  |      |      |                          |   |                           |                                 |   | Every few months on foot              | No         |
| W Went      |      |      |                          |   |                           |                                 |   | Once a year on foot                   | No         |
| D Peart     |      |      |                          |   |                           |                                 |   | Every few months/ once a year on foot | No         |
| M Lewers    |      |      |                          |   |                           |                                 |   | Every few months on foot              | No         |
| A Dickinson |      |      |                          |   |                           |                                 |   | Every few months on foot              | No         |
| T Mullen    |      |      |                          |   |                           |                                 |   | Every few months on foot              | No         |
| P Reed      |      |      |                          |   |                           |                                 |   | Monthly/ once a year on foot          | Yes        |
| R Oldfield  |      |      |                          |   |                           |                                 |   | Weekly on foot                        | No         |
| K Hoskin    |      |      |                          |   |                           |                                 |   | Weekly on foot and horseback          | No         |
| A P Moralee |      |      |                          |   |                           |                                 |   | Weekly on foot                        | Yes        |
| D Rickaby   |      |      |                          |   |                           |                                 |   | Every few months on foot              | Yes        |
| J Bower     |      |      |                          |   |                           |                                 |   | Every few months on foot              | No         |
| G McDougal  |      |      |                          |   |                           |                                 |   | Every few months on foot              | No         |
| T Hardie    |      |      |                          | _ | _                         | _                               | _ | Weekly on foot                        | No         |
| J Vickers   |      |      |                          |   |                           |                                 |   | Weekly on foot                        | No         |
| C Kelly     |      |      |                          |   |                           |                                 | _ | Twice a week on foot                  | Yes        |
| O IXONY     |      |      |                          |   |                           |                                 |   | I WIGG & WCCK OII IOOL                | 100        |

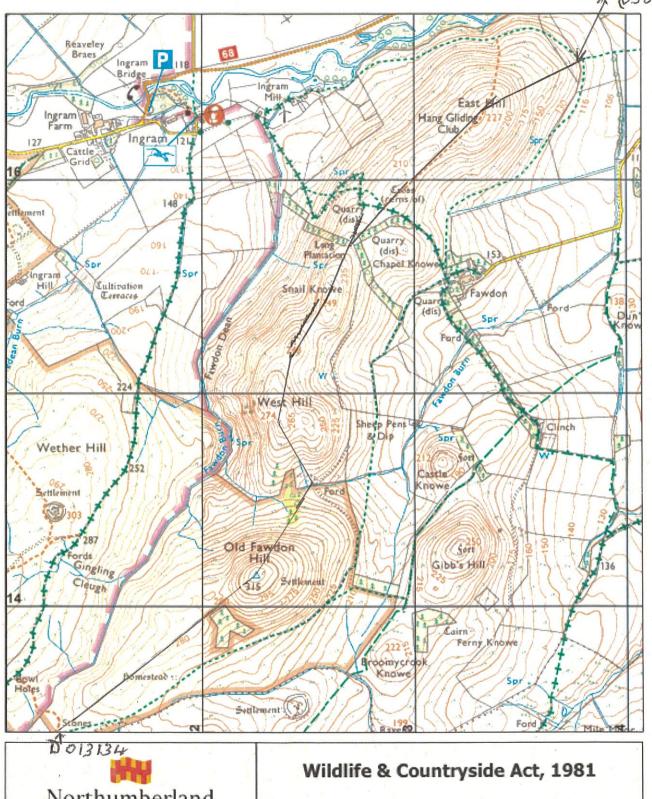
## WILDLIFE AND COUNTRYSIDE ACT 1981, PART III DEFINITIVE MAP AND STATEMENT FOR THE COUNTY OF NORTHUMBERLAND

## APPLICATION FOR MODIFICATION ORDER

| Fonner                        | Borough/District BERWICK                                                                                              |                                                                                                                                            |                  |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|                               | INGRAM                                                                                                                |                                                                                                                                            |                  |
| То:                           | Infrastructure Records Local Services Group Northumberland County Council County Hall Morpeth Northumberland NE61 2EF |                                                                                                                                            |                  |
| I/We                          |                                                                                                                       |                                                                                                                                            | (Name)           |
| of                            | I, FEHTON CHOSE<br>ESTATE, MORPETH,                                                                                   |                                                                                                                                            | (Address)        |
|                               | apply for an order, under Section 53 (2) of the Wild<br>ent for the County of Northumberland, by adding the           |                                                                                                                                            | finitive Map and |
| from                          | THE RESTRICTED fOOT                                                                                                   | PATH ATEAST HILL GOIN                                                                                                                      | 14 SOUTH         |
| as show  An  I/We at applicat |                                                                                                                       | FIND DOWN TO FAMDON POINT 315 OND FAMDO PANDO PANDO PANDO PANDO PANDO PANDO PANDO PANDON INCLUDING STATEMENTS OF WITNESS) SET OUT BELOW IN | BURNA<br>N HILL  |
|                               |                                                                                                                       | f Documents                                                                                                                                |                  |
| / £                           | VIDENCE STATE MENT -                                                                                                  | JOHN ROBERT GRAHAM DAVID RICHABY ALAN DICKINSON WILLIAM WENT DAVID PEART                                                                   |                  |
| ,                             |                                                                                                                       | GAORGE MC DOUGA                                                                                                                            | h                |
|                               | JAG.                                                                                                                  | TERENCE MULLEN JOHN BOWER.                                                                                                                 |                  |
| Dated .                       | 14.11.2072 s                                                                                                          | Signed                                                                                                                                     |                  |

NOTE: This application must be accompanied by a map showing the right(s) of way applied for. Legally such a map must be at a scale of not less than 2½" to 1 mile, but 1:10,000 scale (being the scale at which the Definitive Map is to be prepared and maintained) will normally be preferable.

A (038165)



# Northumberland County Council Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk This map is reproduced from Ordnance Survey material Former District:

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright, Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings. License No. 100049048 (2013). Claimed Public Right of Way

| Former District: | Parish:  | Scale:       |
|------------------|----------|--------------|
| Berwick          | Ingram   | 1:15,000     |
| Def. Map No.     | O.S. Map | Date:        |
| NU 01 NW/SW      | 55/66    | October 2022 |

| PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ABOUT YOU                                                                                                                                                      |
| Name JOHN ROBERT GRAHAM                                                                                                                                        |
| Address 1, FRATON CLOSE STOBHILL FARM                                                                                                                          |
| MORPETH, NORTHUMBERHAND                                                                                                                                        |
| Postcode NE61 2 7 9                                                                                                                                            |
| Year of Birth 27.01. 1953                                                                                                                                      |
| Have you lived at any other addresses during the time you have used the path or way? If so, please provide details and years [full addresses are not required] |
| 28, FAIRWAY GOANSDENE MORPETH 1981-2015                                                                                                                        |
| CADET MESS ROOM THE KYMINS MORPETH 1969-1972. BENFIELD ROAD 1974 - 1975, CRAMMINGTON 1975-19 DINNINGTON 1979 - BI, WALLSEND1972-1974.                          |
| ABOUT THE APPLICATION ROUTE                                                                                                                                    |
| How do you think the application route should be recorded?                                                                                                     |
| As a footpath (public rights on foot only)                                                                                                                     |
| □ As a bridleway (public rights on foot and on horseback or bicycle)                                                                                           |
| <ul> <li>As a restricted byway (public rights on foot, on horseback or any non-motorised<br/>vehicle)</li> </ul>                                               |
| <ul> <li>As a byway open to all traffic (public rights for all classes of use, including motor<br/>vehicles)</li> </ul>                                        |
| Describe the application route (include start and finish points and provide OS grid references if you can)                                                     |
| SEE ATTACHED MAP THE ROUTE IS FROM (038165) 10 to                                                                                                              |
| D(013 134) VIA EAST HILL SPOT HEIGHT 227, 70 B                                                                                                                 |
| SNAIL KNOWE SPOT HEIGHT 249 TO C WEST HILL SPOT                                                                                                                |

MAP OF THE APPLICATION ROUTE

(A1) 034 166 COULD USE TERMISSIVE PATH

Please attach an extract from a map of your own choice to identify the route you are providing

evidence about, and annotate it with anything you provide details about in this statement. Please sign and date your map.

## YOUR USE OF THE APPLICATION ROUTE

| 1. | In which years did                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | you use the                             | application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | route?                        |                                    |                                        |                               |        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|----------------------------------------|-------------------------------|--------|
|    | From 196                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 59                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | То                            | 2022                               |                                        | · · · · · ·                   |        |
| 2. | Were there any explease state when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | iods during                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | which you                     | did not use the                    | e route at a                           | ill? If so,                   |        |
|    | I have us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sed th                                  | e CHEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NOT HI                        | hhs FOA                            | 153 y                                  | EARS                          |        |
|    | FROM 1969                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10 2                                    | 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VAL KING                      | THE ROUT                           | E AT W                                 | FAST ON                       | CE     |
| 3. | BUT OFTEN<br>How did you use th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 多った<br>e applicatio                     | + IMES<br>n route and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ァ <i>、エー州</i><br>how often?   | <i>VE NOT M</i><br>[Please tick an | <i>(いらと) /</i><br>y that apply         | INY YEA<br>']                 | · K.   |
|    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                    |                                        | 166                           |        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Daily                                   | Weekly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Monthly                       | Every few months                   | Once a year                            | Other<br>(please<br>describe) |        |
|    | On foot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                    |                                        | 3330,130,                     |        |
|    | On horseback                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | •                                  |                                        |                               |        |
|    | By pedal cycle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                    |                                        |                               |        |
|    | By car                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                    |                                        |                               |        |
|    | Other [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | To the state of th |                               |                                    |                                        |                               |        |
|    | . ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ν <sub>α.</sub> ,             |                                    |                                        | -                             |        |
| 1  | Has the application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | route alway                             | ve followed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the came or                   | ureo?                              |                                        |                               |        |
| 7. | Voc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Toute aiwa                              | Don't kn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                    |                                        |                               |        |
|    | VICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>.</u>                                | DOILKII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ový                           | No                                 |                                        |                               |        |
|    | If no - how and who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | en was the                              | route altere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | d?                            |                                    |                                        |                               |        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                    |                                        |                               |        |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • • • • • • • • • • • • • • • • • • • • |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                    |                                        |                               |        |
|    | Approximately how [Please give your e width used when pawidth of the route. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | stimate of t                            | he width acr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ross which y<br>g with others | s. Take care to                    | consider th                            | e overall                     |        |
|    | The route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1/20                                    | II has                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | to vous                            | sath )                                 | but itie                      | Pasa   |
|    | to chunh a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | en of us                                | alk Li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | at to t                       | Foot HI                            | /************************************* | 777) do                       | and a  |
|    | to have Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | in latio                                | n Caps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ZINE AC                       | o) into                            | C.S. p. p. l                           | KARLIJ. WE<br>KARWE (         | (249)  |
|    | along to (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 48)                                     | up to h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1est 140                      | 11 (265                            | ) he                                   | continu                       | 18.    |
| 4  | down the hi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Il to                                   | Frack !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fordy                         | unchon                             | (FANS DOA                              | I BURN).                      | Then   |
| ı  | uphill to Or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CO FAI                                  | WDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | HILL (                        | TRIG POI                           | NT (3/5                                | then                          | again  |
| a  | lown to lo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HOW THE                                 | theiris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 401 10<br>600 12a             | th but to                          | Pe sun                                 | c loot p                      | ell    |
|    | The route to hong Place to hong Place to hong Place to Calong to Calong to Calong to Calong to Calong to Calong to Solown to S | 124) 7                                  | nasked                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | in ma                         | of fallow                          | Scam                                   | ed by ye                      | ars of |

| 6. | What type of surface does the application route have? (for example grass, gravel, earth) [For varying surfaces, please describe with reference to your map]                                           |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | The surface is mainly grass but gravel and                                                                                                                                                            |
|    | The surface is mainly grass but gravel and earth is spread in places clue to use by travellers over many years.                                                                                       |
|    | over many years.                                                                                                                                                                                      |
|    |                                                                                                                                                                                                       |
| 7. | Have there ever been any of the following on the application route?                                                                                                                                   |
|    | a. Stiles [state locations and show on your map]                                                                                                                                                      |
|    | NO                                                                                                                                                                                                    |
|    | How long were they in place?                                                                                                                                                                          |
|    | I NEVER SAW ANY                                                                                                                                                                                       |
|    | b. Gates [state locations, indicate whether locked – and when - and show on your map]                                                                                                                 |
|    | THEONLY SATE I REMEMBER IS AT LONG PHANTATION THERE WERE NO SIGNS AND IT WAS ALMAYS UNLOCKED  c. Other barriers [state what they were and location, how long they were in place and show on your map] |
|    | NONE                                                                                                                                                                                                  |
| 8. | Did any of the above prevent you from using the application route?                                                                                                                                    |
|    | No Yes                                                                                                                                                                                                |
|    |                                                                                                                                                                                                       |
|    | If yes, please give details                                                                                                                                                                           |
|    |                                                                                                                                                                                                       |
| 9. | Have you ever seen any signs or notices suggesting whether or not the application route                                                                                                               |
|    | is a public right of way? (for example "Private", "Keep Out", "No Right of Way", "Trespassers will be Prosecuted")                                                                                    |
|    |                                                                                                                                                                                                       |
|    | Yes Don't know No                                                                                                                                                                                     |
|    | If yes – state when and give details, including when they were present and mark their location on your map                                                                                            |
| 10 | THE NEW OWNER POT UP THE SIGNS AND WE SAN THEM IN MARCH 2022, THIS WAS FIRST TIME WE SAW THE WORDS PRIVATE. Have you seen other people using the application route whilst you have been using it?     |
|    |                                                                                                                                                                                                       |
|    |                                                                                                                                                                                                       |
|    | If yes, please provide any additional information about this                                                                                                                                          |
|    | WE HAVE PASSED SMALL GROUPS MANY TIMES BUT                                                                                                                                                            |
|    | THE ROUTE IS NOT AS WELL USED AS OTHER ROUTES                                                                                                                                                         |
|    | INGRAM BUT WOUND MAKE FIFTY SIXTY                                                                                                                                                                     |

## Land Ownership

| 11 | I. Were you working for any owner or occupier of land crossed by the application route at the time when you used it, or were you then a tenant / licensee of any such owner? |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | No                                                                                                                                                                           |
|    | If yes, provide details and dates                                                                                                                                            |
|    |                                                                                                                                                                              |
|    |                                                                                                                                                                              |
| 12 | 2. Did the owner or occupier ever give you permission (or did you seek permission) to use th application route?                                                              |
|    | No Yes                                                                                                                                                                       |
|    | If yes,                                                                                                                                                                      |
|    | a. From whom?                                                                                                                                                                |
|    | b. When?                                                                                                                                                                     |
| 13 | . Has anyone ever told you the application route was not public (including by an owner, tenant of the land or by anyone in their employment)?                                |
|    | No Yes                                                                                                                                                                       |
|    | If yes, by whom and when?                                                                                                                                                    |
|    |                                                                                                                                                                              |
| 14 | . Have you ever been stopped or turned back when using the application route?                                                                                                |
|    | V No                                                                                                                                                                         |
|    | If yes, please give details including when this happened                                                                                                                     |
|    |                                                                                                                                                                              |
|    |                                                                                                                                                                              |
| 15 | . Has anyone else ever told you that they were prevented from using the application route?                                                                                   |
|    | No Yes                                                                                                                                                                       |
|    | If yes, please give details including when this happened                                                                                                                     |
|    |                                                                                                                                                                              |
|    | ······································                                                                                                                                       |

| 16. Have you ever had a private right to use the application route? (for example, an easement, private right of access, licence, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| If yes, please give full details, including who gave the permission, why and when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 17. Do you have, or do you have knowledge of, any documentary evidence which is relevant<br>to the application route or which indicates public use? (for example photographs,<br>guidebooks, letters, sale documents, old maps, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| If yes – please provide details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| , yet production and the second secon |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 18. Please give any further information which you consider would be helpful in reaching a decision as to whether the application route should be recorded as a public right of way? [Continue on a separate sheet if necessary] [If you wish to provide a separate sketch map, please do so and attach to this statement]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| IT IS SIMPLY ONE OF THE BEST ROUTES IN THE WHOLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| OF THE CHEVIOTS YOU CAN EASILY GET ONTO THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PERMISSIVE PATH AT EAST HILL AND WALK ALONG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| BETWEEN THE HIGH POINTS FOR 2+3 HOURS IN TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| MOANING AND WHEN REACHING THE PUBLIC PATH A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| RETURN ON IT FROM PRENDWICKTO INGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 19. During the investigation the OMA may want to interview some or all of the claimants in order to gather additional information. Would you be willing to talk to an officer from the OMA about your knowledge of the application route?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 20. Would you be willing to attend a hearing, or public inquiry to give evidence if necessary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| □ No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## PART F: Statement of Truth (all applicants must complete this Part)

## I BELIEVE THAT THE FACTS AND MATTERS CONTAINED IN THIS STATEMENT ARE TRUE

Signature (of the person making the statement of truth):

Print full name:

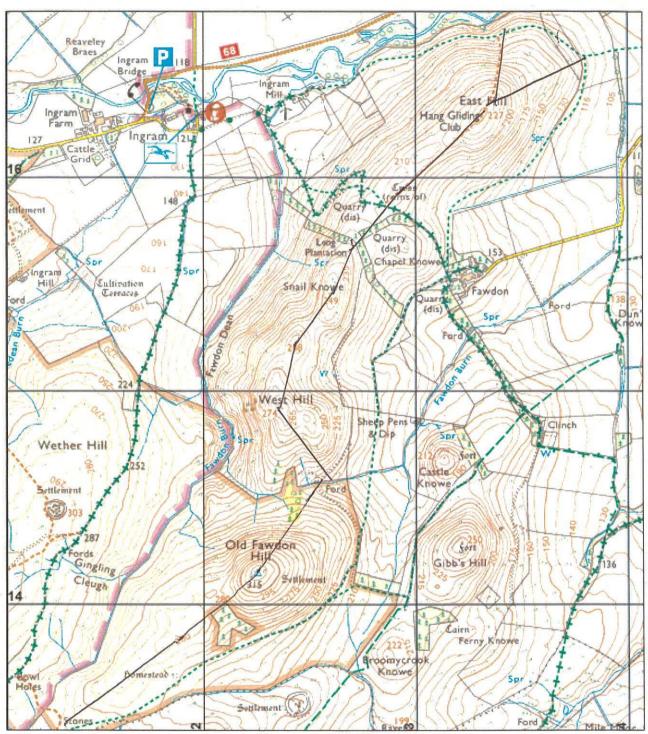
JUHN KOBERT GRAHAM

Date:

14.11.2022

You should keep a copy of the completed statement

Warning: If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.



#### D-013134 Wildlife & Countryside Act, 1981 Northumberland Claimed Public Right of Way Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk Former District: Parish: Scale: This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Ingram 1:15,000 Berwick , Controller of His Magesty's Stationary Office Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings. License No. 100049048 (2013). Def. Map No. Date: O.S. Map NU 01 NW/SW 55/66 October 2022

## PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT

| ABOUT YOU                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name William West                                                                                                                                                                                 |
| Address Burgers Holois Tremiel Woods Myxth  Northun Anland Postcode NSG1 GAQ                                                                                                                      |
| Treswiel Woods Myxth                                                                                                                                                                              |
| Northen Anterd Postcode NSG1 GAQ                                                                                                                                                                  |
| Year of Birth                                                                                                                                                                                     |
| Have you lived at any other addresses during the time you have used the path or way?  If so, please provide details and years [full addresses are not required]  Redshelp  Trenwall Woods Maybela |
| ABOUT THE APPLICATION ROUTE                                                                                                                                                                       |
| How do you think the application route should be recorded?                                                                                                                                        |
| ☑ As a footpath (public rights on foot only)                                                                                                                                                      |
| □ As a bridleway (public rights on foot and on horseback or bicycle)                                                                                                                              |
| <ul> <li>As a restricted byway (public rights on foot, on horseback or any non-motorised<br/>vehicle)</li> </ul>                                                                                  |
| <ul> <li>As a byway open to all traffic (public rights for all classes of use, including motor<br/>vehicles)</li> </ul>                                                                           |
| Describe the application route (include start and finish points and provide OS grid references if you can)  O34167 Start of publication East Hill O24140 old Famelon                              |
| 034167 Stent of parts East Hick 024142 old Famelon<br>Hick 023142 junction of parts at Seath of Famelon                                                                                           |
| ······································                                                                                                                                                            |
|                                                                                                                                                                                                   |

## MAP OF THE APPLICATION ROUTE

Please attach an extract from a map of your own choice to identify the route you are providing evidence about, and annotate it with anything you provide details about in this statement. Please sign and date your map.

## YOUR USE OF THE APPLICATION ROUTE

| low did you use t  | he application | on route and            | how often? | [Please tick ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ny that apply                           | ']        |
|--------------------|----------------|-------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------|
|                    | Daily          | Weekly                  | Monthly    | Every few<br>months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Once a year                             | Other     |
| On foot            |                |                         |            | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         | describe) |
| On horseback       |                |                         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |           |
| By pedal cycle     |                |                         |            | AND Addition to the second sec |                                         |           |
| By car             |                |                         |            | 14414                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *************************************** |           |
| Other [            |                |                         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | - 100     |
| as the application | n route alwa   | ys followed<br>Don't kn |            | urse?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |           |
|                    | nen was the    | route altered           | d?         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |           |
| no – how and wh    |                |                         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |           |

| 6.  | What type of surface does the application route have? (for example grass, gravel, earth) [For varying surfaces, please describe with reference to your map]                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | in a al arms or and                                                                                                                                                                                        |
|     | in any grows & cott                                                                                                                                                                                        |
|     | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                      |
|     |                                                                                                                                                                                                            |
| 7.  | Have there ever been any of the following on the application route?                                                                                                                                        |
|     | a. Stiles [state locations and show on your map]                                                                                                                                                           |
|     | How long were they in place?                                                                                                                                                                               |
|     | $\mathcal{N}/A$                                                                                                                                                                                            |
|     | b. Gates [state locations, indicate whether locked – and when - and show on your map]                                                                                                                      |
|     | as for as local at key stort a tein which used to be of                                                                                                                                                    |
|     | <ul> <li>Other barriers [state what they were and location, how long they were in place and<br/>show on your map]</li> </ul>                                                                               |
|     |                                                                                                                                                                                                            |
| 8.  | Did any of the above prevent you from using the application route?                                                                                                                                         |
|     | No Yes                                                                                                                                                                                                     |
|     | If yes, please give details                                                                                                                                                                                |
|     | ······································                                                                                                                                                                     |
| 9.  | Have you ever seen any signs or notices suggesting whether or not the application route is a public right of way? (for example "Private", "Keep Out", "No Right of Way", "Trespassers will be Prosecuted") |
|     | Yes Don't know                                                                                                                                                                                             |
|     | If yes – state when and give details, including when they were present and mark their location on your map                                                                                                 |
|     |                                                                                                                                                                                                            |
| 10. | . Have you seen other people using the application route whilst you have been using it?                                                                                                                    |
|     | ☐ No Yes                                                                                                                                                                                                   |
|     | If yes, please provide any additional information about this                                                                                                                                               |
|     | preser askrown to me                                                                                                                                                                                       |

## Land Ownership

| 11  | the time when you used it, or were you then a ter                                                        |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----|----------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | No                                                                                                       | 2                                       |                                         | 20 x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|     | If yes, provide details and dates                                                                        |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                          | *************************************** |                                         | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|     |                                                                                                          |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12  | . Did the owner or occupier ever give you permissi application route?                                    | on (or did y                            | ou seek permis                          | sion) to use th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | No Yes                                                                                                   |                                         | 5.5                                     | ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | If yes,                                                                                                  |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | a. From whom?                                                                                            |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | b. When?                                                                                                 |                                         | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | b. Wrien?                                                                                                |                                         |                                         | ************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 13  | . Has anyone ever told you the application route w tenant of the land or by anyone in their employments. |                                         | ic (including by                        | an owner,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     | No Yes                                                                                                   |                                         | · V                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | If yes, by whom and when?                                                                                |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                          |                                         |                                         | in a second seco |
| 14  | . Have you ever been stopped or turned back whe                                                          | n using the                             | application rout                        | e?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | No Yes                                                                                                   |                                         | × = 1 = 25                              | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | If yes, please give details including when this hap                                                      | pened                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | · · · · · · · · · · · · · · · · · · ·                                                                    | ······                                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                          |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 15. | . Has anyone else ever told you that they were pre                                                       | vented fror                             | n using the appl                        | ication route?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|     | No Yes                                                                                                   |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | If yes, please give details including when this hap                                                      | pened                                   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                          |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                          |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| 16 | . Have you ever had a private right to use the application route? (for example, an easement, private right of access, licence, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|    | If yes, please give full details, including who gave the permission, why and when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Ot | her Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 17 | . Do you have, or do you have knowledge of, any documentary evidence which is relevant to the application route or which indicates public use? (for example photographs, guidebooks, letters, sale documents, old maps, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|    | If yes – please provide details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| а  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 18 | Please give any further information which you consider would be helpful in reaching a decision as to whether the application route should be recorded as a public right of way? [Continue on a separate sheet if necessary]  [If you wish to provide a separate sketch map, please do so and attach to this statement]  [If you wish to provide a separate sketch map, please do so and attach to this statement]  [If you wish to provide a separate sketch map, please do so and attach to this statement]  [If you wish to provide a separate sketch map, please do so and attach to this statement]  [If you wish to provide a separate sketch map, please do so and attach to this statement]  [If you wish to provide a separate sketch map, please do so and attach to this statement] |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 19 | During the investigation the OMA may want to interview some or all of the claimants in order to gather additional information. Would you be willing to talk to an officer from the OMA about your knowledge of the application route?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    | No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 20 | . Would you be willing to attend a hearing, or public inquiry to give evidence if necessary?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

PART F: Statement of Truth (all applicants must complete this Part)

## I BELIEVE THAT THE FACTS AND MATTERS CONTAINED IN THIS STATEMENT ARE TRUE

Signature (of the person making the statement of truth):

Print full name:

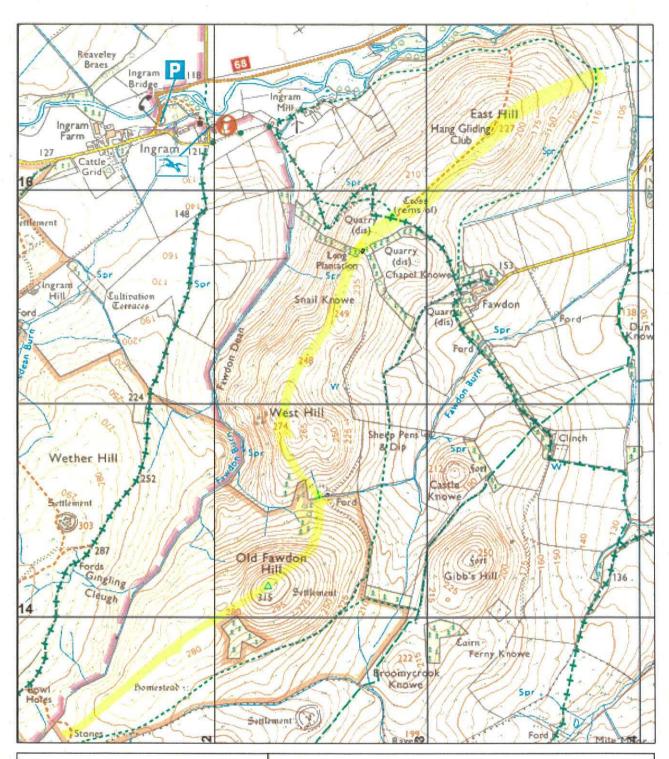
Wireian Work

Date:

10/11/2022

You should keep a copy of the completed statement

Warning: If you dishonestly enter information or make a statement that you know is; or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.



# Northumberland County Council

Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings.

License No. 100049048 (2013).

## Wildlife & Countryside Act, 1981

Claimed Public Right of Way

| Former District:<br>Berwick | Parish: Ingram    | Scale: 1:15,000       |  |  |  |
|-----------------------------|-------------------|-----------------------|--|--|--|
| Def. Map No.<br>NU 01 NW/SW | O.S. Map<br>55/66 | Date:<br>October 2022 |  |  |  |

## **PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT**

| ABOU                         | T YOU                                                                                                                                                                                                                                                                                                                                            |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name                         | DAVID PEAR                                                                                                                                                                                                                                                                                                                                       |
| Addres                       | HIGH HEATON. NEWCASTLE WON TYNE                                                                                                                                                                                                                                                                                                                  |
|                              | HIGH HEATON. NEWCASTLE WON TYNE                                                                                                                                                                                                                                                                                                                  |
|                              | Postcode NE77TB                                                                                                                                                                                                                                                                                                                                  |
| Year o                       |                                                                                                                                                                                                                                                                                                                                                  |
| If so, p                     | vou lived at any other addresses during the time you have used the path or way?  Ilease provide details and years [full addresses are not required]  NONE.                                                                                                                                                                                       |
|                              |                                                                                                                                                                                                                                                                                                                                                  |
| ABOU                         | T THE APPLICATION ROUTE                                                                                                                                                                                                                                                                                                                          |
| ∯low d                       | o you think the application route should be recorded?                                                                                                                                                                                                                                                                                            |
| ₩.                           | As a footpath (public rights on foot only)                                                                                                                                                                                                                                                                                                       |
| . 🗖                          | As a bridleway (public rights on foot and on horseback or bicycle)                                                                                                                                                                                                                                                                               |
| Ω                            | As a restricted byway (public rights on foot, on horseback or any non-motorised vehicle)                                                                                                                                                                                                                                                         |
| □                            | As a byway open to all traffic (public rights for all classes of use, including motor vehicles)                                                                                                                                                                                                                                                  |
| if you                       | be the application route (include start and finish points and provide OS grid references can) START POINTS. BRANTON VILLAGE & INGRAM.                                                                                                                                                                                                            |
| PLAN<br>FORC<br>FOOT<br>FOOT | INGRAM: - EASTA SOUTH TO PERMISSIVE FOOTPATH 029159 - LOHG TATION 025158 - SNAIL KNOWE 026155 - WEST HILL 024149 - O 025146 - OLD FAWDON HILL 022142 - W.S.W. 76. TO TO HOW PATH 013134 - NHW TO TRACK 011137. FROM BRANTON 045163 - TPATH 042166 - WEST TO TRACK 038166 - EAST HILL 033163 - O TRACK JUNC. 029159 THEN WEST TO LONG PLANTATION. |

Please attach an extract from a map of your own choice to identify the route you are providing evidence about, and annotate it with anything you provide details about in this statement. Please sign and date your map.

MAP OF THE APPLICATION ROUTE

ROLLE TO OLD FAMOON HIM AS ABOVE

## YOUR USE OF THE APPLICATION ROUTE

| 1. | In which years did y                                                        | you use the                                  | application                                              | route?                                      | ÷                                                  | .e                            |                         |
|----|-----------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|---------------------------------------------|----------------------------------------------------|-------------------------------|-------------------------|
|    | From /97                                                                    | 4                                            | •••••                                                    | То                                          | 2021                                               |                               | ••••                    |
| 2. | Were there any explease state when a                                        | and why?                                     | iods during                                              |                                             |                                                    | e route at a                  | ll? If so,              |
| 3. | How did you use th                                                          | e applicatio                                 | on route and                                             | how often?                                  | [Please tick a                                     | ny that apply                 | 1                       |
|    |                                                                             | Daily                                        | Weekly                                                   | Monthly                                     | Every few months                                   | APROX<br>Once a<br>year       | Other (please describe) |
|    | On foot                                                                     | •                                            |                                                          |                                             | . / 1/2                                            | V 1                           | describer               |
|    | On horseback                                                                |                                              | 4                                                        |                                             | PRIOR/<br>1990.                                    | 1FTER.)<br>1990               |                         |
|    | By pedal cycle                                                              |                                              |                                                          |                                             |                                                    |                               | •                       |
|    | By car                                                                      |                                              |                                                          |                                             |                                                    |                               |                         |
|    | Other [ ]                                                                   | -                                            |                                                          |                                             |                                                    |                               |                         |
| 4. | Has the application Yes  If no – how and who                                |                                              | Don't kn                                                 | ow                                          | ourse?                                             |                               |                         |
|    |                                                                             | ••••••                                       |                                                          |                                             | •••••                                              |                               |                         |
| 5. | Approximately how [Please give your ewidth used when pawdth of the route. I | stimate of t<br>assing othe<br>f this varies | he width aci<br>rs or walking<br>s. please des<br>S. ATA | ross which y<br>g with other<br>scribe how] | s. Take care to<br>[Or please sta<br><i>MOORLA</i> | consider the<br>te 'Don't kno | e overali<br>w']        |

| 6.  | What type of surface does the application route have? (for example grass, gravel, earth) [For varying surfaces, please describe with reference to your map]                                                |  |  |  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|     | ROUGH GRASS & EFRN                                                                                                                                                                                         |  |  |  |  |
|     |                                                                                                                                                                                                            |  |  |  |  |
| 7.  | Have there ever been any of the following on the application route?                                                                                                                                        |  |  |  |  |
|     | a. Stiles [state locations and show on your map]                                                                                                                                                           |  |  |  |  |
|     | LIONIS                                                                                                                                                                                                     |  |  |  |  |
|     | How long were they in place?                                                                                                                                                                               |  |  |  |  |
|     |                                                                                                                                                                                                            |  |  |  |  |
|     | b. Gates [state locations, indicate whether locked – and when - and show on your map]  GATE BETWEEN WOODS LONG LANTATION OJS 158 NOT LOCKED  METAL. GATE. NOT. LOCKED. 013/34                              |  |  |  |  |
|     | c. Other barriers [state what they were and location, how long they were in place and show on your map]                                                                                                    |  |  |  |  |
|     | •••••••••••••••••••••••••••••••••••••••                                                                                                                                                                    |  |  |  |  |
| 8.  | Did any of the above prevent you from using the application route?                                                                                                                                         |  |  |  |  |
|     | ✓ No Yes                                                                                                                                                                                                   |  |  |  |  |
|     |                                                                                                                                                                                                            |  |  |  |  |
|     | If yes, please give details                                                                                                                                                                                |  |  |  |  |
|     |                                                                                                                                                                                                            |  |  |  |  |
| 9.  | Have you ever seen any signs or notices suggesting whether or not the application route is a public right of way? (for example "Private", "Keep Out", "No Right of Way", "Trespassers will be Prosecuted") |  |  |  |  |
|     | Yes Don't know No                                                                                                                                                                                          |  |  |  |  |
|     | If yes – state when and give details, including when they were present and mark their location on your map                                                                                                 |  |  |  |  |
|     |                                                                                                                                                                                                            |  |  |  |  |
| 10. | . Have you seen other people using the application route whilst you have been using it?                                                                                                                    |  |  |  |  |
|     | No VYes                                                                                                                                                                                                    |  |  |  |  |
|     | If yes, please provide any additional information about this                                                                                                                                               |  |  |  |  |
| (   | ONLY FROM DISTANCE - LONE WALKER AT OLD FAWDOW HILL TRIC POINT                                                                                                                                             |  |  |  |  |

|    | private right of access, lice                                                      | nce, etc.)                                                                                                                                                                                                                                    |
|----|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | ▼ No                                                                               | Yes                                                                                                                                                                                                                                           |
|    | If yes, please give full deta                                                      | ils, including who gave the permission, why and when                                                                                                                                                                                          |
|    |                                                                                    |                                                                                                                                                                                                                                               |
|    |                                                                                    |                                                                                                                                                                                                                                               |
| Oŧ | her Information                                                                    |                                                                                                                                                                                                                                               |
| 17 |                                                                                    | ove knowledge of, any documentary evidence which is relevant or which indicates public use? (for example photographs, ocuments, old maps, etc.)                                                                                               |
|    | No                                                                                 | Yes                                                                                                                                                                                                                                           |
|    | If yes - please provide det                                                        | ails                                                                                                                                                                                                                                          |
|    | PHOTOGRAPH                                                                         | ATTACHED OF NO ACCESS' SIGN AT                                                                                                                                                                                                                |
|    | LONG /2A                                                                           | NTANON.                                                                                                                                                                                                                                       |
| 18 | decision as to whether the [Continue on a separate sl [If you wish to provide a se | Information which you consider would be helpful in reaching a application route should be recorded as a public right of way? neet if necessary] Exparate sketch map, please do so and attach to this statement]  HE ROUTE INDICATED ON MAP IS |
|    | HOW IMPRACE                                                                        | TEABLE AS IT IS FELICED OFF                                                                                                                                                                                                                   |
|    | WITH A MF                                                                          | EBT. METAL FENCE.                                                                                                                                                                                                                             |
|    |                                                                                    |                                                                                                                                                                                                                                               |
|    |                                                                                    |                                                                                                                                                                                                                                               |
| 19 | order to gather additional                                                         | ne OMA may want to interview some or all of the claimants in information. Would you be willing to talk to an officer from the pe of the application route?                                                                                    |
| -  | No                                                                                 | Yes                                                                                                                                                                                                                                           |
| 20 | . Would you be willing to att                                                      | end a hearing, or public inquiry to give evidence if necessary?                                                                                                                                                                               |
|    | No                                                                                 | Yes                                                                                                                                                                                                                                           |

16. Have you ever had a private right to use the application route? (for example, an easement,

### Land Ownership

| 11. | the time when you used it, or were you then a tenant / licensee of any such owner?                                                                                             |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | No                                                                                                                                                                             |
|     | If yes, provide details and dates                                                                                                                                              |
|     |                                                                                                                                                                                |
|     |                                                                                                                                                                                |
| 12. | Did the owner or occupier ever give you permission (or did you seek permission) to use the application route?                                                                  |
|     | √ No                                                                                                                                                                           |
|     | If yes,                                                                                                                                                                        |
|     | a. From whom?                                                                                                                                                                  |
|     | b. When?                                                                                                                                                                       |
|     | Has anyone ever told you the application route was not public (including by an owner, tenant of the land or by anyone in their employment)?  No Yes  If yes, by whom and when? |
|     |                                                                                                                                                                                |
| 14. | Have you ever been stopped or turned back when using the application route?                                                                                                    |
|     | ✓ No Yes                                                                                                                                                                       |
|     | If yes, please give details including when this happened                                                                                                                       |
|     | ••••••                                                                                                                                                                         |
| 15. | Has anyone else ever told you that they were prevented from using the application route?                                                                                       |
|     | ✓ No Yes                                                                                                                                                                       |
|     | If yes, please give details including when this happened                                                                                                                       |
|     | •••••••••••••••••••••••••••••••••••••••                                                                                                                                        |
|     |                                                                                                                                                                                |

## PART F: Statement of Truth (all applicants must complete this Part)

#### I BELIEVE THAT THE FACTS AND MATTERS CONTAINED IN THIS STATEMENT ARE TRUE

Signature (of the person making the statement of truth):

Print full name:

DAVID EART PA

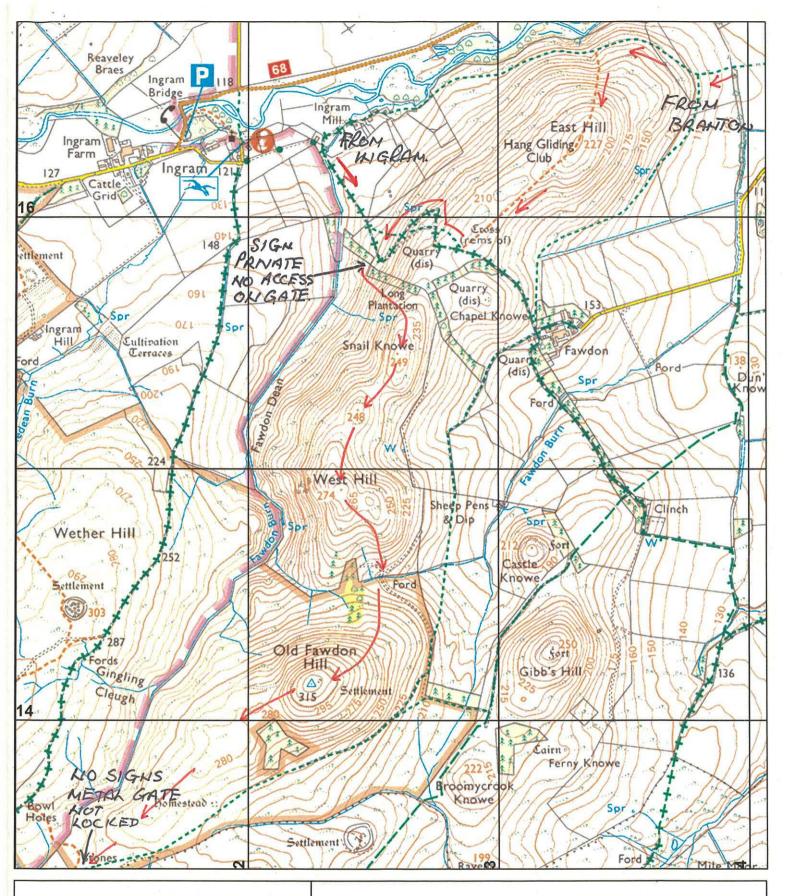
pp Downd PEART

Date:

20/11/22

#### You should keep a copy of the completed statement

Warning: If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.





Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk

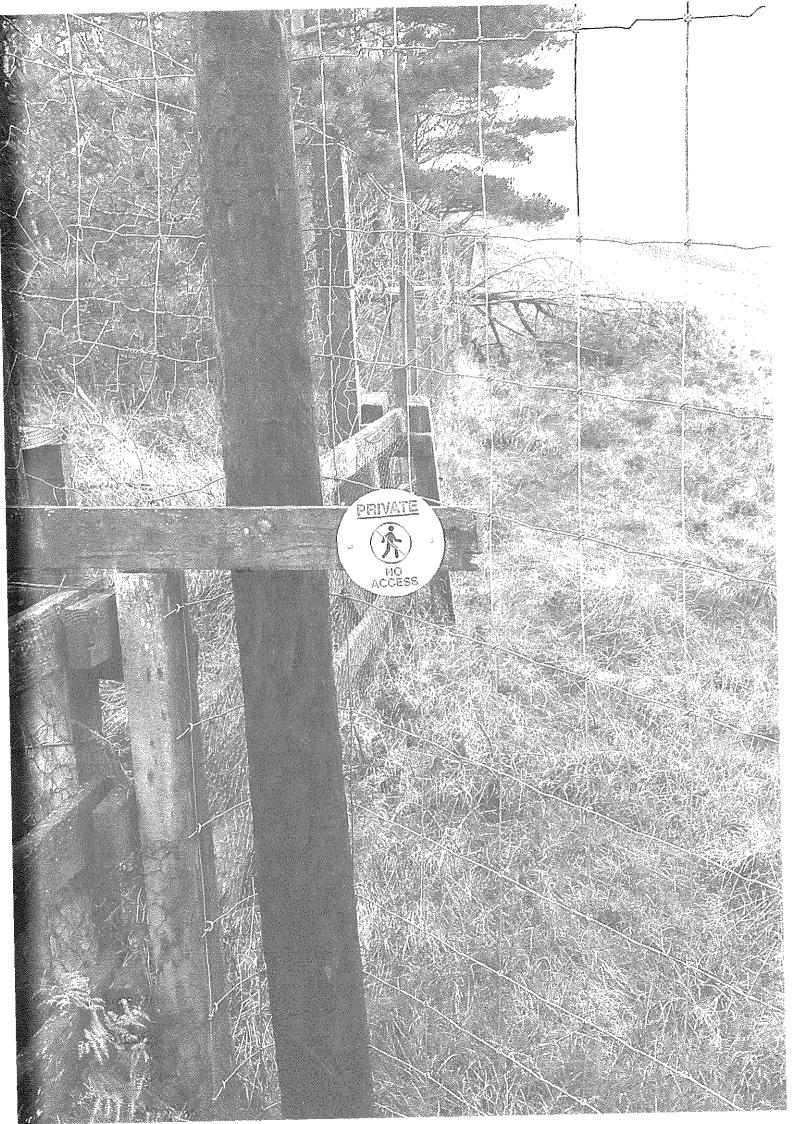
This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings.

License No. 100049048 (2013).

## Wildlife & Countryside Act, 1981

Claimed Public Right of Way

| Former District: | Parish:  | Scale:       |  |
|------------------|----------|--------------|--|
| Berwick          | Ingram   | 1:15,000     |  |
| Def. Map No.     | O.S. Map | Date:        |  |
| NU 01 NW/SW      | 55/66    | October 2022 |  |



#### **PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT**

| ABOUT YOU                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name MICHEE LEWARS                                                                                                                                             |
| Address 18-22 SPORITMANS LANE                                                                                                                                  |
| HATFIED PEVEREL                                                                                                                                                |
| CHELINEFORD Postcode CM32NW                                                                                                                                    |
| Year of Birth 1953                                                                                                                                             |
| Have you lived at any other addresses during the time you have used the path or way? If so, please provide details and years [full addresses are not required] |
| No.                                                                                                                                                            |
|                                                                                                                                                                |
| ABOUT THE APPLICATION ROUTE                                                                                                                                    |
| How do you think the application route should be recorded?                                                                                                     |
| As a footpath (public rights on foot only)                                                                                                                     |
| □ As a bridleway (public rights on foot and on horseback or bicycle)                                                                                           |
| □ As a restricted byway (public rights on foot, on horseback or any non-motorised vehicle)                                                                     |
| □ As a byway open to all traffic (public rights for all classes of use, including motor vehicles)                                                              |
| Describe the application route (include start and finish points and provide OS grid references if you can)                                                     |
| From point A (038165) Straight up to the summit of East Hoy and across to join                                                                                 |
|                                                                                                                                                                |
| the bidleway from Fando to Ingran.                                                                                                                             |
| MAP OF THE APPLICATION ROUTE                                                                                                                                   |

Please attach an extract from a map of your own choice to identify the route you are providing evidence about, and annotate it with anything you provide details about in this statement. Please sign and date your map.

#### YOUR USE OF THE APPLICATION ROUTE

| 1. | In which years did you us                                                                                            | e the appl  | ication route                | ∍?                           |                  |                                         |                                         |
|----|----------------------------------------------------------------------------------------------------------------------|-------------|------------------------------|------------------------------|------------------|-----------------------------------------|-----------------------------------------|
|    | From1978                                                                                                             |             | То.                          |                              | ut               |                                         | • • • • • • • • • • • • • • • • • • • • |
| 2. | Were there any extended state when and why?                                                                          | d periods   | during whic                  | ch you did n                 | ot use the rou   | te at all? If s                         | so, please                              |
|    | No                                                                                                                   |             |                              |                              |                  |                                         |                                         |
|    | · · · · · · · · · · · · · · · · · · ·                                                                                |             | *                            |                              |                  |                                         | *******                                 |
|    | ***************************************                                                                              |             |                              |                              |                  |                                         |                                         |
| 3. | How did you use the appl                                                                                             | ication rou | ite and how                  | often? [Plea                 | se tick any tha  | it apply]                               |                                         |
|    |                                                                                                                      |             |                              | _                            | •                |                                         |                                         |
|    |                                                                                                                      |             |                              |                              |                  |                                         |                                         |
|    |                                                                                                                      | Daily       | Weekly                       | Monthly                      | Every few months | Once a<br>year                          | Other<br>(please<br>describe)           |
|    | On foot                                                                                                              |             |                              |                              |                  |                                         |                                         |
|    | On horseback                                                                                                         |             |                              |                              | ,                |                                         |                                         |
|    | By pedal cycle                                                                                                       |             |                              |                              |                  |                                         |                                         |
|    | by pedal cycle                                                                                                       |             |                              |                              |                  |                                         |                                         |
|    | By car                                                                                                               |             |                              |                              |                  |                                         |                                         |
|    | Other [ ]                                                                                                            |             |                              |                              |                  |                                         |                                         |
|    |                                                                                                                      |             |                              |                              |                  |                                         |                                         |
| _  |                                                                                                                      |             |                              |                              |                  |                                         |                                         |
| 4. | Has the application route                                                                                            | always fol  | lowed the s                  | ame course                   | ?                |                                         |                                         |
|    | Yes                                                                                                                  | D           | on't know                    | İ                            | No               |                                         |                                         |
|    |                                                                                                                      |             |                              |                              |                  |                                         |                                         |
|    | If no - how and when was                                                                                             | the route   | altered?                     |                              |                  |                                         |                                         |
|    |                                                                                                                      |             |                              |                              |                  |                                         |                                         |
|    | ***************************************                                                                              | *********** | ************                 | **************               |                  |                                         | ••••••••                                |
|    |                                                                                                                      | •••••       |                              | •••••                        |                  |                                         |                                         |
| 5. | Approximately how wide is<br>[Please give your estimate<br>used when passing others<br>route. If this varies, please | e of the wi | dth across v<br>g with other | vhich you us<br>s. Take care | to consider th   |                                         |                                         |
|    | Variable-                                                                                                            | Nacce       | ens the                      | engh.                        | procko           | -, 1-2                                  | <u>m</u>                                |
|    | bide ac                                                                                                              | 5202        | -ROG                         | twe.                         |                  | • • • • • • • • • • • • • • • • • • • • | ********                                |

| 6.  | What type of surface does the application route have? (for example grass, gravel, earth) [For varying surfaces, please describe with reference to your map]                                                |   |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
|     | mostly grace                                                                                                                                                                                               | 1 |
|     |                                                                                                                                                                                                            | ! |
| 7.  | Have there ever been any of the following on the application route?                                                                                                                                        |   |
|     | a. Stiles [state locations and show on your map]                                                                                                                                                           |   |
|     | No                                                                                                                                                                                                         |   |
|     | How long were they in place?                                                                                                                                                                               |   |
|     |                                                                                                                                                                                                            |   |
|     | b. Gates [state locations, indicate whether locked – and when - and show on your map]                                                                                                                      |   |
|     | Gates, always accessible, mosted on ma                                                                                                                                                                     | _ |
|     | c. Other barriers [state what they were and location, how long they were in place and show or your map]                                                                                                    |   |
|     | No                                                                                                                                                                                                         | ı |
| 8.  | Did any of the above prevent you from using the application route?                                                                                                                                         |   |
|     | ⊠ No                                                                                                                                                                                                       |   |
|     | If yes, please give details                                                                                                                                                                                |   |
| 9.  | Have you ever seen any signs or notices suggesting whether or not the application route is a public right of way? (for example "Private", "Keep Out", "No Right of Way", "Trespassers will be Prosecuted") |   |
|     | Yes Don't know                                                                                                                                                                                             |   |
|     | If yes – state when and give details, including when they were present and mark their location on your map                                                                                                 |   |
|     |                                                                                                                                                                                                            |   |
| 10. | . Have you seen other people using the application route whilst you have been using it?                                                                                                                    |   |
|     | □ No Yes                                                                                                                                                                                                   |   |
|     | If yes, please provide any additional information about this                                                                                                                                               |   |
|     | frequently used by locals + visitors to access the summet of East Hill.                                                                                                                                    |   |

#### Land Ownership

| 11 |                                              | •                        | of land crossed by the application route<br>licensee of any such owner? | at the time  |
|----|----------------------------------------------|--------------------------|-------------------------------------------------------------------------|--------------|
|    | No                                           | Yes                      |                                                                         |              |
|    | If yes, provide details                      | and dates                |                                                                         |              |
|    |                                              |                          | ,                                                                       |              |
| 12 |                                              |                          | nission (or did you seek permission) to u                               |              |
|    | No                                           | Yes                      |                                                                         |              |
|    | If yes,                                      |                          |                                                                         |              |
|    | a. From whom?                                | ,                        |                                                                         |              |
|    | b. When?                                     | ••••••                   |                                                                         | ,            |
| 13 | . Has anyone ever told the land or by anyone |                          | te was not public (including by an owne                                 | r, tenant of |
|    | No                                           | Yes                      |                                                                         |              |
|    | If yes, by whom and w                        | hen?                     |                                                                         |              |
| 14 |                                              |                          | when using the application route?                                       |              |
|    | No                                           | Yes                      |                                                                         |              |
|    | If yes, please give deta                     | ails including when this | happened                                                                |              |
|    |                                              |                          |                                                                         |              |
| 15 | . Has anyone else ever                       | told you that they wen   | prevented from using the application re                                 | oute?        |
|    | No                                           | Yes                      |                                                                         |              |
|    | If yes, please give deta                     | ails including when this | happened                                                                |              |
|    |                                              |                          |                                                                         |              |
|    |                                              |                          |                                                                         |              |

| 16. | Have you ever had a private right of access, licen        | ate right to use the application route? (for example, an easement, ce, etc.)                                                                                                                  |
|-----|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | No                                                        | Yes                                                                                                                                                                                           |
|     | If yes, please give full detail                           | s, including who gave the permission, why and when                                                                                                                                            |
|     |                                                           |                                                                                                                                                                                               |
|     |                                                           |                                                                                                                                                                                               |
| Otl | ner Information                                           |                                                                                                                                                                                               |
| 17. |                                                           | ve knowledge of, any documentary evidence which is relevant to the indicates public use? (for example photographs, guidebooks, letters, etc.)                                                 |
|     | No                                                        | <b>▼</b> Yes                                                                                                                                                                                  |
|     | If yes - please provide detail                            | ils                                                                                                                                                                                           |
|     | Photos atta                                               | uched                                                                                                                                                                                         |
|     |                                                           |                                                                                                                                                                                               |
| 18. | as to whether the application [Continue on a separate she | rmation which you consider would be helpful in reaching a decision in route should be recorded as a public right of way?  The et if necessary]  The et if necessary is a public right of way? |
|     | Have use                                                  | d the path straight up East<br>45 years, every few Loutes.                                                                                                                                    |
|     | Hin for                                                   | 45 years, every few Loute.                                                                                                                                                                    |
|     |                                                           |                                                                                                                                                                                               |
|     |                                                           |                                                                                                                                                                                               |
|     |                                                           |                                                                                                                                                                                               |
|     |                                                           | OMA may want to interview some or all of the claimants in order to n. Would you be willing to talk to an officer from the OMA about cation route?                                             |
|     | No                                                        | Yes                                                                                                                                                                                           |
| 20. | Would you be willing to atter                             | nd a hearing, or public inquiry to give evidence if necessary?                                                                                                                                |
|     | No                                                        | Yes                                                                                                                                                                                           |

# PART F: Statement of Truth (all applicants must complete this Part)

#### I BELIEVE THAT THE FACTS AND MATTERS CONTAINED IN THIS STATEMENT ARE TRUE

Signature (of the person making the statement of truth):

Print full name:

MICHELE LEWARS

Date:

19.04.2023

#### You should keep a copy of the completed statement

Warning: If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.

A (038165) Reaveley Braes Ingram P ngram Ingram T Hang Glidir Club Ingram 121 Cattle 148 ettlement (dis) Chapel Ingram Eultivation Fawdon Lettaces West Hill Sheep Pens & Dip Wether Hill Castle Knowe Settlement Old Fawdon Sort Gingling Gibb's Hill Cleugh Broomycrook mestend : Knowe Settlement (1 DO13134 Wildlife & Countryside Act, 1981 Northumberland Claimed Public Right of Way Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 ZEF Email: Alex.bell@northumberland.gov.uk This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright. Unauthorised reproduction infringes Crown Copyright and Scale: Former District: Parish: Berwick Ingram 1:15,000

NU 01 NW/SW

O.S. Map

55/66

Date:

October 2022

Def. Map No.

may lead to prosecution or civil proceedings. License No. 100049048 (2013).

Circa 1994

#### PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT

| ABOUT YOU                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name ALAN DICKINSON                                                                                                                                                                                                                                    |
| Address 38 BRUMELL DRIVE,                                                                                                                                                                                                                              |
| LANCASTER PARK                                                                                                                                                                                                                                         |
| MORAETH Postcode NEZI 3RB                                                                                                                                                                                                                              |
| Year of Birth 10 · 2 · 1950                                                                                                                                                                                                                            |
| Have you lived at any other addresses during the time you have used the path or way? If so, please provide details and years [full addresses are not required]                                                                                         |
|                                                                                                                                                                                                                                                        |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                  |
| ABOUT THE APPLICATION ROUTE                                                                                                                                                                                                                            |
| How do you think the application route should be recorded?                                                                                                                                                                                             |
| As a footpath (public rights on foot only)                                                                                                                                                                                                             |
| □ As a bridleway (public rights on foot and on horseback or bicycle)                                                                                                                                                                                   |
| <ul> <li>As a restricted byway (public rights on foot, on horseback or any non-motorised<br/>vehicle)</li> </ul>                                                                                                                                       |
| <ul> <li>As a byway open to all traffic (public rights for all classes of use, including motor<br/>vehicles)</li> </ul>                                                                                                                                |
| Describe the application route (include start and finish points and provide OS grid references if you can)                                                                                                                                             |
| Refer to the map on the back marked                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                        |
| · ·                                                                                                                                                                                                                                                    |
| MAP OF THE APPLICATION ROUTE  Please attach an extract from a map of your own choice to identify the route you are providing evidence about, and annotate it with anything you provide details about in this statement. Please sign and date your map. |

### YOUR USE OF THE APPLICATION ROUTE

| Hov   | v did you use th    | e applicatio  | on route and          | how often?                              | [Please tick a   | 1.          |              |
|-------|---------------------|---------------|-----------------------|-----------------------------------------|------------------|-------------|--------------|
|       |                     | Daily         | Weekly                | Monthly                                 | Every few months | Once a year | Oth<br>(plea |
| 0     | n foot              |               |                       |                                         | •/               |             | descr        |
| Oı    | n horseback         |               |                       |                                         |                  |             | *.i          |
| Ву    | pedal cycle         |               |                       |                                         |                  |             |              |
| Ву    | / car               |               |                       |                                         |                  |             |              |
| 01    | ther                |               |                       |                                         |                  |             |              |
| ]     | ]                   |               |                       |                                         |                  |             | ÷            |
| Has   | the application Yes | route alwa    | ys followed  Don't kn |                                         | ourse?           |             |              |
|       | o – how and whe     | en was the    | route altere          | d?                                      |                  |             |              |
| If no |                     |               |                       |                                         |                  |             |              |
| If no |                     | ************* |                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  |             |              |

| 6.  | What type of surface does the application route have? (for example grass, gravel, earth) [For varying surfaces, please describe with reference to your map]                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | grass/heather/bracken.                                                                                                                                                                                     |
|     |                                                                                                                                                                                                            |
|     |                                                                                                                                                                                                            |
| 7.  | Have there ever been any of the following on the application route?                                                                                                                                        |
|     | a. Stiles [state locations and show on your map]                                                                                                                                                           |
|     |                                                                                                                                                                                                            |
|     | How long were they in place?  do xt Know                                                                                                                                                                   |
|     | b. Gates [state locations, indicate whether locked – and when - and show on your map]                                                                                                                      |
|     | gates                                                                                                                                                                                                      |
|     | c. Other barriers [state what they were and location, how long they were in place and show on your map]                                                                                                    |
|     |                                                                                                                                                                                                            |
| 8.  | Did any of the above prevent you from using the application route?                                                                                                                                         |
|     | No Yes                                                                                                                                                                                                     |
|     | If yes, please give details                                                                                                                                                                                |
|     |                                                                                                                                                                                                            |
| 9.  | Have you ever seen any signs or notices suggesting whether or not the application route is a public right of way? (for example "Private", "Keep Out", "No Right of Way", "Trespassers will be Prosecuted") |
|     | Yes Don't know No                                                                                                                                                                                          |
|     | If yes – state when and give details, including when they were present and mark their location on your map                                                                                                 |
| Sa. | The new owner put the signs and naticed them                                                                                                                                                               |
| 10  | The new owner put the Sign and ratical them in March 2022 for the first time. Have you seen other people using the application route whilst you have been using it?                                        |
| 65  | No Yes                                                                                                                                                                                                     |
|     | If yes, please provide any additional information about this                                                                                                                                               |
|     | Single and Small groups of Fell walkers                                                                                                                                                                    |

### Land Ownership

| the time when you used it, or were you then a te                                                                                                                                                                                     | nant / licensee of any such owner?                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| No                                                                                                                                                                                                                                   | ae t                                                                               |
| If yes, provide details and dates                                                                                                                                                                                                    |                                                                                    |
|                                                                                                                                                                                                                                      |                                                                                    |
|                                                                                                                                                                                                                                      |                                                                                    |
| <ul> <li>12. Did the owner or occupier ever give you permiss application route?</li> </ul>                                                                                                                                           | sion (or did you seek permission) to use the                                       |
| No                                                                                                                                                                                                                                   |                                                                                    |
| If yes,                                                                                                                                                                                                                              |                                                                                    |
| a. From whom?                                                                                                                                                                                                                        |                                                                                    |
| b. When?                                                                                                                                                                                                                             |                                                                                    |
| D. WHEII?                                                                                                                                                                                                                            |                                                                                    |
| 13. Has anyone ever told you the application route vertenant of the land or by anyone in their employments.                                                                                                                          |                                                                                    |
| No Yes                                                                                                                                                                                                                               |                                                                                    |
|                                                                                                                                                                                                                                      |                                                                                    |
| If yes, by whom and when?                                                                                                                                                                                                            |                                                                                    |
| If yes, by whom and when?                                                                                                                                                                                                            | endaggyanapay yanakumbang kana                                                     |
| N. C.                                                                                                                                                                                            | N.                                                                                 |
| and the second second second second second                                                                                                                                                                                           | N.                                                                                 |
| 14. Have you ever been stopped or turned back who                                                                                                                                                                                    | en using the application route?                                                    |
| 14. Have you ever been stopped or turned back who                                                                                                                                                                                    | en using the application route?                                                    |
| 14. Have you ever been stopped or turned back who No Yes.  If yes, please give details including when this ha                                                                                                                        | en using the application route?                                                    |
| 14. Have you ever been stopped or turned back who No Yes.  If yes, please give details including when this ha                                                                                                                        | en using the application route?                                                    |
| 14. Have you ever been stopped or turned back who No Yes.  If yes, please give details including when this ha                                                                                                                        | en using the application route?                                                    |
| 14. Have you ever been stopped or turned back who No Yes  If yes, please give details including when this had  15. Has anyone else ever told you that they were property No Yes  If yes, please give details including when this had | en using the application route?  ppened  evented from using the application route? |
| 14. Have you ever been stopped or turned back who No Yes.  If yes, please give details including when this had to the stopped or turned back who Yes.  15. Has anyone else ever told you that they were property No                  | en using the application route?  ppened  evented from using the application route? |

|              | orivate right of access,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pplication route? (for                                                            | example, an ease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ment,                    |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|              | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| 11           | f yes, please give full d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | etails, including who                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | gave the permission,                                                              | why and when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |
| 5<br>Sec.    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3                        |
| Othe         | er Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| to           | Do you have, or do you<br>o the application rou<br>guidebooks, letters, sal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | te or which indicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | es public use? (for                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
|              | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| It           | f yes – please provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ******                   |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| ٠            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ···········              |
|              | Please give any further decision as to whether Continue on a separate of the Charles of the Char | the application route so sheet if necessary] a separate sketch map a separate sketch map a separate sketch map a separate sketch map a separate sketch for | should be recorded as on please do so and a many to go with and we govern 3 hours | attach to this stater of the of the dengeral attach to the dengeral actions the desired actions to the desired actions the desired actions to the desired a | ment] bost before. houte |
| C            | Ouring the investigation<br>order to gather addition<br>OMA about your knowled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nal information. Would                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d you be willing to ta                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
|              | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| <b>20.</b> V | Would you be willing to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | attend a hearing, or p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | oublic inquiry to give                                                            | evidence if necess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | sary?                    |
|              | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |

#### **PART F: Statement of Truth**

(all applicants must complete this Part)

I BELIEVE THAT THE FACTS AND MATTERS CONTAINED IN THIS STATEMENT ARE TRUE

Signature (of the person making the statement of truth):

Print full name:

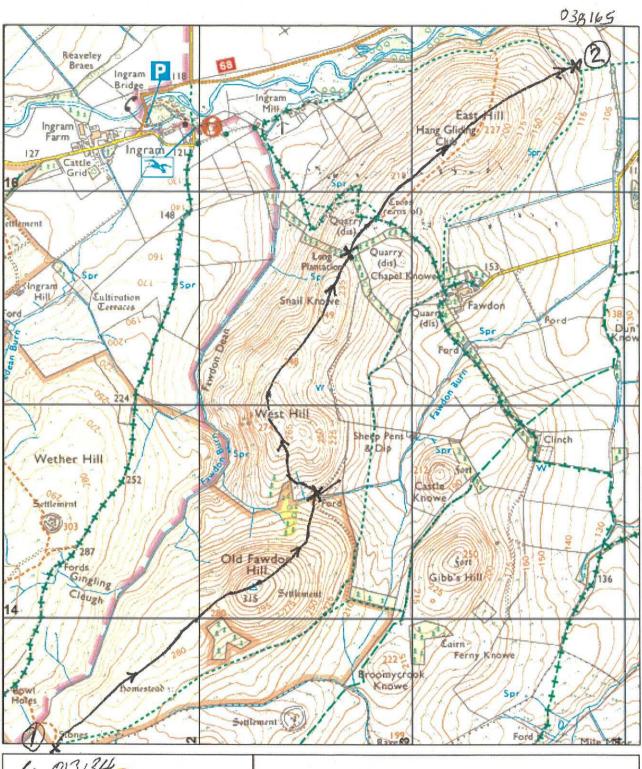
ALAN DICKINSON

Date:

11TH NOVEMBER. 2022

You should keep a copy of the completed statement

Warning: If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.



#### La. 013134 Wildlife & Countryside Act, 1981 Northumberland Claimed Public Right of Way Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk Former District: Parish: Scale: This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright. Ingram 1:15,000 Berwick Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings. License No. 100049048 (2013). Def. Map No. Date: O.S. Map NU 01 NW/SW October 2022 55/66

#### PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT

| ABOUT YOU                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name TERENCE MULLEN                                                                                                                                                                                                      |
| Address 10 THORNTRES DRIVE                                                                                                                                                                                               |
| BEDLINGTON                                                                                                                                                                                                               |
| Postcode NE22 7LR                                                                                                                                                                                                        |
| Year of Birth 1957                                                                                                                                                                                                       |
| Have you lived at any other addresses during the time you have used the path or way? If so, please provide details and years [full addresses are not required]                                                           |
|                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                          |
| ABOUT THE APPLICATION ROUTE                                                                                                                                                                                              |
| How do you think the application route should be recorded?                                                                                                                                                               |
| As a footpath (public rights on foot only)                                                                                                                                                                               |
| □ As a bridleway (public rights on foot and on horseback or bicycle)                                                                                                                                                     |
| <ul> <li>As a restricted byway (public rights on foot, on horseback or any non-motorised<br/>vehicle)</li> </ul>                                                                                                         |
| <ul> <li>As a byway open to all traffic (public rights for all classes of use, including motor<br/>vehicles)</li> </ul>                                                                                                  |
| Describe the application route (include start and finish points and provide OS grid references if you can)                                                                                                               |
| Metal gate to east of long plantation = 027 157 across West Hill, and was gate to Old Faudon Hill                                                                                                                        |
| summit to join public right of very footpath                                                                                                                                                                             |
| d = 013134                                                                                                                                                                                                               |
| MAP OF THE APPLICATION ROUTE                                                                                                                                                                                             |
| Please attach an extract from a map of your own choice to identify the route you are providing evidence about, and annotate it with anything you provide details about in this statement. Please sign and date your map. |

marked on back page

#### YOUR USE OF THE APPLICATION ROUTE

| 1. | In which years did                                                            | you use the                  | application                             | route?                        |                                       |                |                                         |     |
|----|-------------------------------------------------------------------------------|------------------------------|-----------------------------------------|-------------------------------|---------------------------------------|----------------|-----------------------------------------|-----|
|    | From1990                                                                      | 0                            | • • • • • • • • • • • • • • • • • • • • | To                            | 1022                                  |                |                                         |     |
| 2. | Were there any explease state when                                            | and why?                     | -                                       | -                             |                                       |                |                                         |     |
|    | Unly !                                                                        | From                         | begini                                  | 119 of                        | 2022                                  | aple           | C.QNJ                                   | ೮ಽ୯ |
|    | only o                                                                        | va ni                        | wer                                     |                               |                                       | V              |                                         |     |
| _  |                                                                               |                              | •                                       |                               |                                       |                |                                         |     |
| 3. | How did you use th                                                            | ie applicatio                | n route and                             | how often?                    | [Please tick ar                       | iy that apply  | <b>'</b> ]                              |     |
|    |                                                                               | 1                            |                                         | I                             | <u> </u>                              |                | T                                       | 7   |
|    |                                                                               | Daily                        | Weekly                                  | Monthly                       | Every few months                      | Once a<br>year | Other<br>(please<br>describe)           |     |
|    | On foot                                                                       |                              |                                         |                               |                                       |                | ,                                       | -   |
|    | On horseback                                                                  |                              |                                         |                               |                                       |                |                                         |     |
|    | By pedal cycle                                                                |                              |                                         |                               |                                       |                |                                         |     |
|    | By car                                                                        |                              |                                         |                               |                                       |                | *************************************** | -   |
|    | Other                                                                         |                              |                                         |                               |                                       |                |                                         |     |
|    |                                                                               |                              |                                         |                               |                                       |                |                                         |     |
|    | **************************************                                        |                              | <u></u>                                 |                               | · · · · · · · · · · · · · · · · · · · |                |                                         | _   |
| 4. | Has the application                                                           | route alwa                   | ys followed                             | the same co                   | ourse?                                |                |                                         |     |
|    | Yes                                                                           |                              | Don't kn                                | ow                            | No                                    |                |                                         |     |
|    | 44-consequences                                                               | <del></del>                  | *************************************** |                               | Management of a                       |                |                                         |     |
|    | If no – how and wh                                                            | en was the                   | route altere                            | d?                            |                                       |                |                                         |     |
|    | Discornible                                                                   | poth to                      | ade is                                  | sto.a                         | eable at                              | ` (ce\tair     | trieg                                   |     |
|    | but not                                                                       | the !                        | Greyy 2                                 | ectión                        | Acons                                 | <u> </u>       |                                         |     |
| 5. | Approximately how [Please give your e width used when pawidth of the route. I | estimate of the assing other | he width acr                            | ross which y<br>g with others | s. Take care to                       | consider th    | e overall                               | •   |
|    |                                                                               |                              | •                                       |                               | - · · ·                               |                | _                                       |     |
|    | Although                                                                      | •                            |                                         | ,                             |                                       |                |                                         |     |
|    | me tend                                                                       | to two                       | the                                     | teps                          | cf, West                              | erg 0          | 19 Fcm                                  | you |
|    | hills there                                                                   | ع ش                          | lerty o                                 | & Scal                        | se to ve                              | ry spe         | cific ro                                | ute |
|    | to top .                                                                      | org                          | Found                                   | or Hill                       | on the                                | Hosth          | Race                                    |     |

| 6.  | What type of surface does the application route have? (for example grass, gravel, earth) [For varying surfaces, please describe with reference to your map] |  |  |  |  |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|     | Grass                                                                                                                                                       |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
| 7.  | Have there ever been any of the following on the application route?                                                                                         |  |  |  |  |  |  |
|     | a. Stiles [state locations and show on your map]                                                                                                            |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
|     | How long were they in place?                                                                                                                                |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
|     | b. Gates [state locations, indicate whether locked – and when - and show on your map]                                                                       |  |  |  |  |  |  |
|     | Two gate Olarce motal @ small worder - no that I what                                                                                                       |  |  |  |  |  |  |
|     | c. Other barriers [state what they were and location, how long they were in place and                                                                       |  |  |  |  |  |  |
|     | c. Other barriers [state what they were and location, how long they were in place and                                                                       |  |  |  |  |  |  |
|     | show on your map]                                                                                                                                           |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
| 8.  | Did any of the above prevent you from using the application route?                                                                                          |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
|     | ✓ No Yes                                                                                                                                                    |  |  |  |  |  |  |
|     | If you placed since details                                                                                                                                 |  |  |  |  |  |  |
|     | If yes, please give details                                                                                                                                 |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
| 9.  | Have you ever seen any signs or notices suggesting whether or not the application route                                                                     |  |  |  |  |  |  |
|     | is a public right of way? (for example "Private", "Keep Out", "No Right of Way",                                                                            |  |  |  |  |  |  |
|     | "Trespassers will be Prosecuted")                                                                                                                           |  |  |  |  |  |  |
|     | Yes Don't know                                                                                                                                              |  |  |  |  |  |  |
|     | If yes – state when and give details, including when they were present and mark their                                                                       |  |  |  |  |  |  |
|     | location on your map                                                                                                                                        |  |  |  |  |  |  |
| e.  | Only on charge of ownership were signs stating there                                                                                                        |  |  |  |  |  |  |
| 10. | Have you seen other people using the application route whilst you have been using it?                                                                       |  |  |  |  |  |  |
|     | No Yes                                                                                                                                                      |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |
|     | If yes, please provide any additional information about this                                                                                                |  |  |  |  |  |  |
|     | Only very occasional valkers, perhaps maximum a                                                                                                             |  |  |  |  |  |  |
|     | 10 in the 30 years live ran across the area,                                                                                                                |  |  |  |  |  |  |
|     |                                                                                                                                                             |  |  |  |  |  |  |

### **Land Ownership**

|     | Were you working for any owner or occupier of land crossed by the application route at the time when you used it, or were you then a tenant / licensee of any such owner? |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | No Yes                                                                                                                                                                    |
|     | If yes, provide details and dates                                                                                                                                         |
|     |                                                                                                                                                                           |
|     | ***************************************                                                                                                                                   |
| 12. | Did the owner or occupier ever give you permission (or did you seek permission) to use the application route?                                                             |
|     | No Yes                                                                                                                                                                    |
|     | If yes,                                                                                                                                                                   |
|     | a. From whom?                                                                                                                                                             |
|     | b. When?                                                                                                                                                                  |
|     |                                                                                                                                                                           |
| 13. | Has anyone ever told you the application route was not public (including by an owner, tenant of the land or by anyone in their employment)?                               |
|     | ☐ No Yes                                                                                                                                                                  |
|     | If yes, by whom and when?                                                                                                                                                 |
|     | The new owner this year, but not before this                                                                                                                              |
| 14. | Have you ever been stopped or turned back when using the application route?                                                                                               |
|     | □ No Yes                                                                                                                                                                  |
|     | If yes, please give details including when this happened                                                                                                                  |
|     | Stopped by new owner who explained that he'd tob                                                                                                                          |
|     | ownership of the land and intended to change the open                                                                                                                     |
| 15. | Has anyone else ever told you that they were prevented from using the application route?                                                                                  |
|     | No Yes                                                                                                                                                                    |
|     | If yes, please give details including when this happened                                                                                                                  |
|     | Several people have informed me of either visiting the                                                                                                                    |
|     | Several people have informed me of either useting the owner to seek permission or being deviced across, or being confronted whilst in this section over the               |
|     | course of this year.                                                                                                                                                      |

| 1  | <ul> <li>Have you ever had a private right to use the application route? (for example, an easement,<br/>private right of access, licence, etc.)</li> </ul>                                                                               |  |  |  |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|    | No                                                                                                                                                                                                                                       |  |  |  |  |
|    | If yes, please give full details, including who gave the permission, why and when                                                                                                                                                        |  |  |  |  |
|    | *                                                                                                                                                                                                                                        |  |  |  |  |
|    |                                                                                                                                                                                                                                          |  |  |  |  |
| C  | ther Information                                                                                                                                                                                                                         |  |  |  |  |
| 1  | 7. Do you have, or do you have knowledge of, any documentary evidence which is relevant<br>to the application route or which indicates public use? (for example photographs,<br>guidebooks, letters, sale documents, old maps, etc.)     |  |  |  |  |
|    | ✓ No Yes                                                                                                                                                                                                                                 |  |  |  |  |
|    | If yes – please provide details                                                                                                                                                                                                          |  |  |  |  |
|    |                                                                                                                                                                                                                                          |  |  |  |  |
| ** | more and the second                                                                                                                           |  |  |  |  |
| 1  | 8. Please give any further information which you consider would be helpful in reaching a decision as to whether the application route should be recorded as a public right of way? [Continue on a separate sheet if necessary]           |  |  |  |  |
|    | [If you wish to provide a separate sketch map, please do so and attach to this statement]                                                                                                                                                |  |  |  |  |
|    | to Philip Bradley explaining my recisioning and feelings on this issue                                                                                                                                                                   |  |  |  |  |
|    |                                                                                                                                                                                                                                          |  |  |  |  |
|    |                                                                                                                                                                                                                                          |  |  |  |  |
| 1  | 9. During the investigation the OMA may want to interview some or all of the claimants in order to gather additional information. Would you be willing to talk to an officer from the OMA about your knowledge of the application route? |  |  |  |  |
|    | No Yes                                                                                                                                                                                                                                   |  |  |  |  |
| 2  | 0. Would you be willing to attend a hearing, or public inquiry to give evidence if necessary?                                                                                                                                            |  |  |  |  |
|    | No Yes                                                                                                                                                                                                                                   |  |  |  |  |

PART F: Statement of Truth (all applicants must complete this Part)

#### I BELIEVE THAT THE FACTS AND MATTERS CONTAINED IN THIS STATEMENT ARE TRUE

Signature (of the person making the statement of truth):

Print full name:

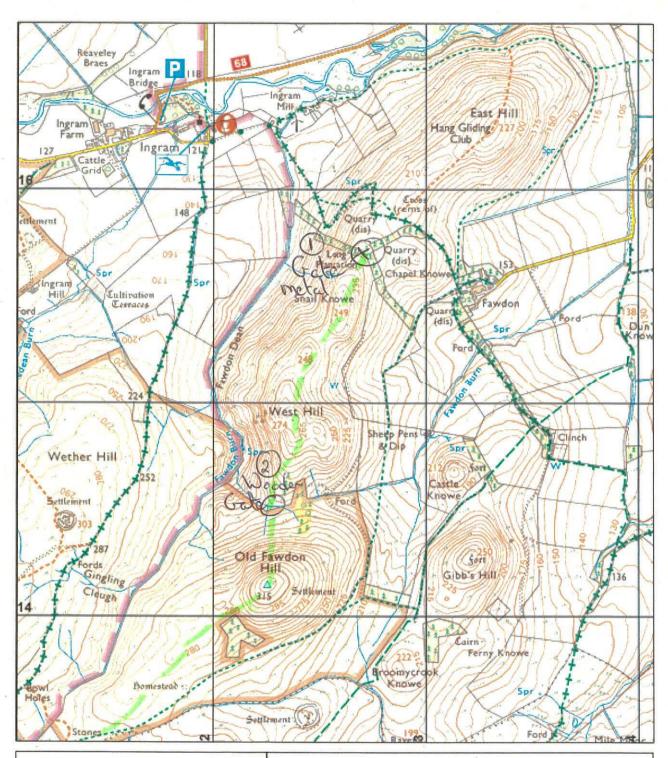
TERENCE MULLER

Date:

25/11/2022

You should keep a copy of the completed statement

Warning: If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.





Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings.

License No. 100049048 (2013).

### Wildlife & Countryside Act, 1981

Claimed Public Right of Way

| Former District:<br>Berwick | Parish:<br>Ingram | Scale:<br>1:15,000    |  |
|-----------------------------|-------------------|-----------------------|--|
| Def. Map No.<br>NU 01 NW/SW | O.S. Map<br>55/66 | Date:<br>October 2022 |  |

#### Re: West Hill: Report a countryside footpath, bridleway or byway problem

To Philip Bradley

Hi Philip,

Thanks very much for your reply to my letter of concern about access to West Hill. Yes, myself and others are aware of the open access areas around Ingram and it was the issue that access had been allowed for many years prior to the change of ownership that we are hoping would enable continued access. To be truthful I don't think it is a well used area as is evident from the condition of the ground however it does allow for walkers and runners to travel across the 'tops' of West and neighbouring hills which affords lovely views especially from the top of West hill. Indeed a fell race has been using this route, as part of its course, for a number of races having been established by members of North Shields poly. I am aware that they have been told they cannot have access.

The ground within West hill has been respected, I have never seen any discarded rubbish and I do feel that the new owner has just completely ignored the feelings and traditions of the local community. Additionally to walkers and runners, I have witnessed West hill being used by hang glider enthusiasts given the height and steepness of the north facing side it no doubt is a good takeoff position. I am aware of similar problems occurring in the Lake District where new land owners have immediately denied any access to what had been allowed before. I do feel that this is an issue that needs to be seriously addressed especially as you need only step across the border with Scotland, being only 10 miles or so away, to have open access. In fact the whole issue of open access, as I'm sure you are aware, is an increasingly contentious issue and has been given some media coverage by people such as Nick Hayes. My main concern is protecting the position we have in the Cheviots and surrounding areas that allows access to areas by considerate owners who know that people will respect the land and abide by the country code. I would hate to see a situation where this lack of consideration by this new land owner is replicated by in the future by other non-locals buying up land and then basically setting up an enclosure.

Kindest Regards
Terence Mullen

On 29 June 2022 at 10:07 Philip Bradley <

Dear Mr Mullen,

Further to my colleague's response to your report, I have had a look on our mapping of the area, which includes area's of Open Access. Unfortunately, West Hill isn't included, neighbouring Old Fawdon Hill is (two extracts of maps attached showing open access land marked on OS base map and in green from our mapping system). So, on initial desktop research it would appear that the landowner's signage may well be correct, from the point of view of Open Access. I will in due course carry out a site visit to see the issues myself.

If you have been using routes over this area of land for over 20 years, Public Rights may potentially be claimed through use. There is a process to be gone through and I can pass your details onto my colleague who deals with claims for new routes, if this is something you would like to pursue?

Please note we have a large back log of problem reports to record, and it is taking us longer to investigate issues than we would normally expect.

Best Regards,

Philip Bradley Area Countryside Officer

Countryside & Green Spaces Neighbourhood Services Northumberland County Council County Hall Morpeth NE61 2EF

Working from home

Mobile:

E-mail:

Website: www.northumberland.gov.uk

From: Tony Derbyshire < Sent: 10 June 2022 10:03

#### PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT

| ABOUT YOU                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name PETER REED                                                                                                                                                |
| Address 20 EMILY DAVISON AVENUE                                                                                                                                |
| MORPETH                                                                                                                                                        |
| NORTHYMBERLAND Postcode NEGIZPL                                                                                                                                |
| Year of Birth 1951                                                                                                                                             |
| Have you lived at any other addresses during the time you have used the path or way? If so, please provide details and years [full addresses are not required] |
| 1 CRAWHALL CRESCENT, MORPETH                                                                                                                                   |
| 20 years                                                                                                                                                       |
| ABOUT THE APPLICATION ROUTE                                                                                                                                    |
| How do you think the application route should be recorded?                                                                                                     |
| As a footpath (public rights on foot only)                                                                                                                     |
| □ As a bridleway (public rights on foot and on horseback or bicycle)                                                                                           |
| □ As a restricted byway (public rights on foot, on horseback or any non-motorised vehicle)                                                                     |
| □ As a byway open to all traffic (public rights for all classes of use, including motor vehicles)                                                              |
| Describe the application route (include start and finish points and provide OS grid references if you can)                                                     |
| As marked a the warp arrived from the                                                                                                                          |
| bottom of Bask Hill, over West Hill or Old Foundar                                                                                                             |
| to the brendwich - Ingan trade                                                                                                                                 |
|                                                                                                                                                                |

#### MAP OF THE APPLICATION ROUTE

Please attach an extract from a map of your own choice to identify the route you are providing evidence about, and annotate it with anything you provide details about in this statement. Please sign and date your map.

### YOUR USE OF THE APPLICATION ROUTE

| Ί. | I. In which years did you use the application route?                          |                 |               |              |                  |                             |                         |
|----|-------------------------------------------------------------------------------|-----------------|---------------|--------------|------------------|-----------------------------|-------------------------|
|    | From                                                                          | 0               | To .          | 2            | 022.             |                             | ********                |
| 2. | Were there any exte state when and why?                                       | nded periods    | during whic   | h you did n  | ot use the rou   | te at all? If               | so, please              |
|    |                                                                               |                 |               |              |                  |                             |                         |
| 3. | How did you use the                                                           | application rou | ite and how   | often? [Plea | se tick any tha  | at apply]                   |                         |
|    |                                                                               | Daily           | Weekly        | Monthly      | Every few months | Once a year                 | Other (please describe) |
|    | On foot                                                                       |                 |               |              |                  | for the                     | describe)               |
|    | On horseback                                                                  |                 | ,             | with fel     | - 11             |                             | fill have               |
|    | By pedal cycle                                                                |                 | ^             | uning fo     | Jeney            |                             |                         |
|    | By car                                                                        |                 |               |              |                  |                             |                         |
|    | Other [                                                                       | 1               |               |              |                  |                             |                         |
|    |                                                                               |                 |               |              |                  |                             |                         |
| 4. | Has the application ro                                                        | ute always fol  | lowed the sa  | ame course?  | •                |                             |                         |
|    | Yes                                                                           | D               | on't know     |              | No               |                             |                         |
|    | If no – how and when                                                          | was the route   | altered?      |              |                  |                             |                         |
|    | ******************************                                                |                 | ······        |              |                  |                             | **********              |
|    | *** ***********************************                                       |                 |               |              |                  |                             | ************            |
| 5. | Approximately how wi                                                          | de is the appli | cation route  | ?            |                  |                             |                         |
|    | [Please give your estir<br>used when passing ot<br>route. If this varies, ple | hers or walkin  | g with other: | s. Take care | to consider th   | cluding the<br>e overall wi | width<br>dth of the     |
| 1- | -2 malas                                                                      | wide            | but           | mo           |                  | del To                      | da                      |
|    | up by                                                                         | Ta 1            | Pow Fr        | Show         | Hill ra          |                             |                         |

|     | [For varying surfaces, please describe with reference to your map]                                                                                                                                       |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7.  | Have there ever been any of the following on the application route?                                                                                                                                      |
|     | a. Stiles [state locations and show on your map]                                                                                                                                                         |
|     | How long were they in place?                                                                                                                                                                             |
|     | b. Gates [state locations, indicate whether locked – and when - and show on your map]                                                                                                                    |
|     | c. Other barriers [state what they were and location, how long they were in place and show o your map]  Benio for 2022 indicated &                                                                       |
| 8.  | Did any of the above prevent you from using the application route?                                                                                                                                       |
|     | ■ No ✓ Yes                                                                                                                                                                                               |
|     | If yes, please give details  Netting + barbed wie + Deer ferung.                                                                                                                                         |
|     | Have you ever seen any signs or notices suggesting whether or not the application route is public right of way? (for example "Private", "Keep Out", "No Right of Way", "Trespassers will be Prosecuted") |
|     | Yes Don't know No                                                                                                                                                                                        |
|     | If yes – state when and give details, including when they were present and mark their location on your map                                                                                               |
| 10. | Have you seen other people using the application route whilst you have been using it?                                                                                                                    |
|     | ☐ No Yes                                                                                                                                                                                                 |
|     | If yes, please provide any additional information about this                                                                                                                                             |

#### Land Ownership

| 11. | . Were you working for any ow<br>when you used it, or were yo | ner or occupier of land crossed by the application route at the time u then a tenant / licensee of any such owner? |
|-----|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|     | No                                                            | Yes                                                                                                                |
|     | If yes, provide details and da                                | tes                                                                                                                |
|     |                                                               |                                                                                                                    |
|     |                                                               |                                                                                                                    |
| 12. | . Did the owner or occupier ev application route?             | er give you permission (or did you seek permission) to use the                                                     |
|     | No                                                            | Yes                                                                                                                |
|     | If yes,                                                       |                                                                                                                    |
|     | a. From whom?                                                 |                                                                                                                    |
|     | b. When?                                                      |                                                                                                                    |
| 13. | . Has anyone ever told you the the land or by anyone in their | e application route was not public (including by an owner, tenant of employment)?                                  |
|     | ₩ No                                                          | Yes                                                                                                                |
|     | If yes, by whom and when?                                     |                                                                                                                    |
|     |                                                               | Server                                                                                                             |
| 14. | . Have you ever been stopped                                  | or turned back when using the application route?                                                                   |
|     | No                                                            | Yes                                                                                                                |
|     | If yes, please give details inc                               | luding when this happened                                                                                          |
|     |                                                               | ***************************************                                                                            |
|     |                                                               | ······································                                                                             |
| 15. | . Has anyone else ever told yo                                | u that they were prevented from using the application route?                                                       |
|     | No                                                            | Yes                                                                                                                |
|     | If yes, please give details inc                               | uding when this happened                                                                                           |
|     | ***************************************                       |                                                                                                                    |
|     |                                                               |                                                                                                                    |

| 16. | Have you ever ha private right of acce                                                  | d a private right to ess, licence, etc.)                      | use the application                        | n route? (for exa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ample, an ea                    | sement,                   |
|-----|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------|
|     | ₩ No                                                                                    | Yes                                                           |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                           |
|     | If yes, please give                                                                     | full details, including                                       | who gave the pern                          | nission, why and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | when                            |                           |
|     |                                                                                         |                                                               |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                           |
|     |                                                                                         | ***************************************                       |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                           |
| Otl | ner Information                                                                         |                                                               |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                           |
| 17. | Do you have, or do application route of sale documents, of                              | o you have knowledg<br>r which indicates put<br>d maps, etc.) | e of, any documen<br>olic use? (for exam   | itary evidence wi<br>iple photographs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | hich is releva<br>s, guidebooks | int to the<br>s, letters, |
|     | No                                                                                      | Yes                                                           |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                           |
|     | If yes - please prov                                                                    | vide details                                                  | ******                                     | ******************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                           |
|     |                                                                                         |                                                               | ***************************************    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                           |
|     |                                                                                         | ***************************************                       | ***************************************    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                           |
|     | as to whether the a [Continue on a sep [If you wish to provi  Lave  Lave  Ase  Ase  Ase | freed:                                                        | Ild be recorded as ary] n map, please do s | a public right of to and attach to the second attac | way? his statemen  The ne       | t] Hill Lo                |
| 19. | gather additional in                                                                    | ation the OMA may of the application route?                   | ou be willing to ta                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                           |
| 20. | No<br>Would you be willin                                                               | Yes g to attend a hearing                                     | ı, or public inquirv t                     | to give evidence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | if necessarv                    | ?                         |
|     | <b>▼</b> No                                                                             | Yes                                                           | , , , , , , , , , , , , , , , , , , , ,    | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                           |

## PART F: Statement of Truth (all applicants must complete this Part)

#### I BELIEVE THAT THE FACTS AND MATTERS CONTAINED IN THIS STATEMENT ARE TRUE

Signature (of the person making the statement of truth):

Print full name:

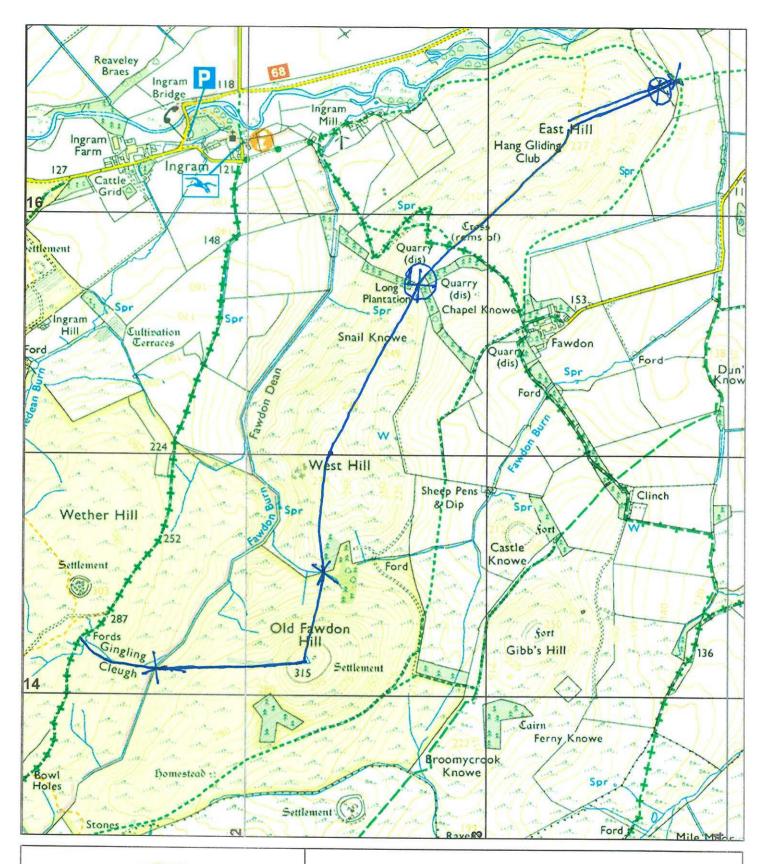
PETER REED

Date:

7/3/24

You should keep a copy of the completed statement

Warning: If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.





Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings.

License No. 100049048 (2013).

## Wildlife & Countryside Act, 1981

Claimed Public Right of Way

| Former District:            | Parish:           | Scale:                |
|-----------------------------|-------------------|-----------------------|
| Berwick                     | Ingram            | 1:15,000              |
| Def. Map No.<br>NU 01 NW/SW | O.S. Map<br>55/66 | Date:<br>October 2022 |

#### PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT

| ABOUT YOU.                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name Ruth Oldfield<br>Address Wineburn Cottage                                                                                                                                                    |
| Address Wineburn Cottage                                                                                                                                                                          |
| Bolton                                                                                                                                                                                            |
| Annick Postcode NE66 ZEE                                                                                                                                                                          |
| Year of Birth 1980                                                                                                                                                                                |
| Have you lived at any other addresses during the time you have used the path or way?  If so, please provide details and years [full addresses are not required]  Branton Westside House, 10 years |
| ABOUT THE APPLICATION ROUTE                                                                                                                                                                       |
| How do you think the application route should be recorded?                                                                                                                                        |
| As a footpath (public rights on foot only)                                                                                                                                                        |
| <ul> <li>As a bridleway (public rights on foot and on horseback or bicycle)</li> </ul>                                                                                                            |
| □ As a restricted byway (public rights on foot, on horseback or any non-motorised vehicle)                                                                                                        |
| ☐ As a byway open to all traffic (public rights for all classes of use, including motor vehicles)                                                                                                 |
| Describe the application route (include start and finish points and provide OS grid references if you can)                                                                                        |
| Lee Map - I would like to be able t                                                                                                                                                               |
| go straight up to the top of East                                                                                                                                                                 |
| go straight up to the top of East. This as I have done for 30 years.                                                                                                                              |
|                                                                                                                                                                                                   |

### MAP OF THE APPLICATION ROUTE

Please attach an extract from a map of your own choice to identify the route you are providing evidence about, and annotate it with anything you provide details about in this statement. Please sign and date your map.

## YOUR USE OF THE APPLICATION ROUTE

| 1. | In which years did you us                                                                                   | e the appl                              | lication route                          | _                            |                  |                              |                                         |
|----|-------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------|------------------|------------------------------|-----------------------------------------|
|    | From 1992                                                                                                   | • • • • • • • • • • • • • • • • • • • • | To .                                    | 201                          | 22               | •••••                        | • • • • • • • • • • • • • • • • • • • • |
| 2. | Were there any extender state when and why?                                                                 |                                         |                                         |                              |                  |                              |                                         |
|    | 4 year                                                                                                      | 5 N                                     | her !                                   |                              | ved in           | Rusti                        | alia                                    |
| 3. | How did you use the appl                                                                                    | ication rou                             | ite and how                             | often? [Plea                 | ase tick any tha | at apply]                    | ••••••                                  |
|    |                                                                                                             | Daily                                   | Weekly                                  | Monthly                      | Every few months | Once a year                  | Other<br>(please<br>describe)           |
|    | On foot                                                                                                     |                                         | 1/                                      |                              |                  |                              | describe                                |
|    | On horseback                                                                                                |                                         |                                         |                              |                  |                              |                                         |
|    | By pedal cycle                                                                                              | *                                       |                                         |                              |                  |                              |                                         |
|    | By car                                                                                                      |                                         |                                         | _                            |                  |                              |                                         |
|    | Other [ ]                                                                                                   |                                         |                                         |                              |                  |                              |                                         |
|    |                                                                                                             |                                         |                                         |                              |                  |                              |                                         |
| 4. | Has the application route                                                                                   | always fol                              | lowed the sa                            | ame course                   | ?                |                              |                                         |
|    | Yes                                                                                                         | D                                       | on't know                               |                              | No               |                              |                                         |
|    | If no how and when was                                                                                      | the route                               | altered?                                |                              |                  |                              |                                         |
|    |                                                                                                             |                                         | androu:                                 |                              |                  |                              |                                         |
|    | ***************************************                                                                     |                                         | • • • • • • • • • • • • • • • • • • • • |                              |                  |                              | •••••                                   |
|    | ***************************************                                                                     |                                         | • • • • • • • • • • • • • • • • • • • • |                              |                  |                              | •••••                                   |
|    | Approximately how wide is [Please give your estimate used when passing others route. If this varies, please | e of the wi<br>or walkin<br>describe    | dth across v<br>g with other            | vhich you us<br>s. Take care | to consider the  | cluding the<br>le overall wi | width<br>dth of the                     |
|    | 1.5 me                                                                                                      | Nes                                     |                                         | ••••••                       |                  | ••••••                       |                                         |
|    | *******************************                                                                             |                                         | • • • • • • • • • • • • • • • • • • • • |                              |                  |                              | ••••••                                  |

| 6.  | What type of surface does the application route have? (for example grass, gravel, earth) [For varying surfaces, please describe with reference to your map]                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | Grass                                                                                                                                                                                                      |
|     |                                                                                                                                                                                                            |
| 7.  | Have there ever been any of the following on the application route?                                                                                                                                        |
|     | a. Stiles [state locations and show on your map]                                                                                                                                                           |
|     | How long were they in place?                                                                                                                                                                               |
|     |                                                                                                                                                                                                            |
|     | b. Gates [state locations, indicate whether locked - and when - and show on your map]  There was a wicket which has now hee                                                                                |
|     | c. Other barriers [state what they were and location, how long they were in place and show on your map]                                                                                                    |
|     | No                                                                                                                                                                                                         |
| 8.  | Did any of the above prevent you from using the application route?                                                                                                                                         |
|     | No Yes                                                                                                                                                                                                     |
|     | If yes, please give details                                                                                                                                                                                |
|     |                                                                                                                                                                                                            |
| 9.  | Have you ever seen any signs or notices suggesting whether or not the application route is a public right of way? (for example "Private", "Keep Out", "No Right of Way", "Trespassers will be Prosecuted") |
|     | Yes Don't know                                                                                                                                                                                             |
|     | If yes – state when and give details, including when they were present and mark their location on your map                                                                                                 |
|     |                                                                                                                                                                                                            |
| 10. | Have you seen other people using the application route whilst you have been using it?                                                                                                                      |
|     | □ No Yes                                                                                                                                                                                                   |
|     | If yes, please provide any additional information about this                                                                                                                                               |
|     |                                                                                                                                                                                                            |

## Land Ownership

| 11  | . Were you working for any owner or occupier of land crossed by the application route at the time when you used it, or were you then a tenant / licensee of any such owner? |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | No Yes                                                                                                                                                                      |
|     | If yes, provide details and dates                                                                                                                                           |
|     |                                                                                                                                                                             |
|     |                                                                                                                                                                             |
| 12  | . Did the owner or occupier ever give you permission (or did you seek permission) to use the application route?                                                             |
|     | No Yes                                                                                                                                                                      |
|     | If yes,                                                                                                                                                                     |
|     | a. From whom?                                                                                                                                                               |
|     | b. When?                                                                                                                                                                    |
| 13. | . Has anyone ever told you the application route was not public (including by an owner, tenant of the land or by anyone in their employment)?                               |
|     | □ No ¥Yes                                                                                                                                                                   |
|     | But only until recently as it has been blocked<br>by the owner of famdon farm.<br>Have you ever been stopped or turned back when using the application route?               |
| 14. | by the owner of fawdon farm.  Have you ever been stopped or turned back when using the application route?                                                                   |
|     | No Yes                                                                                                                                                                      |
|     | If yes, please give details including when this happened                                                                                                                    |
|     |                                                                                                                                                                             |
|     |                                                                                                                                                                             |
| 15. | Has anyone else ever told you that they were prevented from using the application route?                                                                                    |
|     | ✓ No Yes                                                                                                                                                                    |
|     | If yes, please give details including when this happened                                                                                                                    |
|     |                                                                                                                                                                             |
|     |                                                                                                                                                                             |

| 16. | Have you ever had a private right to use the application route? (for example, an easement, private right of access, licence, etc.)                                                                                                                                                                                                                                 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | ☐ Yes                                                                                                                                                                                                                                                                                                                                                              |
|     | If yes, please give full details, including who gave the permission, why and when                                                                                                                                                                                                                                                                                  |
|     |                                                                                                                                                                                                                                                                                                                                                                    |
|     |                                                                                                                                                                                                                                                                                                                                                                    |
| Otl | ner Information                                                                                                                                                                                                                                                                                                                                                    |
| 17. | Do you have, or do you have knowledge of, any documentary evidence which is relevant to the application route or which indicates public use? (for example photographs, guidebooks, letters, sale documents, old maps, etc.)                                                                                                                                        |
|     | No Yes                                                                                                                                                                                                                                                                                                                                                             |
|     | If yes – please provide details                                                                                                                                                                                                                                                                                                                                    |
|     |                                                                                                                                                                                                                                                                                                                                                                    |
|     |                                                                                                                                                                                                                                                                                                                                                                    |
|     | Please give any further information which you consider would be helpful in reaching a decision as to whether the application route should be recorded as a public right of way?  [Continue on a separate sheet if necessary]  [If you wish to provide a separate sketch map, please do so and attach to this statement]  The walked this route as a child with may |
|     | family and have now walked it with my own children It is a very suportant path in our community and it is also a great challege for our physical health.                                                                                                                                                                                                           |
|     | own Children It is a very reportant                                                                                                                                                                                                                                                                                                                                |
|     | part in our continuity and it is also a                                                                                                                                                                                                                                                                                                                            |
|     | great transfe pour profit cat realth.                                                                                                                                                                                                                                                                                                                              |
|     | During the investigation the OMA may want to interview some or all of the claimants in order to gather additional information. Would you be willing to talk to an officer from the OMA about your knowledge of the application route?                                                                                                                              |
|     | □ No Yes                                                                                                                                                                                                                                                                                                                                                           |
| 20. | Would you be willing to attend a hearing, or public inquiry to give evidence if necessary?                                                                                                                                                                                                                                                                         |
|     | ☐ No Yes                                                                                                                                                                                                                                                                                                                                                           |

# PART F: Statement of Truth (all applicants must complete this Part)

## I BELIEVE THAT THE FACTS AND MATTERS CONTAINED IN THIS STATEMENT ARE TRUE

Signature (of the person making the statement of truth):

Print full name:

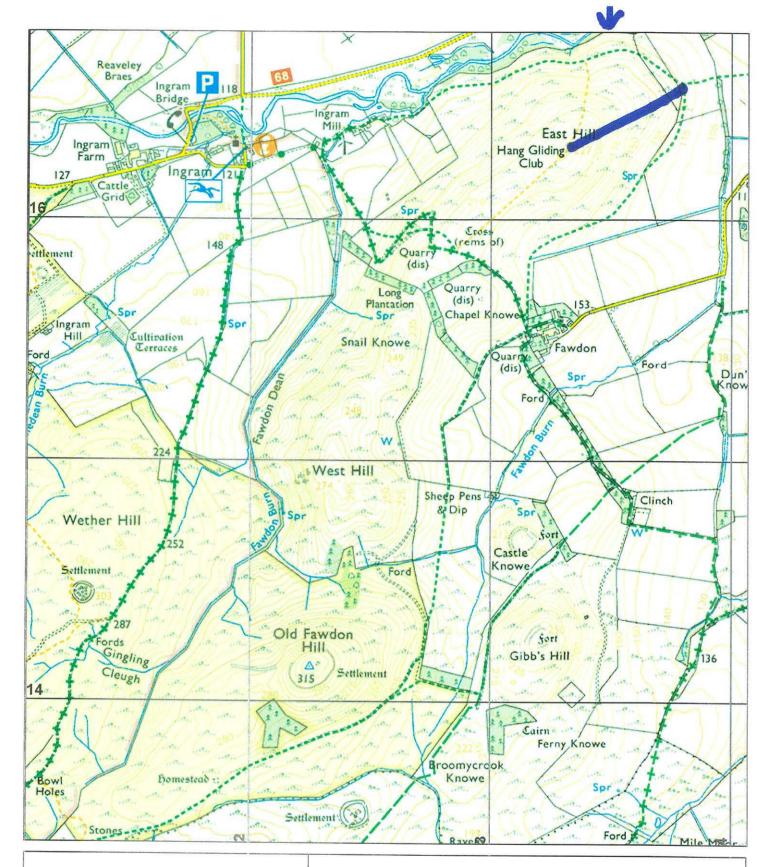
RUTH OLDFIELD

Date:

28 | 2 | 24

You should keep a copy of the completed statement

Warning: If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.





Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk

This map is reproduced from Crdnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings.

License No. 100049048 (2013).

# Wildlife & Countryside Act, 1981

Claimed Public Right of Way

| Former District:<br>Berwick | Parish:<br>Ingram | Scale: 1:15,000 |  |
|-----------------------------|-------------------|-----------------|--|
| Def. Map No.                | O.S. Map          | Date:           |  |
| NU 01 NW/SW                 | 55/66             | October 2022    |  |

## PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT

| ABOUT YOU                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name KATHRYN HOSKIN                                                                                                                                            |
| Address 9 WEST TURNPIKE                                                                                                                                        |
| GLANTON ALWWICK                                                                                                                                                |
| NORTHUMBERLAND Postcode NESS 4AN                                                                                                                               |
| Year of Birth 1986                                                                                                                                             |
| Have you lived at any other addresses during the time you have used the path or way? If so, please provide details and years [full addresses are not required] |
| BRANTON WESTSIDE HOUSE, 15 YEARS                                                                                                                               |
|                                                                                                                                                                |
| ABOUT THE APPLICATION ROUTE                                                                                                                                    |
| How do you think the application route should be recorded?                                                                                                     |
| As a footpath (public rights on foot only)                                                                                                                     |
| □ As a bridleway (public rights on foot and on horseback or bicycle)                                                                                           |
| □ As a restricted byway (public rights on foot, on horseback or any non-motorised vehicle)                                                                     |
| □ As a byway open to all traffic (public rights for all classes of use, including motor vehicles)                                                              |
| Describe the application route (include start and finish points and provide OS grid references if you can)                                                     |
| I WOULD LOVE TO ABLE TO RUN OVER THE TOP                                                                                                                       |
| OF EAST HILL, WEST HILL AND UP OLD FAWDON                                                                                                                      |
| WHERE I HAVE ALWAYS RUN OVER.                                                                                                                                  |
|                                                                                                                                                                |
| MAP OF THE APPLICATION ROUTE                                                                                                                                   |

Please attach an extract from a map of your own choice to identify the route you are providing evidence about, and annotate it with anything you provide details about in this statement. Please

sign and date your map.

## YOUR USE OF THE APPLICATION ROUTE

| 1. | In which years did you us                                                                               | e the appl                               | lication route                | e?                           |                  |                               |                                         |
|----|---------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------|------------------------------|------------------|-------------------------------|-----------------------------------------|
|    | From 1992                                                                                               |                                          | То.                           | 202                          | 2                | *******                       |                                         |
| 2. | Were there any extende state when and why?                                                              | d periods                                | during whic                   | ch you did n                 | ot use the rou   | te at all? If s               | so, please                              |
|    | 7 YEARS                                                                                                 | Wni                                      | UST I                         | LIVER                        | INA              | NSTALI                        | A                                       |
|    |                                                                                                         |                                          |                               |                              |                  |                               |                                         |
| 3. | How did you use the appl                                                                                | ication rou                              | ite and how                   | often? [Plea                 | ase tick any tha | at apply]                     |                                         |
|    |                                                                                                         |                                          |                               |                              |                  |                               |                                         |
|    |                                                                                                         | Daily                                    | Weekly                        | Monthly                      | Every few months | Once a year                   | Other<br>(please<br>describe)           |
|    | On foot                                                                                                 |                                          |                               |                              |                  |                               | describe                                |
|    | On horseback                                                                                            |                                          |                               |                              |                  |                               |                                         |
|    | By pedal cycle                                                                                          |                                          |                               |                              |                  |                               |                                         |
|    | By car                                                                                                  |                                          |                               |                              |                  |                               |                                         |
|    | Other [ ]                                                                                               |                                          |                               |                              |                  |                               |                                         |
|    |                                                                                                         |                                          | 1                             | 1                            |                  | <u></u>                       | L                                       |
| 4. | Has the application route                                                                               | always fol                               | lowed the s                   | ame course                   | ?                |                               |                                         |
|    | Yes                                                                                                     |                                          | on't know                     |                              | ☐ No             |                               |                                         |
|    |                                                                                                         |                                          |                               |                              | _                |                               |                                         |
|    | If no - how and when was                                                                                | the route                                | altered?                      |                              |                  |                               |                                         |
|    |                                                                                                         |                                          |                               |                              |                  |                               |                                         |
|    | ***********                                                                                             |                                          |                               |                              |                  |                               |                                         |
| 5. | Approximately how wide i [Please give your estimatused when passing other route. If this varies, please | e of the wi<br>s or walkin<br>e describe | dth across v<br>ig with other | vhich you us<br>s. Take care | e to consider th | ncluding the<br>ne overall wi | width<br>dth of the                     |
|    | 1. 5 ME                                                                                                 | TRES                                     | * **********                  | ***********                  |                  | *********                     | *************************************** |
|    | 3                                                                                                       |                                          |                               | ******                       |                  | ******                        | ************                            |

| 6.  | What type of surface does the application route have? (for example grass, gravel, earth) [For varying surfaces, please describe with reference to your map]                                                |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | GRASS                                                                                                                                                                                                      |
|     |                                                                                                                                                                                                            |
| 7.  | Have there ever been any of the following on the application route?                                                                                                                                        |
|     | a. Stiles [state locations and show on your map]                                                                                                                                                           |
|     | 1/0                                                                                                                                                                                                        |
|     | How long were they in place?                                                                                                                                                                               |
|     |                                                                                                                                                                                                            |
|     | b. Gates [state locations, indicate whether locked – and when - and show on your map]                                                                                                                      |
|     |                                                                                                                                                                                                            |
|     | c. Other barriers [state what they were and location, how long they were in place and show on your map]                                                                                                    |
|     | THERE USED TO BE A WICKET, WHICH HAS SINCE BEEN REMOVED                                                                                                                                                    |
| 8.  | Did any of the above prevent you from using the application route?                                                                                                                                         |
|     | No Yes                                                                                                                                                                                                     |
|     | If yes, please give details                                                                                                                                                                                |
|     |                                                                                                                                                                                                            |
| 9.  | Have you ever seen any signs or notices suggesting whether or not the application route is a public right of way? (for example "Private", "Keep Out", "No Right of Way", "Trespassers will be Prosecuted") |
|     | Yes Don't know                                                                                                                                                                                             |
|     | If yes – state when and give details, including when they were present and mark their location on your map                                                                                                 |
|     |                                                                                                                                                                                                            |
| 10. | . Have you seen other people using the application route whilst you have been using it?                                                                                                                    |
|     | □ No                                                                                                                                                                                                       |
|     | If yes, please provide any additional information about this                                                                                                                                               |
|     |                                                                                                                                                                                                            |

## Land Ownership

| 11  | . Were you working for any owner or occupier of land crossed by the application route at the time when you used it, or were you then a tenant / licensee of any such owner? |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | ☐ Yes                                                                                                                                                                       |
|     | If yes, provide details and dates                                                                                                                                           |
|     |                                                                                                                                                                             |
| 12. | . Did the owner or occupier ever give you permission (or did you seek permission) to use the                                                                                |
|     | application route?                                                                                                                                                          |
|     | ✓ No Yes                                                                                                                                                                    |
|     | If yes,                                                                                                                                                                     |
|     | a. From whom?                                                                                                                                                               |
|     | b. When?                                                                                                                                                                    |
| 13. | . Has anyone ever told you the application route was not public (including by an owner, tenant of the land or by anyone in their employment)?                               |
|     | □ No                                                                                                                                                                        |
|     | If yes, by whom and when?                                                                                                                                                   |
| 4.4 | YES THE OWNER OF FAWDON FARM WON'T ALLOW US OVER THE ROUTE ANYMORE                                                                                                          |
| 14. | Have you ever been stopped or turned back when using the application route?                                                                                                 |
|     | Yes                                                                                                                                                                         |
|     | If yes, please give details including when this happened                                                                                                                    |
|     |                                                                                                                                                                             |
|     |                                                                                                                                                                             |
| 15. | . Has anyone else ever told you that they were prevented from using the application route?                                                                                  |
|     | □ Yes                                                                                                                                                                       |
|     | If yes, please give details including when this happened                                                                                                                    |
|     |                                                                                                                                                                             |
|     |                                                                                                                                                                             |

|     | <ol> <li>Have you ever had a<br/>private right of access,</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | licence, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|     | If yes, please give full of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | details, including who gave the permission, why and when                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | ther Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 17  | <ul> <li>Do you have, or do yo<br/>application route or wh<br/>sale documents, old ma</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | u have knowledge of, any documentary evidence which is relevant to the nich indicates public use? (for example photographs, guidebooks, letters, aps, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|     | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|     | If yes - please provide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | *************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 18  | as to whether the applic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | r information which you consider would be helpful in reaching a decision cation route should be recorded as a public right of way?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 18  | as to whether the application [Continue on a separate of the s | cation route should be recorded as a public right of way?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 18  | as to whether the application [Continue on a separate of the s | cation route should be recorded as a public right of way?  The sheet if necessary]  The same as separate sketch map, please do so and attach to this statement]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 18  | as to whether the application of the continue on a separate of the continue of | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessary is sheet if necessary is sheet as a public right of way?  The sheet if necessary is sheet if necessary is sheet if necessary is sheet as a public right of way?  The sheet if necessary is sheet in the sheet in the sheet is sheet in the sheet is sheet in the sheet is sheet in the  |
| 18  | as to whether the application of the continue on a separate of the continue on a separate of the continue on a separate of the continue of the | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessary The  |
| 18  | as to whether the application of the continue of a separate of the continue of a separate of the continue of a separate of the continue of the | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessa |
| 18  | as to whether the application of the continue of a separate of the continue of a separate of the continue of a separate of the continue of the | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessary] The separate sketch map, please do so and attach to this statement] The separate sketch map, please do so and attach to this statement] The separate sketch map, please do so and attach to this statement] The separate sketch map, please do so and attach to this statement] The statement of th |
|     | as to whether the application of the continue of a separate of the continue of a separate of the continue of a separate of the continue of the | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessa |
|     | as to whether the application of the continue of a separate of the continue of a separate of the continue of a separate of the continue of the | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessa |
| 19. | as to whether the application on a separate [If you wish to provide a life your knowledge of the a separate provide a separate provide a life your knowledge of the life your knowledge of the life your knowledge of the life your knowledge | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessary] The separate sketch map, please do so and attach to this statement]  The Run, Ride, Wall This Route all the Times  The Times I am Now, With My Children, Friend  Y Personal Training Clients and My Pila  YING TO IMPROVE MY OWN HEALTH, THE  MY FAMICY AND OTHERS ASNELL AS  ALL OUR MENTAL MEALTH ASNELL. IT I  In the OMA may want to interview some or all of the claimants in order to mation. Would you be willing to talk to an officer from the OMA about application route?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 19. | as to whether the application on a separate [If you wish to provide a life your knowledge of the a separate provide a separate provide a life your knowledge of the life your knowledge of the life your knowledge of the life your knowledge | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessa |
| 19. | as to whether the application on a separate [If you wish to provide a life of the separate of  | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessary] The separate sketch map, please do so and attach to this statement]  The Run, Ride, Wall This Route all the Times  The Times I am Now, With My Children, Friend  Y Personal Training Clients and My Pila  YING TO IMPROVE MY OWN HEALTH, THE  MY FAMICY AND OTHERS ASNELL AS  ALL OUR MENTAL MEALTH ASNELL. IT I  In the OMA may want to interview some or all of the claimants in order to mation. Would you be willing to talk to an officer from the OMA about application route?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 19. | as to whether the application on a separate [Continue on a separate I you wish to provide a large of the application of the app | cation route should be recorded as a public right of way? The sheet if necessary] The sheet if necessary] The separate sketch map, please do so and attach to this statement]  The Run, Ride, Wall This Route all the Times  The Times I am Now, With My Children, Friend  Y Personal Training Clients and My Pila  YING TO IMPROVE MY OWN HEALTH, THE  MY FAMICY AND OTHERS ASNELL AS  ALL OUR MENTAL MEALTH ASNELL. IT I  In the OMA may want to interview some or all of the claimants in order to mation. Would you be willing to talk to an officer from the OMA about application route?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## PART F: Statement of Truth

(all applicants must complete this Part)

I BELIEVE THAT THE FACTS AND MATTERS CONTAINED IN THIS STATEMENT ARE TRUE

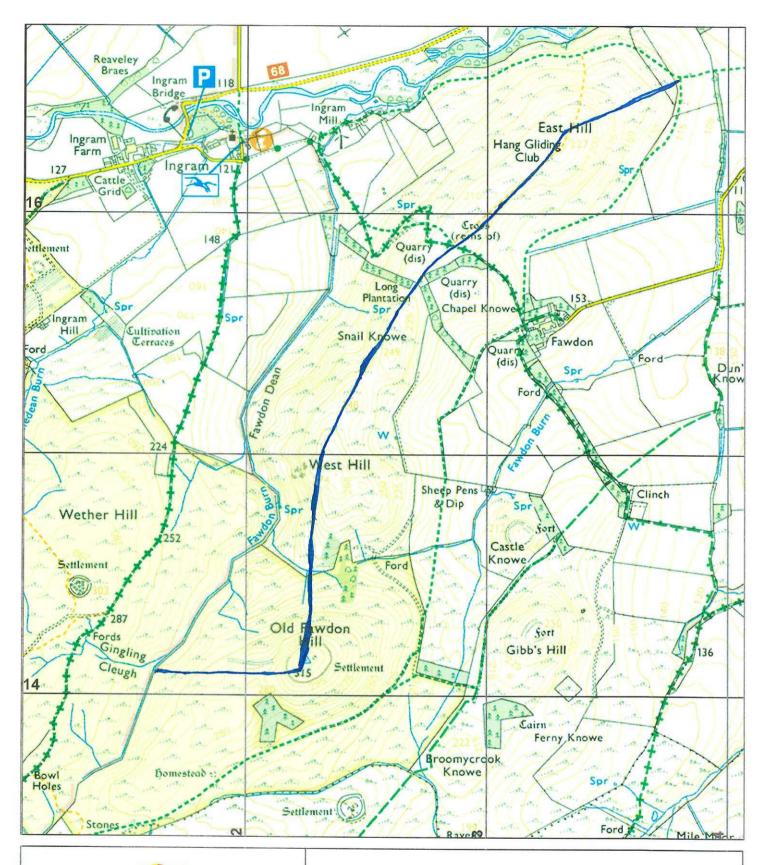
Signature (of the person making the statement of truth):

Print full name: KATMRYN HOSKIN

Date: 2/3/2024

You should keep a copy of the completed statement

Warning: If you dishonestly enter information or make a statement that you know is, or might be, untrue or misleading, and intend by doing so to make a gain for yourself or another person, or to cause loss or the risk of loss to another person, you may commit the offence of fraud under section 1 of the Fraud Act 2006, the maximum penalty for which is 10 years' imprisonment or an unlimited fine, or both.





Infrastructure Records, Local Services, County Hall, Morpeth, Northumberland, NE61 2EF Email: Alex.bell@northumberland.gov.uk

This map is reproduced from Crdnance Survey material with the permission of Ordnance Survey on behalf of the Controller of His Majesty's Stationary Office Crown Copyright. Unauthorised reproduction infringes Crown Copyright and may lead to prosecution or civil proceedings.

License No. 100049048 (2013).

# Wildlife & Countryside Act, 1981

Claimed Public Right of Way

| Former District:            | Parish:  | Scale:       |
|-----------------------------|----------|--------------|
| Berwick                     | Ingram   | 1:15,000     |
| Def. Map No.<br>NU 01 NW/SW | O.S. Map | Date:        |
| NO OI NVV/SVV               | 55/66    | October 2022 |

## PUBLIC RIGHT OF WAY USER EVIDENCE STATEMENT

| ABOUT YOU                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name ANDREW PETER MORALES                                                                                                                                      |
| Address HEMMEL HOUSE, GNANTON                                                                                                                                  |
| ALNETCK                                                                                                                                                        |
| Nexittungselani) Postcode No 66 4 A6.  Year of Birth                                                                                                           |
| Have you lived at any other addresses during the time you have used the path or way? If so, please provide details and years [full addresses are not required] |
| BRANGON WEST SIDE HOUSE                                                                                                                                        |
| BRANTON ALNOTER, NORTHANBELLAND NEGG 4LW.                                                                                                                      |
| ABOUT THE APPLICATION ROUTE                                                                                                                                    |
| How do you think the application route should be recorded?                                                                                                     |
| As a footpath (public rights on foot only)                                                                                                                     |
| □ As a bridleway (public rights on foot and on horseback or bicycle)                                                                                           |
| <ul> <li>As a restricted byway (public rights on foot, on horseback or any non-motorised vehicle)</li> </ul>                                                   |
| □ As a byway open to all traffic (public rights for all classes of use, including motor vehicles)                                                              |
| Describe the application route (include start and finish points and provide OS grid references if you can)                                                     |
| Starting from 038165 at the post of face the                                                                                                                   |
| gong over Face Hill, wood Hill + old Fooder 144 To                                                                                                             |
| gong over Fest Will, wood this old Fender 144 To<br>018134 where Fander charges to Ingram En                                                                   |
| MAR OF THE ARRIVATION FOURT                                                                                                                                    |

#### MAP OF THE APPLICATION ROUTE

Please attach an extract from a map of your own choice to identify the route you are providing evidence about, and annotate it with anything you provide details about in this statement. Please sign and date your map.