

This form is specifically designed to be printed and completed offline.

Please complete this form in block capitals using black ink to facilitate scanning.

You are advised to read the accompanying guidance notes and per-question help text.

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

Application for Planning Permission

Town and Country Planning Act 1990 (as amended)

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

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

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

Local Planning Authority details:



The Market Hall Market Place Whitehaven Cumbria CA28 7JG Telephone 0300 373 3730 cumberland.gov.uk

Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website. Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

1. Applic	ant Name and Address
Title:	First name:
Last name:	
Company (optional):	
Unit:	House House suffix:
House name:	
Address 1:	
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

2. Agent	Name and Address
Z. Agent	Maine and Addi C33
Title:	First name:
Last name:	
Company (optional):	
Unit:	House House suffix:
House name:	
Address 1:	
Address 2:	
Address 3:	
Town:	
County:	
Country:	
Postcode:	

3. Description of the Proposal	
Please describe the proposed development, including any change of	of use:
Has the building, work or change of use already started?	Yes No
If Yes, please state the date when building, work or use were started (DD/MM/YYYY):	(date must be pre-application submission)
Has the building, work or change of use been completed?	Yes No
If Yes, please state the date when the building, work or change of use was completed (DD/MM/YYYY):	(date must be pre-application submission)
Reference number of permission in principle being relied on (technical details consent applications only):	
Is the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)?	Yes No
A. Site Address Details Please provide the full postal address of the application site. Unit: House number: House suffix: House number: House suffix: House name: Address 1: Address 2: Address 3: Town: County: Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Description:	S. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?

6. Pedestrian and Vehicle Access, Road	 ls and Righ	ts of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway?	Yes	☐ No	Do the plans incorporate areas to store and aid the collection of waste? Yes No
Is a new or altered pedestrian access proposed to or from the public highway?	Yes	No	If Yes, please provide details:
Are there any new public roads to be provided within the site?	Yes	No	
Are there any new public rights of way to be provided within or adjacent to the site?	Yes	☐ No	
Do the proposals require any diversions /extinguishments and/or creation of rights of way?	Yes	☐ No	Have arrangements been made for the separate storage and collection of recyclable waste? Yes No
If you answered Yes to any of the above que details on your plans/drawings and state the (s)/drawings(s)			If Yes, please provide details:
	enough that	a fair-minde	en and transparent. For the purposes of this question, "related to" ed and informed observer, having considered the facts, would local planning authority.
Do any of the following statements apply to	you and/or a	agent?	Yes No With respect to the authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member
If Yes, please provide details of their name, r	ole and how	you are rela	ted to them.

9. Materials If applicable, please state	te what materials are to be use	ed externally. Include	type, colour and name for	each material:		,		
	Existing (where applicable)		Proposed		Not applicable	Don't Know		
Walls								
Roof								
Windows								
Doors								
Boundary treatments (e.g. fences, walls)								
Vehicle access and hard-standing								
Lighting								
Others (please specify)								
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No If Yes, please state references for the plan(s)/drawing(s)/design and access statement:								
10. Vehicle Parkin	g							
Please provide infor	mation on the existing and pro			T				
Type of Vehic	e Total Existing	lotal	proposed (including spaces retained)	Difference in spaces				
Cars								
Light goods vehi public carrier veh	cles/ iicles							
Motorcycles								
Disability spac	es							
Cycle spaces								
Other (e.g. Bu	s)							
Other (e.g. Bu	s)							

11. Foul Sewage	12. Assessment of Flood Risk				
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the				
Mains sewer Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)				
Septic tank Other	☐ Yes ☐ No				
	If Yes, you will need to submit a Flood Risk Assessment to consider				
Package treatment plant	the risk to the proposed site.				
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No				
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere? Yes No				
plant(s), drawnig(s).	How will surface water be disposed of?				
	Sustainable drainage system Existing watercourse				
	Soakaway Pond/lake				
	Main sewer				
13. Biodiversity and Geological Conservation To assist in answering the following questions refer to the guidance.	14. Existing Use				
To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.	Please describe the current use of the site:				
Having referred to the guidance notes, is there a reasonable					
likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or	Is the site currently vacant? Yes No				
near the application site? a) Protected and priority species:	If Yes, please describe the last use of the site:				
Yes, on the development site					
Yes, on land adjacent to or near the proposed development					
□ No					
b) Designated sites, important habitats or other biodiversity	When did this use end (if known)? DD/MM/YYYY				
features:	(date where known may be approximate)				
Yes, on the development site	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination				
Yes, on land adjacent to or near the proposed development	assessment with your application.				
☐ No	Land which is known to be contaminated? Yes No				
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site? Yes No				
Yes, on the development site					
Yes, on land adjacent to or near the proposed development	A proposed use that would be particularly vulnerable to the presence of contamination?				
∐ No	to the presence of contamination?				
	(16 Tue le Fffluent				
15. Trees and Hedges Are there trees or hedges on the	16. Trade Effluent Does the proposal involve the need to				
proposed development site? Yes No	dispose of trade effluents or waste? Yes No				
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste				
of the local landscape character? Yes No					
If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a					
Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning					
authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.					

Does your proposal ir If Yes, please complet								itial units? Yes		lo					
	Propos	sed	Hous	sing					Existi	ng l	Hous	ing			
Market Housing	Not known	1	Num 2	ber of	Bedr 4+	ooms Unknown	Total	Market Housing	Not known	1	Numl 2	oer of	Bedr 4+	ooms Unknown	Total
Houses		1		3	4+	OTIKTIOWIT	а	Houses		- 1	2	3	4+	UTIKITOWIT	а
Flats/maisonettes							Ь	Flats/maisonettes							Ь
Sheltered housing							6	Sheltered housing							С
Bedsit/studios							d	Bedsit/studios							d
Cluster flats							e	Cluster flats							е
Other							f	Other							f
Other		To	tals (c	<u> </u> 1 + h +	c + d	+e+f) =	A	Other		To	tals (d	<u> </u> + h +	- c + d	+e+f)=	F
C. dall Affandalah								Control Accordately							
Social, Affordable or Intermediate Rent	Not known	1	Num 2	ber of	Bedr 4+	ooms Unknown	Total	Social, Affordable or Intermediate Rent	Not known	1	Numl 2	oer of	Bedr 4+	ooms Unknown	Total
Houses							а	Houses							а
Flats/maisonettes							Ь	Flats/maisonettes							Ь
Sheltered housing							С	Sheltered housing							С
Bedsit/studios							d	Bedsit/studios							d
Cluster flats							е	Cluster flats							е
Other							f	Other							f
		То	tals (c	ı + b +	c + d	+e+f)=	В			То	tals (c	ı + b +	- c + d	+e+f)=	G
Affordable Home Ownership	Not known	1	Num 2	ber of	Bedr 4+	ooms Unknown	Total	Affordable Home Ownership	Not known	1	Numl 2	oer of	Bedr 4+	ooms Unknown	Total
Houses	KIIOWII	ı	2	3	4+	Unknown	а	Houses	KIIOWII	- 1	2	3	4+	Unknown	а
Flats/maisonettes							Ь	Flats/maisonettes							Ь
Sheltered housing							С	Sheltered housing							С
Bedsit/studios							d	Bedsit/studios							d
Cluster flats							е	Cluster flats							е
Other							f	Other							f
		To	tals (c	ı + b +	· c + d	+e+f=	C	0		То	tals (c	ı + b +	- c + d	+e+f=	Н
						ooms	Total							ooms	Total
Starter Homes	Not known	1	2	3	4+	Unknown	_	Starter Homes	Not known	1	2	3	4+	Unknown	
Houses							а	Houses							а
Flats/maisonettes							Ь	Flats/maisonettes							Ь
Bedsit/studios							С	Bedsit/studios							С
Other							d	Other							d
			To	tals (a + b	+ c + d) =	D				To	tals (′a + b	+c+d)=	- /
Self Build and	Not		Num	ber of		ooms	Total	Self Build and	Not		Numl			ooms	Total
Custom Build	known	1	2	3	4+	Unknown		Custom Build	known	1	2	3	4+	Unknown	
Houses							а	Houses							а
Flats/maisonettes							Ь	Flats/maisonettes							Ь
Bedsit/studios							С	Bedsit/studios							C
Other			T-	tala /	a . h	1614	d	Other			<u> </u>	ا مد	(a + -	۱، ۵، ۵۱	d
			10	oldIS (u + D	+ <i>c</i> + <i>d</i>) =	E				10	cais (u + b	+c+d)=	J
Total proposed res	idential	unit	s (A	+ B +	C + D) + E) =		Total existing r	esidentia	ıl un	its	(F + G	+ H +	(I + J) =	
			•			-								-	

17. Residential Units (Including Conversion)

18. All Types of Development: Non-residential Floorspace									
I `	· <u>·</u>	ss, gai	n or change of u	se of non-residential floorsp	pace?				
Yes									
If you ha	ve answered Yes to the qu	uestio	· · · · · · · · · · · · · · · · · · ·	add details in the following		N. a. I.Por. I			
Use class/type of use			Existing gross internal floorspace (square metres) (a)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use) (square metres) (c)	Net additional gross internal floorspace following development (square metres) $(d = c - a)$			
B2	General industrial								
B8	Storage or distribution								
C1	Hotels and halls of residence								
C2	Residential institutions								
C2A	Secure Residential institutions								
C4	Homes in Multiple Occupation								
E(a)	Display/Sale of goods other than hot food								
E(b)	Sale of food and drink for consumption mostly on the premises								
E(c)(i)	Financial services								
E(c)(ii)	Professional services								
E(c)(iii)	Other appropriate services in a commercial, business or service locality								
E(d)	Indoor sport, recreation, or fitness - Excluding motorised vehicles, firearms, swimming, and skating								
E(e)	Medical or health services - Except premises attached to the residence of the provider								
E(f)	Creche, day nursery or day centre - Except where including a residential use								
E(g)(i)	Offices - Except where not suitable in a residential area								
E(g)(ii)	Research and development - Except where not suitable in a residential area								
E(g)(iii)	Industrial processes - Except where not suitable in a residential area								
F1	Learning and non- residential institutions								
F2	Local community uses (essential shops, meeting places, sport, and recreation)								
OTHER									
Please Specify									
	Total								

Yes		e proposal ind or as part of			(e.g. For the dis	play/sale of goo	ods under U	se Class E(a), the sale of 6	essential goods under Use
Use class/type of use		·	,	,					
Use class/type of use E(a) Display/Sale of goods other than hot food of the than hot food of	If you ha	ve answered	Yes to the o	questio	n above please a	ndd details in th	e following	table:	
E(a) Display/Sale of goods Content than hot food C	Use class/type of use			Not applicable	Existing tradable floor area (square metres) (e)	lost by chang demol (square n	ge of use or ition netres)	proposed (including change of use)(square metres)	floor area following development (square metres)
F2 glessential shops, meeting	E(a)	Display/Sa other tha	lle of goods n hot food						
Please Specify Total Does the proposal include loss or gain of rooms for hotels, residential institutions, or hostels? Yes No If you have answered Yes to the question above please add details in the following table: Use Type of use Applicable C1 Hotels Secure Residential Institutions C2A Secure Residential Institutions OTHER Specify Please Complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees Others of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known 21. Site Area	F2 (essential shops, meeting places, sport, and								
Specify Total Does the proposal include loss or gain of rooms for hotels, residential institutions, or hostels? Yes	OTHER								
Does the proposal include loss or gain of rooms for hotels, residential institutions, or hostels? Yes No If you have answered Yes to the question above please add details in the following table: Use Type of use Not Applicable Existing rooms to be lost by change of use or demolition Total rooms proposed (including changes of use) Net additional rooms									
Yes		To	otal						
If you have answered Yes to the question above please add details in the following table: Use	Does the	e proposal inc	clude loss or	gain c	of rooms for hote	ls, residential ir	stitutions, c	or hostels?	
Use class Type of use class Type of use class Type of use Not applicable Existing rooms to be lost by change of use or demolition Total rooms proposed (including changes of use) Net additional rooms C1 Hotels	Yes	No							
Total full-time Part-time Part-time Existing employees Proposed employees Propose		ve answered		-	<u> </u>				
C2 Residential Institutions	Use class	Type of use		Existi	ng rooms to be I of use or dem	ost by change olition			Net additional rooms
C2A Residential Institutions C2A Residential Institutions C3A Residential Institution	C1								
CZA Residential Institutions OTHER Please Specify 19. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees 15.30) for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known 21. Site Area	C2								
Please Specify 19. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees 15. Hours of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known 21. Site Area	C2A	Residential							
Specify Description Desc	OTHER								
Please complete the following information regarding employees: Full-time									
Please complete the following information regarding employees: Full-time									
Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Saturday Not known Bank Holidays Not known 21. Site Area	19. En	ployment	:						
Existing employees Proposed employees Proposed employees 20. Hours of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Saturday Sank Holidays 21. Site Area	Please o	complete the	following ir	nforma		``		То	tal full time
20. Hours of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known 21. Site Area					Full-time	Part	:-time		
20. Hours of Opening If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known 21. Site Area									
If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known 21. Site Area		pposed emplo	byees						
If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known 21. Site Area	20. Ho	ours of Ope	enina						
21. Site Area		-	_	of ope	ning (e.g. 15:30)	for each non-re	sidential use	e proposed:	
21. Site Area					Saturda	ny		Not known	
								,	
	21 Ci+	α Δτος							
. reade state the died in nectures (ita)			area in hecta	ares (ha))				
			cu iii iicclo	(110	·/ [

18. All Types of Development: Non-residential Floorspace (continued)

22. Industrial or Commercial Proce	sses	and Machine	ry				
be carried out on the site and the end produ plant, ventilation or air conditioning. Please	Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:						
Is the proposal a waste management develo	pmer	nt? Yes	No				
If the answer is Yes, please complete the fol	lowing	g table:					
	Not applicable	including engin allowance for	icity of the void in neering surcharge cover or restoration d waste or litres if	and making on material (no throughput in tonnes		
Inert landfill							
Non-hazardous landfill							
Hazardous landfill							
Energy from waste incineration							
Other incineration							
Landfill gas generation plant							
Pyrolysis/gasification							
Metal recycling site							
Transfer stations							
Material recovery/recycling facilities (MRFs)							
Household civic amenity sites							
Open windrow composting							
In-vessel composting							
Anaerobic digestion							
Any combined mechanical, biological and/ or thermal treatment (MBT)							
Sewage treatment works							
Other treatment Recycling facilities construction, demolition and excavation waste							
Storage of waste	П						
Other waste management							
Other developments							
Please provide the maximum annual operat	ional	throughput of the	e following waste	streams:			
Municipal							
Construction, demolition and e	excava	ntion					
Commercial and indust	rial						
Hazardous							
If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.							
23. Hazardous Substances							
Does the proposal involve the use or storag the following materials in the quantities sta		_	No No	Not app	plicable		
If Yes, please provide the amount of each su	ıbstan	ce that is involve	d:				
Acrylonitrile (tonnes) Ethylene oxide (to			nnes)		Phosgene (tonnes)		
Ammonia (tonnes) Hydrogen cyanide (to			nnes)		Sulphur dioxide (tonnes)		
Bromine (tonnes)	I	₋iquid oxygen (to	nnes)		Flour (tonnes)		
Chlorine (tonnes) Li	quid p	petroleum gas (to	nnes)	Re	fined white sugar (tonnes)		
Other:			Other:				
Amount (tonnes):			Amount (ton	nes):			

24. Biodiversity Net Gain	
Do you believe that, if the development is granted planning permission, the Biodiversity Gain Condition (as set out i Paragraph 13 of Schedule 7A of the Town and Country Planning Act 1990) would apply?	n
Yes No	
If No, please provide reasons, with reference to which exemptions or transitional arrangements you believe apply:	
If You place provide the information requested in all the questions below:	
If Yes, please provide the information requested in all the questions below:	
Please provide the date the pre-development biodiversity value of onsite habitat(s) have been calculated: (this should be one of the following dates: the date of this application; or an earlier proposed date)	Date (DD/MM/YYYY):
Please provide the pre-development biodiversity value of onsite habitats on this date:	
If a date earlier than the date of the submission of the planning application has been specified above, please provid date has been used:	e reasons why this
Please state the publication date of the biodiversity metric tool(s) used to calculate the onsite biodiversity value(s) provided above.	Date (DD/MM/YYYY):

24. Biodiversity Net Gain (continued)
Has there been any loss (or degradation) of any onsite habitat(s), resulting from activities carried out before the date the pre-development biodiversity value of onsite habitat(s) was calculated and either: • on or after 30 January 2020 which were not in accordance with a planning permission; or • on or after 25 August 2023 which were in accordance with a planning permission?
Yes No
If yes, please provide details including: the date immediately before this activity was carried out; the onsite biodiversity value on this date; and any supporting evidence (or reference to relevant document containing these details).
Date (DD/MM/YYYY):
If yes, please state the publication date of the biodiversity metric tool(s) used to calculate any onsite biodiversity value(s) provided above.
Does the application site have irreplaceable habitat(s) (corresponding to the descriptions in The Biodiversity Gain Requirements (Irreplaceable Habitat) Regulations 2024) which exist on land to which this application relates on the date the pre-development biodiversity value of onsite habitat(s) was calculated?
Yes No
If yes, please provide a description of these and any further details (for example reference to relevant document):
I/We confirm this application is accompanied by the following: i. The completed biodiversity metric tool(s) showing the calculation of the pre-development biodiversity values, and on the dates, detailed above including, if applicable, those related to any loss (or degradation) of any onsite habitat(s) ii. Plan(s), showing onsite habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated; and iii. If applicable, plan(s) showing onsite irreplaceable habitat(s) existing on the date the pre-development biodiversity value of onsite habitat(s) was calculated.
Please provide details (for example reference to relevant document):
Note: Plans must be drawn to an identified scale, and show the direction of North.

25. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A

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

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

- * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.
- ** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
I certify/ The applicant certifies that I ha 21 days before the date of this application application relates. * "owner" is a person with a freehold intere	CERTIFICATE OF OWNERSHIP - CERTIFICATE B velopment Management Procedure) (England) Order 2015 Certifica ve/the applicant has given the requisite notice to everyone else (as listed on, was the owner* and/or agricultural tenant** of any part of the land set or leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act 1990	ed below) who, on the day
Name of Owner / Agricultural Tenant	Address	Date Notice Served

25. Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. st "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: Name of Owner / Agricultural Tenant **Date Notice Served** Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier than 21 days before the date of the application): (circulating in the area where the land is situated): Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): **CERTIFICATE OF OWNERSHIP - CERTIFICATE D** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that:

Certificate A cannot be issued for this application

- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* and/or agricultural tenant** of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.
- * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.
- ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were

ne steps taken were:		
otice of the application has been published in the following newspaper irculating in the area where the land is situated):		On the following date (which must not be earlier than 21 days before the date of the application):
iigned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

26. Planning Application Requirements - Check	dist					
Please read the following checklist to make sure you have seinformation required will result in your application being deet the Local Planning Authority (LPA) has been submitted.	nt all the ir emed inval	nformation in support c lid. It will not be consid	of you lered	r proposal. Failure to s valid until all informati	ubmit all on required b	у
The original and 3 copies* of a completed and dated application form:		The correct fee:	:¥ -	£ - d - :		
The original and 3 copies* of the plan which identifies the lar to which the application relates drawn to an identified scale and showing the direction of North:		The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details): The original and 3 copies* of a fire statement, if required				
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the applicat	tion.	(see help text and guidance notes for details): The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):				
*National legislation specifies that the applicant must provid total of four copies), unless the application is submitted elect LPAs may also accept supporting documents in electronic for You can check your LPA's website for information or contact	tronically cormat by po	or, the LPA indicate that ost (for example, on a C	a sm D, DV	aller number of copies D or USB memory stick	is required.	
Plans can be bought from one of the Planning Portal's accred	dited supp	liers: https://www.plan	ningp	oortal.co.uk/buyaplann	ingmap	
27. Declaration I/we hereby apply for planning permission/consent as descriinformation. I/we confirm that, to the best of my/our knowledgenuine opinions of the person(s) giving them. Signed - Applicant: Or signed -	edge, any fa	s form and the accompa acts stated are true and	anying accur	g plans/drawings and a rate and any opinions of Date (DD/MM/YYYY):	additional given are the (date cannot	he
					pre-application	
28. Applicant Contact Details	$\overline{}$	29. Agent Contac	t Det	tails		
Telephone numbers		Telephone numbers				
	ension mber:	Country code: Natio	nal n	umber:	Extension number	
Country code: Mobile number (optional):		Country code: Mobi	ile nuı	mber (optional):		
Country code: Fax number (optional):		Country code: Fax n	numbe	er (optional):		
Email address (optional):		Email address (optional	al):			
						_
30. Site Visit						_
Can the site be seen from a public road, public footpath, brid	Howay or c	othor public land?	Voc	□ No		
If the planning authority needs to make an appointment to cout a site visit, whom should they contact? (Please select only	carry	Agent	Yes Appl		lifferent from t olicant's detail:	
If Other has been selected, please provide:				ageapp	oneant o actain	3,
Contact name:		Telephone number:				\neg
Email address:						