

Planning Department Cumberland Council Allerdale House Workington Cumbria CA14 3YJ

0300 373 3730

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

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

1. Applic	ant Name	and Address		2. Agent Name and Address			
Title:	Mr	First name: David		Title:	Mr	First name:	Stuart
Last name:	Hill			Last name:	Woodal	I	
Company (optional):	Washington Homes		Company (optional):	Green Swallow North Limited			
Unit:		House number:	House suffix:	Unit:		House number:	House suffix:
House name:	Thomas A	Armstrong (Constru	ction) Ltd	House name:	Swallov	v Barn	
Address 1:	Workingto	on Road		Address 1:			
Address 2:				Address 2:			
Address 3:				Address 3:			
Town:	Flimby			Town:	Blindcra	ake	
County:	Cumbria			County:	Cumbria	a	
Country:				Country:			
Postcode:	CA14 5R	Υ		Postcode:	CA13 0	QP	

3. Site	Address Details	4. Pı	re-application Advice				
Please provide the full postal address of the application site.			ssistance or prior advice been sought from the local				
Unit:	House House suffix:	authority about this application?					
House name:	Land off Scalegill Road	you w	please complete the following information about the advice ere given. (This will help the authority to deal with this				
Address	1:	Please	ration more efficiently). e tick if the full contact details are not				
Address 2:			n, and then complete as much as possible:				
Address	3:	Office	er name:				
Town:	Moor Row	Refer	ence:				
County:							
Postcod (optiona		(m) ust	Date (DD/MM/YYYY): be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):			Is of pre-application advice received?				
Easting:	Northing:						
Descript	ion:						
lacksquare							
5. Des	cription Of Your Proposal						
	rovide a description of the approved development as shown of decision in the sections below:	on the	decision letter, including the application reference number				
	INE APPLICATION FOR RESIDENTIAL DEVEL	OPMI	ENT WITH DETAILS OF PROPOSED				
1	SS JUNCTION AND ALL OTHER MATTERS R						
LAND	AT SCALEGILL ROAD, MOOR ROW						
Reference	te number: 4/21/2360/O01 Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)					
	tate the condition number(s) to which this application relate		I				
4	Surface Water Drainage Scheme	11	Noise Assessment				
	Road Detail	12	Construction Management Plan				
6	Foul & Surface Water Drains	13	Hard & Soft Landscaping				
8	Surface Water Discharge onto Highway	14	Arboricultural Impact Assessment				
9 /10	Construction / Traffic Management	15	Ball Stop Fence				
Has the	development already started?		Yes No				
If Yes, please state when the development started (DD/MM/YYYY):			(date must be pre-application submission)				
Has the	development been completed?		Yes No				
If Yes, p	lease state when the development was completed (DD/MM/	YYYY):	(date must be pre-application submission)				
6. Disc	harge Of Condition						
Please provide a full description and/or list of the materials/details that are being submitted for approval:							
Refer to Technical Documents attached							
7. Part Discharge Of Condition(s)							
Are you seeking to discharge only part of a condition? Yes No							
If Yes, please indicate which part of the condition your application relates to:							

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.							
The original of a completed and dated application form: The original of a completed and dated description form:	original plans and drawings or information necessary to ribe the subject of the application:						
The correct fee:							
/we hereby apply for planning permission/consent as described in the nformation. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant: Date (DD/MM/YYYY): 17/03/2025 (date cannot be pre-application)	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent: S Woodall						
10. Applicant Contact Details	11. Agent Contact Details						
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional):	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional):						
Email address (optional):	Email address (optional):						
12. Site Visit							
Can the site be seen from a public road, public footpath, bridleway or f the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) f Other has been selected, please provide:	other public land? Yes No Applicant Other (if different from the agent/applicant's details)						
Contact name:	Telephone number:						

Email address: