

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

## Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

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 their obligations in regards to the processing of your application. Please refer to their 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:**





Copeland Borough Council The Copeland Centre,

Cumbria CA28 7SJ

tel: 0845 054 8600

fax: 01946 59 83 03 Catherine Street, Whitehaven, email: info@copeland.gov.uk web: www.copeland.gov.uk

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## **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 authority directly.

If printed, please complete using block capitals and black ink.

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

Applicant Name and Address				
Title:	MR First name: PETER			
Last name;	BUCKURND			
Company (optional):				
Unit:	House number: 3 House suffix:			
House name:	GREAT GABLE			
Address 1:	LINKS CLESLENT			
Address 2:				
Address 3:				
Town:	SEASLALE			
County:				
Country:				
Postcode:	CA20 IRE			

2. Agent Name and Address				
Title:	MR First name: STJACT			
Last name:	WARDOW			
Company (optional):	When SWALLOW MONTH UMITED			
Unit:	House House suffix:			
House name:	SWALLOW BACK			
Address 1:				
Address 2:				
Address 3:				
Town:	BUNDCHAKE			
County:				
Country:				
Postcode:	CAUZ DOP			

3. Description of Proposed Works						
Please describe the proposed works:						
DEMOUTION OF CAMPLE & MEALDEMENT SINCLE STOKEN EXTENSION TO						
FORM BEDROOM & WET ROOM						
	11					
Has the work already started?  Yes No						
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)					
Has the work already been completed?						
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)					
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way					
Please provide the full postal address of the application site.  House  House	Is a new or altered vehicle access proposed to or from the public highway?  Yes  No					
number: 5 suffix:	Is a new or altered pedestrian access					
name: GREAT GABLE	proposed to or from the public highway? Yes No					
Address 1: LINKS CRESURNT	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?					
Address 2:	If Yes to any questions, please show details on your plans or					
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):					
TOWN: SEASCALE						
County:						
Postcode (optional): CA20   RB						
6. Pre-application Advice	7. Trees and Hedges					
Has assistance or prior advice been sought from the local	Are there any trees or hedges on your own					
authority about this application?	property or on adjoining properties which are within falling distance of your proposed					
If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	development?					
application more efficiently). Please tick if the full contact details are not	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:					
known, and then complete as much possible:						
Officer name:						
Reference:	Will any trees or hadges need					
D. (02 )	Will any trees or hedges need to be removed or pruned in					
Date (DD MM YYYY); (must be pre-application submission)	order to carry out your proposal?					
Details of the pre-application advice received:	If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/					
	drawing(s) and indicate the scale.					

	ks affect existing car parking arrangements?	Yes 🔀 No				
If Yes, please describe	s: Too small Fall Modern (	isk.				
means related, by birth conclude that there wa	ployee / Member iple of decision-making that the process is open a h or otherwise, closely enough that a fair minded a as bias on the part of the decision-maker in the lo- g statements apply to you and/or agent? Yes	and informed obser cal planning author No ( ( (	ver, having considered the facts,	would	to"	
If Yes, please provide	details of their name, role and how you are related	I to them.		>		
If applicable, please state what materials are to be used externally. Include type, colour and name for each material:						
	Existing (where applicable)	Proposed		Not applicable	Don' Knov	
Walls	BRICK	Bruck				
Roof	LONGHETE THES	LONULETE	3 TILES			
Vindows	ofuc.	UPVC	J			
Doors		_				
Boundary treatments e.g. fences, walls)						

## 11. 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: Date (DD/MM/YYYY): CERTIFICA? Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) 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 or building to which this application relates. \* "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 Name of Owner / Agricultural Tenant Date Notice Served Address Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

12. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all t	the information in support of your proposal. Failure to submit all						
the Local Planning Authority (LPA) has been submitted.	nvalid. It will not be considered valid until all information required by						
The original and 3 copies* of a The original and 3 completed and dated application form:	s statement if						
The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:  The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	completed dated Ownership						
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.							
13. Declaration							
I/we hereby apply for planning permission/consent as described in	this form and the accompanying plans/drawings and additional r facts stated are true and accurate and any opinions given are the						
Signed - Applicant:	Date (DD/MM/YYYY):						
	2/11/23 (date cannot be pre-application)						
14. Applicant Contact Details	] 15. Agent Contact Details						
Telephone numbers	Telephone numbers						
Country code: National number: Extension number:  Country code: Mobile number (optional):	Country code: National number: Extension number:  Country code: National number: Extension number:						
Country code: Fax number (optional):  Country code: Fax number (optional):							
Email address (optional):	Fmail address (ontional):						
16. Site Visit							
Can the site be seen from a public road, public footpath, bridleway c	or other public land? Yes No						
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)  Applicant Depth Applicant Depth Applicant Applicant Applicant's detailed by the contact of the co							
TOther has been selected, please provide:							
Contact name:	Telephone number:						
Email address:							