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## Application for Planning Permission. Town and Country Planning Act 1990

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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:



Proud of our past. Energised for our future.

Copeland Borough Council
The Copeland Centre,
Catherine Street, Whitehaven,
Cumbria CA28 7SJ

tel: 0845 054 8600 fax: 01946 59 83 03

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Publication of applications on planning authority websites Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Rease ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

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

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

| 1. Applicant Name and Address |                      |  |  |  |
|-------------------------------|----------------------|--|--|--|
| Title:                        | Mr First name: James |  |  |  |
| Last name:                    | Jackson              |  |  |  |
| Company<br>(optional):        |                      |  |  |  |
| Unit:                         | House House suffix:  |  |  |  |
| House<br>name:                |                      |  |  |  |
| Address 1:                    | 14 Firth Drive       |  |  |  |
| Address 2:                    |                      |  |  |  |
| Address 3:                    |                      |  |  |  |
| Town:                         | St. Bees             |  |  |  |
| County:                       | Cumbria              |  |  |  |
| Country:                      |                      |  |  |  |
| Postcode:                     | CA27 0EY             |  |  |  |

| 2. Agent            | 2. Agent Name and Address |  |  |  |  |  |
|---------------------|---------------------------|--|--|--|--|--|
| Title:              | Mr First name: Tim        |  |  |  |  |  |
| Last name:          | Gleed                     |  |  |  |  |  |
| Company (optional): | Day Cummins Limited       |  |  |  |  |  |
| Unit:               | 4a House House suffix:    |  |  |  |  |  |
| House<br>name:      |                           |  |  |  |  |  |
| Address 1:          | Lakeland Business Park    |  |  |  |  |  |
| Address 2:          | Lamplugh Road             |  |  |  |  |  |
| Address 3:          |                           |  |  |  |  |  |
| Town:               | Cockermouth               |  |  |  |  |  |
| County:             |                           |  |  |  |  |  |
| Country:            | Cumbria                   |  |  |  |  |  |
| Postcode:           | CAI3 0QT                  |  |  |  |  |  |

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| 3. Description of the Proposal  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| Please describe the proposed development, including any change of                                       | of use:  |  |  |  |  |  |  |  |
| Extension of existing garage and formation of a new parking space.                                      |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| 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)  |  |  |  |  |  |  |  |
| Peference no. of permission in principle being relied on (technical details consent applications only): |  |  |  |  |  |  |  |  |
| 4. Site Address Details   | 5. Pre-application Advice  |  |  |  |  |  |  |  |
| Please provide the full postal address of the application site.   | Has assistance or prior advice been sought from the local  |  |  |  |  |  |  |  |
| Unit: House number: House suffix:   | authority about this application? Yes No   |  |  |  |  |  |  |  |
| House name:   | If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this |  |  |  |  |  |  |  |
| Address 1: 14 Firth Drive   | application more efficiently).  Please tick if the full contact details are not  |  |  |  |  |  |  |  |
| Address 2:  | known, and then complete as much as possible:  |  |  |  |  |  |  |  |
| Address3:   | Officer name:  |  |  |  |  |  |  |  |
| Town: St. Bees  |  |  |  |  |  |  |  |  |
| County: Cumbria   | Paference:   |  |  |  |  |  |  |  |
| Postcode<br>(optional): CA27 0EY  |  |  |  |  |  |  |  |  |
| Description of location or a grid reference. (must be completed if postcode is not known):              | Date (DD/MM/YYYY): (must be pre-application submission)  |  |  |  |  |  |  |  |
| Easting: Northing:  | Details of pre-application advice received?  |  |  |  |  |  |  |  |
| Description:  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |

| 6. Pedestrian and Vehicle Access, Road  | dsand <b>Rig</b> l             | ntsof Way              | 7. Waste Storage and Collection  |  |  |  |
|---|--------------------------------|------------------------|--|--|--|--|
| Is a new or altered vehicle access proposed to or from the public highway?  | X Yes                          | ☐ No                   | Do the plans incorporate areas to store and aid the collection of waste?  Yes X No                 |  |  |  |
| Is a new or altered pedestrian<br>access proposed to or from<br>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                            | X №                    |  |  |  |  |
| 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 X No |  |  |  |
| If you answered Yes to any of the above qu<br>details on your plans/drawings and state th<br>(s)/drawings(s)  | estions, plea<br>e reference ( | se show<br>of the plan | If Yes, please provide details:  |  |  |  |
| 5467-01 Existing and Proposed Plans   |                                |                        |  |  |  |  |
|   |                                |                        |  |  |  |  |
|   |                                |                        |  |  |  |  |
|   |                                |                        |  |  |  |  |
|   |                                |                        |  |  |  |  |
| 8. Authority Employee / Member It is an important principle of decision-making that the process is open and transparent. For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the local planning authority.  Do any of the following statements apply to you and/or agent? Yes No With respect to the authority, I am:  (a) a member of staff  (b) an elected member  (c) related to a member of staff |                                |                        |  |  |  |  |
| (d) related to an elected member  |                                |                        |  |  |  |  |
| If Yes, please provide details of their name  | role and no                    | w you are rei          | ateu to trient.  |  |  |  |
|   |                                |                        |  |  |  |  |
|   |                                |                        |  |  |  |  |
|   |                                |                        |  |  |  |  |

| 9. Materials If applicable, please state what materials are to be used externally. Include type, colour and name for each material:   |  |  |     |  |                               |                   |               |  |
|---|--|--|-----|--|-------------------------------|-------------------|---------------|--|
| ii appicable, please sta  | Existing                                   |  |     | Proposed   |                               | Not<br>applicable | Don't<br>Know |  |
| Walls   | Roughcast Rendered Blockwork               |  |     | Roughcast Rendered Blockwork                                     |                               |                   |               |  |
| Poof  | Felted flat roof                           |  |     | Felted flat roof   |                               |                   |               |  |
| Windows   | Ì  | ű  |     |  |                               | X                 |               |  |
| Doors   | White U<br>White Al                        | PVC half-glazed side door<br>uminium up and over garag<br>door | ge. | New white UPVC half-glaz<br>New white Aluminium u<br>garage door |                               |                   |               |  |
| Boundary treatments<br>(e.g. fences, walls)   | Single skin brickwork garden wall in grey. |  |     | Blockwork retaining wall. E<br>garden wall also retain           |                               |                   |               |  |
| Vehicle access and hard-standing  | Concrete hard standing parking area        |  |     | Additional concrete hard standing parking area.                  |                               |                   |               |  |
| Lighting  |  |  |     |  |                               | X                 |               |  |
| Others<br>(please specify)  |  |  |     |  |                               | X                 |               |  |
| 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:  5467-01 Existing and Proposed Plans |  |  |     |  |                               |                   |               |  |
| 10. Vehide Parkin   | g  |  |     |  |                               |                   |               |  |
|   |  | the existing and proposed n                                    |     | I proposed (including  | Difference                    |                   |               |  |
| Cars  | Type of vertice Existing                   |  |     |  | spaces retained) in space + I |                   |               |  |
| Light goods vehicles/ public carrier vehicles  Motorcycles  |  |  |     |  |                               |                   |               |  |
| Disability space  | æs   |  |     |  |                               |                   |               |  |
| Cycle space   | S  |  |     |  |                               |                   |               |  |
| Other (e.g. Bu  | ıs)  |  |     |  |                               |                   |               |  |
| Other (e.g. Bu  | Other (e.g. Bus)                           |  |     |  |                               |                   |               |  |

| 44 Foul Sources   | 12. Assessment of Flood Flisk  |  |  |  |  |
|---|--|--|--|--|--|
| 11. Foul Sewage   | Is the site within an area at risk of flooding? (Refer to the  |  |  |  |  |
| Please state how foul sewage is to be disposed of:  | Fryironment Agency's Flood Map showing flood zones 2 and 3 and   |  |  |  |  |
| Mains sewer Cess pit  | consult Environment Agency standing advice and your local planning authority requirements for information as necessary.) |  |  |  |  |
| Septic tank Other   | Yes X No   |  |  |  |  |
| Package treatment plant   | If Yes, you will need to submit a Rood Fisk Assessment to consider the risk to the proposed site.                        |  |  |  |  |
| Are you proposing to  | Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  X No                              |  |  |  |  |
| connect to the existing drainage system? Yes No   | Will the proposal increase   |  |  |  |  |
| If Yes, please include the details of the existing system on the application drawings and state references for the                      | the flood risk elsewhere?  |  |  |  |  |
| plan(s)/drawing(s):   | How will surface water be disposed of?   |  |  |  |  |
|   | Sustainable drainage system  |  |  |  |  |
|   | Soakaway Pond/lake   |  |  |  |  |
|   | Main sewer   |  |  |  |  |
| 13. Biodiversity and Geological Conservation  | 14. Existing Use   |  |  |  |  |
|   | Please describe the current use of the site:   |  |  |  |  |
| To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable        | Dwelling   |  |  |  |  |
| 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.                            |  |  |  |  |  |
| Having referred to the guidance notes, is there a reasonable  | Is the site currently vacant?  |  |  |  |  |
| likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to      | If Yes, please describe the last use of the site:  |  |  |  |  |
| or near the application site?   |  |  |  |  |  |
| a) Protected and priority species:  |  |  |  |  |  |
| Yes, on the development site  | <u> </u>   |  |  |  |  |
| Yes, on land adjacent to or near the proposed development   | When did this use end (if known)?  |  |  |  |  |
| ⊠ No  | DD/MM/YYYY (date where known may be approximate)   |  |  |  |  |
| b) Designated sites, important habitats or other biodiversity   | Does the proposal involve any of the following?  |  |  |  |  |
| features:   | If yes, you will need to submit an appropriate contamination assessment with your application.                           |  |  |  |  |
| Yes, on the development site Yes, on land adjacent to or near the proposed development  |  |  |  |  |  |
| No  | Land which is known to be contaminated? Yes X No   |  |  |  |  |
| c) Features of geological conservation importance:  | Land where contamination is suspected for all or part of the site?  Yes X No   |  |  |  |  |
| Yes on the development site   |  |  |  |  |  |
| Yes, on land adjacent to or near the proposed development   | A proposed use that would be particularly vulnerable Yes No  |  |  |  |  |
| ⊠ №   | to the presence of contamination?  |  |  |  |  |
|   | (10 Trade Effluent   |  |  |  |  |
| 15. Treesand Hedges   | 16. Trade Effluent  Does the proposal involve the need to  |  |  |  |  |
| Are there trees or hedges on the proposed development site?  Yes No   | dispose of trade effluents or waste?   |  |  |  |  |
| And/or: Are there trees or hedges on land adjacent to the   | If Yes, please describe the nature, volume and means of disposal of trade effluents or waste                             |  |  |  |  |
| proposed development site that could influence the development or might be important as part   Yes   No                                 | VI LIBOURING .   |  |  |  |  |
| of the local landscape character?   |  |  |  |  |  |
| Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be |  |  |  |  |  |
| Laubmitted alongside vour 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'.   | Version 2018.1   |  |  |  |  |

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| 17. Residential Units (Including Conversion)  Does your proposal include the gain, loss or change of use of residential units? Yes No  If Yes, please complete details of the changes in the tables below: |              |       |         |        |         |            |                              |                                    |  |       |        |        |         |            |       |
|--|--------------|-------|---------|--------|---------|------------|------------------------------|------------------------------------|--|-------|--------|--------|---------|------------|-------|
| Proposed Housing   |              |       |         |        |         |            |                              |                                    | Existi   | ng F  | lous   | ing    |         |            |       |
| Market   | Not          |       |         |        |         | ooms       | Total                        | Market                             | Not  |       | Numb   |        |         |            | Total |
| Housing  | known        | 1     | 2       | 3      | 4+      | Unknown    |                              | Housing                            | known  | 1     | 2      | 3      | 4+      | Unknown    |       |
| Houses   |              |       |         |        |         |            |                              | Houses                             |  |       |        |        |         |            |       |
| Hats/maisonettes   |              |       |         |        |         |            |                              | Flats/maisonettes                  | <del>                                     </del> |       |        |        |         |            |       |
| Sheltered housing  |              |       |         |        | _       |            |                              | Sheltered housing                  |  |       |        |        |         |            |       |
| Bedsit/studios   |              |       |         |        |         |            |                              | Bedsit/studios                     |  |       |        |        | _       |            |       |
| Cluster flats  |              |       |         |        |         |            |                              | Cluster flats                      |  |       |        |        |         |            |       |
| Other  |              |       |         |        |         |            |                              | Other                              |  |       |        |        | <u></u> |            |       |
|  |              | To    | tals (a | + 6+   | - C + a | + 0 + f) = |                              |                                    |  | Tot   | als (a | + 0+   | c+ d    | + 0+f)=    |       |
| Social, Affordable or Intermediate   | Not          |       | Numb    | er of  | Bedr    | ooms       | Total                        | Social, Affordable or intermediate | Not  |       | Numb   | er of  | Bedro   | ooms       | Total |
| Rent   | known        | 1     | 2       | 3      | 4+      | Unknown    |                              | Rent                               | known  | 1     | 2      | 3      | 4+      | Unknown    |       |
| Houses   |              |       |         |        |         |            | ĺ                            | Houses                             |  |       |        |        |         |            |       |
| Flats/maisonettes  |              |       |         |        |         |            |                              | Rats/maisonettes                   |  |       |        |        |         |            |       |
| Sheltered housing  |              |       |         |        |         |            |                              | Sheltered housing                  |  |       |        |        |         |            |       |
| Bedsit/studios   |              |       |         |        |         |            |                              | Bedsit/studios                     |  |       |        |        |         |            |       |
| Cluster flats  |              |       |         |        |         |            |                              | Cluster flats                      |  |       |        |        |         |            |       |
| Other  |              |       |         |        |         |            |                              | Other                              |  |       |        |        |         |            |       |
| Totals $(a+b+c+d+e+f)=$  |              |       |         |        |         |            | Totals $(a+b+c+d+\theta+f)=$ |                                    |  |       |        |        |         |            |       |
| Affordable Home  | Net          |       | Numb    | ner of | Redr    | ooms       | Total                        | Affordable Home                    | me Not Number of Bedrooms To                     |       |        | Total  |         |            |       |
| Ownership  | Not<br>known | 1     | 2       | 3      |         | Unknown    | TOTAL                        | Ownership                          | Not<br>known                                     | 1     | 2      | 3      |         | Unknown    | 1018  |
| Houses   |              |       |         |        |         |            |                              | Houses                             |  |       |        |        |         |            |       |
| Hats/maisonettes   |              |       |         |        |         |            |                              | Hats/maisonettes                   |  |       |        |        |         |            |       |
| Sheltered housing  |              |       |         |        |         |            |                              | Sheltered housing                  |  |       |        |        |         |            | 1     |
| Bedsit/studios   |              |       |         |        |         |            |                              | Bedsit/studios                     |  |       |        |        |         |            |       |
| Cluster flats  |              |       |         |        |         |            |                              | Cluster flats                      |  |       |        |        |         |            |       |
| Other  |              |       |         |        |         |            |                              | Other                              |  |       |        |        |         |            |       |
|  |              | Tol   | als (a  | + b+   | C+O     | + e+f)=    |                              |                                    |  | Tot   | als (a | + b +  | - C+ a  | + + + f) = | - 1   |
|  | Not          |       | Numb    | per of | Bedro   | ooms       | Total                        |                                    | Not  |       | Numi   | oer of | Bedr    | ooms       | Total |
| Starter Homes  | known        | 1     | 2       | 3      |         | Unknown    |                              | Starter Homes                      | known  | 1     | 2      | 3      |         | Unknown    |       |
| Houses   |              |       |         |        |         |            |                              | Houses                             |  |       |        |        |         |            |       |
| Flats/maisonettes  |              |       |         |        |         |            |                              | Hats/maisonettes                   |  |       |        |        |         |            |       |
| Bedsit/studios   |              |       |         |        |         |            |                              | Bedsit/studios                     |  |       |        |        |         |            |       |
| Other  |              |       |         |        |         |            |                              | Other                              |  |       |        |        |         |            |       |
|  |              |       | То      | tals ( | a+b     | + c + d) = |                              |                                    |  |       | To     | tals ( | (a + b  | + c + d) = |       |
| Self Build and   | Not          |       | Numb    | er of  | Bedro   | ooms       | Total                        | Self Build and                     | Not  | •     | Numt   | per of | Bedr    | ooms       | Total |
| Custom Build   | known        | 1     | 2       | _3     | 4+      | Unknown    |                              | Custom Build                       | known  | 1     | 2      | 3      | 4+      | Unknown    |       |
| Houses   |              |       |         |        |         |            |                              | Houses                             |  |       |        |        |         |            |       |
| Rats/maisonettes   |              |       |         |        |         |            |                              | Hats/maisonettes                   |  |       |        |        |         |            |       |
| Bedsit/studios   |              |       |         |        |         |            |                              | Bedsit/studios                     |  |       |        |        |         |            |       |
| Other  |              |       |         |        |         |            |                              | Other                              |  |       |        |        |         |            |       |
|  |              |       | To      | tals ( | a+b     | + c + d) = |                              |                                    |  |       | To     | tals   | (a + b  | + c + d) = |       |
| 20   |              |       |         |        |         |            |                              |                                    |  |       |        |        |         |            |       |
| Total proposed resi  | dential      | units | s (A    | + B+   | C+ D    | )+B=       |                              | Total existing re                  | esidentia  | al un | ts     | (F+ G  | i+ H+   | (1+J) =    |       |
| TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total)  |              |       |         |        |         |            |                              |                                    |  |       |        |        |         |            |       |

|                   | 18. All Types of Development: Non-residential Floorspace  Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes X No |                   |           |   |  |                                  |  |   |
|-------------------|--|-------------------|-----------|---|--|----------------------------------|--|---|
|                   |  |                   |           | stion above plea  |  |                                  |  |   |
|                   | Use class/type of use  |                   |           | Existing gross<br>internal<br>floorspace<br>(square metres) | Grossinternal to be lost by duse or dem (square m                    | loorspace<br>hange of<br>olition | Total gross internal<br>floorspace proposed<br>(including change of<br>use)(square metres) | Net additional gross<br>internal floorspace<br>following development<br>(square metres) |
| A1                | Sho  | ps                |           |   |  |                                  |  |   |
|                   | Net trada  | ble area:         |           |   |  |                                  |  |   |
| A2                | Financi<br>professiona   |                   |           |   |  |                                  |  |   |
| A3                | Restaurants  |                   |           |   |  |                                  |  |   |
| A4                | Drinking esta  | ablishments       |           |   |  |                                  |  |   |
| A5                | Hot food to  | akeaways          |           |   |  |                                  |  |   |
| B1 (a)            | Office (other  | er than A2)       |           |   |  |                                  |  |   |
| B1 (b)            | Researd<br>develor   |                   |           |   |  |                                  |  |   |
| B1 (c)            | Light ind  |                   |           |   |  |                                  |  |   |
| B2                | General in   | <del></del>       | 同         |   |  | · · · · · ·                      |  |   |
| B8                | Storage or o   | distribution      |           |   | <u> </u>   | <del></del>                      |  |   |
| CI                | Hotelsan   | d halls of        |           |   |  |                                  |  |   |
| C2                | residential  |                   | 一         | -   |  |                                  |  |   |
| D1                | Non-res  | idential          | 計         |   |  |                                  |  |   |
| D2                | institu<br>Assembly a  |                   |           | 112   |  |                                  |  |   |
| OTHER             |  |                   |           |   |  |                                  |  |   |
| Please            |  |                   |           | <u></u>   | L  | ····                             |  |   |
| Specify           | То   | t-I               |           |   | <u>.                                    </u>                         |                                  |  |   |
|                   |  | **-               | tiol in   | titutions and ho  | etale nlassa add   | litionally in                    | dicate the loss or gain of   | rooms   |
| 11                | Type of use  | Not<br>applicable | Existi    | ing rooms to be<br>of use or dem                            | stels, please additionally indicate the loss or gai<br>ost by change |                                  |  | Net additional rooms  |
| CI                | Hotels   |                   |           |   |  |                                  |  |   |
| C2                | Residential<br>Institutions  |                   |           |   |  |                                  |  |   |
| OTHER             | mattations   |                   |           |   |  |                                  |  |   |
| Please<br>Specify |  |                   |           |   |  |                                  |  |   |
|                   |  |                   |           |   |  |                                  |  |   |
|                   | ployment   | iollowing in      | forma     | tion regarding e  | molovees:  |                                  |  |   |
| 1160560           | omplete the  |                   | / / / / / | Full-time   |  | time                             |  | tal full-time<br>equivalent   |
| F                 | disting employ   | vees              |           |   | 7/1  | - <u>-</u>                       |  | Менласиг  |
|                   | posed emplo  |                   |           |   |  | •                                |  |   |
|                   |  |                   |           |   |  |                                  |  |   |
|                   | ours of Ope  |                   | af nne    | ning (e.g. 15:30)   | for each non-re  | sidential us                     | e proposed:  |   |
| II KNOW!          | n, piease state<br>Use   |                   |           | y to Friday   | Saturda  |                                  | Sunday and   | Not known   |
|                   |  |                   | noriud    | y to muay   | Catarac  | 7                                | Bank Holidays  |   |
|                   |  |                   |           |   |  |                                  |  |   |
|                   | <u>.                                    </u>   |                   |           |   |  |                                  |  |   |
|                   |  | L                 |           |   |  | !                                |  |   |
|                   | 21. Site Area  |                   |           |   |  |                                  |  |   |
| Please s          | tate the site a  | rea in hecta      | eres (h   | a) 0.034  |  |                                  |  | Version 2018 1  |

| 22. Industrial or Commercial Proce  | esses and Machine                                | ery   |                                  |  |  |  |  |
|---|--|---|----------------------------------|--|--|--|--|
| 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 development? Yes X No  |  |   |                                  |  |  |  |  |
| If the answer is Yes, please complete the following table:  |  |   |                                  |  |  |  |  |
|   | ਜ਼ਿ including engi                               | acity of the void in cubic metro<br>neering surcharge and making<br>cover or restoration material<br>id waste or litres if liquid waste | throughput in tonnes             |  |  |  |  |
| Inert landfill  |  |   |                                  |  |  |  |  |
| Non-hazardous landfill  |  |   |                                  |  |  |  |  |
| Hazardouslandfill   |  |   |                                  |  |  |  |  |
| Energy from waste incineration  |  |   |                                  |  |  |  |  |
| Other incineration  |  |   |                                  |  |  |  |  |
| Landfill gasgeneration plant  |  |   |                                  |  |  |  |  |
| Pyrolysis/gasification  |  |   |                                  |  |  |  |  |
| Metal recycling site  | T T  |   |                                  |  |  |  |  |
| Transfer stations   |  |   |                                  |  |  |  |  |
| Material recovery/recycling facilities (MRFs)   |  |   |                                  |  |  |  |  |
| Household civic amenity sites   |  |   |                                  |  |  |  |  |
| Open windrow composting   |  |   |                                  |  |  |  |  |
| In-vessel composting  |  | · · · · · · · · · · · · · · · · · · ·   |                                  |  |  |  |  |
| Anaerobic digestion   |  |   |                                  |  |  |  |  |
| Any combined mechanical, biological and/<br>or thermal treatment (MBT)  | Г  |   |                                  |  |  |  |  |
| Sewage treatment (MB1)  |  | <u> </u>  |                                  |  |  |  |  |
| Other treatment   |  |   |                                  |  |  |  |  |
| Recycling facilities construction, demolition and excavation waste  |  |   |                                  |  |  |  |  |
| _   |  |   |                                  |  |  |  |  |
| Storage of waste  |  |   |                                  |  |  |  |  |
| Other waste management  |  |   |                                  |  |  |  |  |
| Other developments Rease provide the maximum annual operati   | onal throughput of th                            | o following wasta strooms:  |                                  |  |  |  |  |
| Municipal   | ona imougnput or ii                              | le following waste streams.   |                                  |  |  |  |  |
| Construction, demolition and e  | xcavation  |   |                                  |  |  |  |  |
| Commercial and industr  |  |   |                                  |  |  |  |  |
| Hazardous   |  |   |                                  |  |  |  |  |
| If this is a landfill application you will need to<br>planning authority should make clear what   | o provide further info<br>information it require | rmation before your applications on its website.  | on can be determined. Your waste |  |  |  |  |
| 23. Hazardous Substances  |  |   |                                  |  |  |  |  |
| Does the proposal involve the use or storage the following materials in the quantities stat   |  | No  | pplicable                        |  |  |  |  |
| If Yes, please provide the amount of each sul   | bstance that is involve                          | ed:   |                                  |  |  |  |  |
| Acrylonitrile (tonnes)  | Bhylene oxide (to                                | onnes)  | Phosgene (tonnes)                |  |  |  |  |
| Ammonia (tonnes)  | Hydrogen cyanide (to                             | onnes)  | Sulphur dioxide (tonnes)         |  |  |  |  |
| Bromine (tonnes)  | Liquid oxygen (to                                |   | Flour (tonnes)                   |  |  |  |  |
| Chlorine (tonnes) Lic   | uid petroleum gas (to                            | onnes) Pi   | efined white sugar (tonnes)      |  |  |  |  |
| Other:  |  | Other:  |                                  |  |  |  |  |
| Amount (tonnes):  |  | Amount (tonnes):  |                                  |  |  |  |  |

#### 24. 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 acricultural holding \*\*

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. Date (DD/MM/YYYY): Or signed - Agent: **Signed - Applicant:** CERTIFICATE OF OWNERSHIP - CERTIFICATE B 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 Hanning Act 1990 Date Notice Served Name of Owner / Agricultural Tenant Economy and Infrastructure, Cumbria County Council, Cumbria County Council 25/08/2020 The Parkhouse Building Highways Department Kingmoor Business Park, CA6 4SJ

| Sgned - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY): |
|--------------------|--------------------|--------------------|
|                    |                    | 25/08/2020         |
|                    |                    |                    |

| 25. Planning Application Requirements - Checklist   |  |
|---|--|
| Please read the following checklist to make sure you have sent all the information required will result in your application being deemed investigation being deemed investigation.  | information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by |
| The original and 3 copies* of a completed and dated   | The correct fee:   |
| application form:  The original and 3 copies* of the plan which identifies  | The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details):               |
| the land to which the application relates drawn to an identified scale and showing the direction of North:  | The original and 3 copies* of the completed, dated   |
|   | Ownershin Certificate (A. B. Cor D – as applicable)  |
| The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:   | and Article 14 Certificate (Agricultural Holdings):  |
| *National legislation specifies that the applicant must provide the orig<br>total of four copies), unless the application is submitted electronically<br>LPAs may also accept supporting documents in electronic format by p<br>You can check your LPA's website for information or contact their pla | or, the LPA indicate that a shaller humber of copies is required.  |
| 26. Declaration   |  |
| I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.   | facts stated are true and accurate and any opinions given are the  |
| Sgned - Applicant: Or signed - Agent:   | Date (DD/MM/YYYY):   |
|   | 19 / 08/ 2010 (date cannot be pre-application)   |
|   |  |
| 27. Applicant Contact Details   | 28. Agent Contact Details  |
| Telephone numbers   | Telephone numbers  Extension   |
| Country code: National number: Extension number:  | Country code: National number: number:   |
|   |  |
| Country code: Mobile number (optional):   | Country code: Mobile number (optional):  |
| Country Court. (House Hallings) (Classification)  |  |
| Country code: Fax number (optional):  | Country code: Fax number (optional):   |
| Country code. Tax Hullioss (optiona).   |  |
| Eval address (aptional):  | Email address (optional):  |
| Email address (optional):   | tim.gleed@day-cummins.co.uk  |
|   | Christeed@day carministerior   |
| 29. Site Visit  |  |
| Can the site be seen from a public road, public footpath, bridleway o   | r other public land? X Yes No  |
| If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Hease salect only one)   | Agent Applicant Other (if different from the agent/applicant's details)  |
| If Other has been selected, please provide:   |  |
| Contact name:   | Telephone number:  |
|   |  |
|   |  |

Email address: