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Copeland Borough Council

The Copeland Centre, Catherine Street, Whitehaven,

2. Agent Name and Address

Cumbria CA28 7SJ

tel: 0845 054 8600

First name: RICHAN

fax: 01946 59 83 03

email: info@copeland.gov.uk
web: www.copeland.gov.uk

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

MIKE

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.

First name:

1. Applicant Name and Address

MR

Title:

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

Title:

			TIN.				
Last name:	ELLERAY	Last name:	MOTTRAM				
Company (optional):		Company (optional):					
Unit:	House number: 2 House suffix:	Unit:	House House suffix:				
House name:	BUSER HOUSE COTTAGES	House name:	EHEN HOUSE				
Address 1:	BOOM ESKDALE	Address 1:	BRISCO RD.				
Address 2:		Address 2:					
Address 3:		Address 3:	•				
Town:	HOLMROOK	Town:	EGRISMONT				
County:	CUMBRIA	County:	CUMBRIA				
Country:		Country:					
Postcode:	CA19 ITD	Postcode:	CA22 2EJ				
	ption of Proposed Works ribe the proposed works:						
EXTENSION TO DIVELLING TO SIDE AMS							
REAR (SINGLE STREY)							

•	n of Proposed Works (continued)	
	eady started? Yes No te when the work was started (DD/MM/YYYY):	
	eady been completed?	(date must be pre-application submission)
s, please stat	te when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
t: Ise ne: Iress 1: Iress 2: Iress 3: In: Inty:	House number: 2 House suffix: ALDGESTENE COTTAGS RIGGESTENE COTTAGS	See 1. Too See Color C
Pre-applic assistance or nority about t s, please con were given. (lication more se tick if the	ation Advice prior advice been sought from the local this application? Yes No explete the following information about the advice This will help the authority to deal with this efficiently). full contact details are not complete as much possible:	7. Trees and Hedges Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
	Date (DD MM YYYY): volication submission) e-application advice received:	Will any trees or hedges need to be removed or pruned in order to carry out your proposal? 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.
ting car parki is, please des 2 2 ATCO	d works affect ing arrangements? Yes No icribe: WE HICLE	9. Authority Employee / Member 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 the name, relationship and role

10. Materials

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't Know
Walls	MASONEY will wet dash finit one.	MASONRY with wet dash finish over		
Roof	PLATIN MODERN TILE (grey)	PLAIN MODERN TILE (gey)		
Windows	Timber.	opre dite	•	
Doors .	Theres	urc white		
Boundary treatments (e.g. fences, walls)	Hedje	Hedres No AlVerson.		
Vehicle access and hard-standing	N/A.	self-domining paren		
Lighting	NIA	N/A.		
Others (please specify)				
	tional information on submitted plan(s)/drawing(s ences for the plan(s)/drawing(s)/design and access	· · · · · · · · · · · · · · · · · · ·		No

11. Ownership Certificates and Agricultural Land Declaration

Signed - Applicant:

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 2010 Certificate under Article 12 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. Or signed Agent: Signed - Applicant: Date (DD/MM/YYYY): 2022 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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

Or signed - Agent:

Date (DD/MM/YYYY):

Signed - Applicant:		Or	Date (DD/MM/YYYY):			
				\	5.012022	date cannot be pre-application
14. Applicar	nt Contact Details		15. Agent Co	ontact Details		
Telephone num	bers		Telephone num	nbers		
Country code:	National number:	Extension number:	Country code:	National numbe	r:	Extension number:
Country code:	Mobile number (optional):		Country code:	Mobile number	(optional):	
Country code:	Fax number (optional):	Proceedings of the second seco	Country code:	Fax number (opt	tional):	
Email address (d	optional):		Email address (o	optional):	•	
	seen from a public road, public fo		other public land	? Yes	No	
out a site visit, w	authority needs to make an appoi hom should they contact? (Pleas		Agent	Applicant		erent from the cant's details)
Contact name:	n selected, please provide:		Telephone num	ber		

13. Declaration