



Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

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 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.

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.

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: Alan				
Last name:	O'Connor				
/	O'Connor Fencing Limited Directors Pension Scheme				
Unit:	House number: House suffix:				
House name:	O'Connor Fencing Ltd				
Address 1:	Whitehaven Commercial Park				
Address 2:	Moresby Parks				
Address 3:					
Town:	Whitehaven				
County:					
Country:					
Postcode:	CA28 8YD				

2. Agent Name and Address						
Title:	Mr	First name:	Simon			
Last name: Blacker						
Company (optional):	SRE Associates					
Unit:		House number: 10)	House suffix:		
House name:						
Address 1:	Parklands Drive					
Address 2:						
Address 3:						
Town:	Cockermouth					
County:						
Country:						
Postcode:	CA13 0	WX			_	
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3. Site Address Details	4. Pre-application Advice Has assistance or prior advice been sought from the local				
Please provide the full postal address of the application site. Unit: House House autility	authority about this application?				
House name:	If Yes, please complete the following information about the advice				
Address 1: Joe McBain Avenue	you were given. (This will help the authority to deal with this application more efficiently).				
Address 2: Moresby Parks	Please tick if the full contact details are not known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: Whitehaven	Reference:				
County:					
Postcode (optional): CA28 8EA	Date (DD/MM/YYYY): (must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:					
Description:					
5. Description Of Your Proposal					
Please provide a description of the approved development as shown and date of decision in the sections below:	on the decision letter, including the application reference number				
WAREHOUSE BUILDING WITH ASSOCIATED CAR PAR	RKING, SERVICE YARD,				
LANDSCAPING AND ASSOCIATED DRAINAGE INFRA	STUCTURE				
Reference number: 4/23/2025/0F1 Date of decision:	05/06/23 (Date must be pre-application				
Please state the condition number(s) to which this application relates	submission) (DD/MM/YYYY) s:				
1. 3	6.				
2.	7.				
3.	8.				
4.	9.				
5.	10.				
Has the development already started?	Yes X 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, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
6. Discharge Of Condition					
Please provide a full description and/or list of the materials/details that are being submitted for approval:					
Construction Traffic Management Plan					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:					
n 100, product minoric part of the condition your application related to.					

8. 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 inv the Local Planning Authority (LPA) has been submitted.	
The original and 3 copies* of a completed and dated application form: $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:
The correct fee:	
*National legislation specifies that the applicant must provide the ori total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by provided the supporting documents in electronic format by provided the supporting documents in electronic format by the supporting the supp	or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).
9. 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. Signed - Applicant: Date (DD/MM/YYYY): 07/06/23 (date cannot be pre-application)	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers Country code: National 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 If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name:	other public land? X Yes No Agent X Applicant Other (if different from the agent/applicant's details) Telephone number:
Email address:	