



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

2. Agent Name and Address

First name:

tel: 0845 054 8600 fax: 01946 59 83 03 email: info@copeland.gov.uk web: www.copeland.gov.uk

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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

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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

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

Title:

Last name: SYKES	Last name: WALKER
Company (optional):	Company (optional):
Unit: House number: House suffix:	Unit: House House suffix:
House name:	House name: ROCKLAW)
Address 1: BANK HEAD	Address 1: LADY HALL
Address 2: HAVERIGG	Address 2:
Addiress 3:	Address 3:
Town: MILLOM	Town: MILLOM
County: CUMBRIA	County: CUMBRIA
Country: ENGLAWS	Country: ENGLAND
Postcode: LA18 4LZ	Postcode: LAIS 5HR
3. Description of Proposed Works	
Please describe the proposed works: ERECT TWO STUREY EXTENSION STUREY EXTENSION TO REAR EL	TO FRONT ELEVATION & SINGLE

3. Description of Proposed Works (continued)	
Has the work already started?	
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.	Is a new or altered vehicle access proposed to or from the public highway? Yes No
Unit: House number: House suffix:	Is a new or altered pedestrian access:
House name:	proposed to or from the public highway? Yes No
Address 1: BANK HEAD	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes
Address 2: HAVERIGG	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: MILLOM	
County: CUMBRIA	
Postcode (optional): LAIS 4LZ	
Has assistance or prior advice been sought from the local authority about this application? If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not known, and then complete as much possible: Officer name:	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:
Reference:	Will any trees or hedges need
Date (DD MM YYYY):	to be removed or pruned in order to carry out your proposal?
(must be pre-application submission)	If Yes, please show on your plans which trees by giving them
Details of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
8. Parking	9. Authority Employee / Member
Will the proposed works affect existing car parking arrangements? Yes No	With respect to the Authority, I am: (a) a member of staff Do any of these
If Yes, please describe:	(b) an elected member statements apply to you? (c) related to a member of staff
	(d) related to an elected member If Yes, please provide details of the name, relationship and role
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	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	CANTERBURY SPAR	CANTERBURM SPAR TO MATCH.		
Roof	GREY DOUBLE ROMAN' CEMENT TILES	GREY DOUBLE ROMAN CEMENT TILES TO FRONT FLAT GREY CEMENT TILES TO REAR.		
Windows ,	WHITE UPVC	WHITE UPVC		
Doors	WHITE, & GREEN UPVC	ANTHRACITE GREY UPVC		
Boundary treatments (e.g. fences, walls)	LOW BLOCKWORK WALLS,	AS EXISTING-UNTONOHED		,
Vehicle access and hard-standing				
Lighting				
Others (please specify)				
f Yes, please state refer	itional information on submitted plan(s)/drawing(s) rences for the plan(s)/drawing(s)/design and acces PILED PLAWS (NO 1734, S	s statement:		No

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 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. Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 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**

Signed - Applicant:	Or signed - Agent:	2.0	Date (DD/MM/YYYY)

Town and Country Planning (Develor certify/ The applicant certifies that: Neither Certificate A or B can be issued and the steps have been take.	CERTIFICATE OF OWNERSHIP - CERT repment Management Procedure) (En ed for this application n to find out the names and addresses , but I have/ the applicant has been un leasehold interest with at least 7 years le	of the other owners* and/or aginable to do so.	
Name of Owner / Agricultural Tenant	Address		Date Notice Served
	, taures		
Notice of the application has been published (circulating in the area where the land is situation)	l in the following newspaper ated):	On the following date (which than 21 days before the date	n must not be earlier of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
Town and Country Planning (Develor I certify/ The applicant certifies that: Certificate A cannot be issued for this All reasonable steps have been taken	application to find out the names and addresses of er* and/or agricultural tenant** of any to do so. easehold interest with at least 7 years lef	gland) Order 2010 Certificate of everyone else who, on the day part of the land to which this ap	y 21 days before the
Notice of the application has been published (circulating in the area where the land is situa		On the following date (which than 21 days before the date	
L Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
12. Planning Application Requirem Please read the following checklist to make suinformation required will result in your application the Local Planning Authority has been submit The original and 3 copies of a completed and dated application form: 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:	re you have sent all the information in ation being deemed invalid. It will not	be considered valid until all info PAYII The correct fee: TRA PLE	ormation required by NG BY DIRECT WS FEL. ASE CONTACT F 206-CD Dies of the Intership D-as e 12

13. 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.	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):
	14 01 2022 (date cannot be pre-application)
14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers Extension	Telephone numbers Extension
Country code: National number: number:	Country code: National number: number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway 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? (<i>Please select only one</i>)	Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	
Contact name:	Telephone number:
	-
Email address:	