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

2. Agent Name and Address

tel: 0845 054 8600 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

First name: JASON

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.

1. Applicant Name and Address

Title:

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

Title:

Cast Harrie. WEG ZIVER	Last Harric. WALKER
Company (optional):	Company (optional):
Unit: House number: 3 House suffix:	Unit: House House suffix:
House name:	House name: ROCK LAND
Address 1: BANK HEAD	Address 1: LADY HALL
Address 2: HAUERIGG	Address 2:
Address 3:	Address 3:
Town: MILLOM	Town: MILLOM
County: CUMBRIA	County: Cumbe.A
Country: ENGLAND	Country: ENGLAND
Postcode: LA18 4LZ	Postcode: LA 18 5HR
3. Description of Proposed Works	
Please describe the proposed works:	
ERECT TWO STOREY EXTENSION OF	U FRONT ELEVATION, & SINGLE
STOREY EXTENSION ON REAR EL	
+	

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? Yes No	
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. Unit: House a House suffix: House name: Address 1: BANK HEAD Address 2: HAVERIGG Address 3: Town: MILLOM County: CLAMBRAD	Is a new or altered vehicle access proposed to or from the public highway? Yes No Is a new or altered pedestrian access proposed to or from the public highway? Yes No Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s):
Postcode (optional): LAK 4LZ	
6. Pre-application Advice 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:	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:
Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-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.
8. Parking Will the proposed works affect existing car parking arrangements? Yes No If Yes, please describe:	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

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	BROWN SPAR	BROWN SPAR TO MATCH.		
Roof	GREY DOUBLE ROMAN TILES TO MAIN ROOF FLAT GREY CEMENT TILES TO FRONT PORCH	GREY DOUBLE ROMAN' TILES TO TWO STOREY EXTENSION - TO MATCH. FLAT GREY COMENT TILES TO REAR EXTENSION		
Windows	WHITE UPVC	WHITE UPVC		
Doors	ANTHRACTTE GREY UPVC - FRONT WHITE UPVC-REAR	EXISTING ANTHRACITE GRET UPVE - FRONT WHITE UPVE-REAR		
Boundary treatments (e.g. fences, walls)	CONC BLOCK/PANELS, & TIMBER FENCE TO NO.4	AS EXISTING		,
Vehicle access and hard-standing			d	
Lighting				
Others (please specify)	-12 -12			
f Yes, please state refe	itional information on submitted plan(s)/drawing(rences for the plan(s)/drawing(s)/design and access PLANS (NO 1735, S	ss 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**

is part of, an agricultural notating		
NOTE: You should sign Certificate B, C application relates but the land is, or i	or D, as appropriate, if you are the sole owner of the lands spart of, an agricultural holding.	d or building to which the
* "owner" is a person with a freehold intere ** "agricultural holding" has the meaning	st or leasehold interest with at least 7 years left to run. given by reference to the definition of "agricultural tenant" in s	ection 65(8) of the Act.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		02/04/2022
I certify/ The applicant certifies that I ha 21 days before the date of this applicati application relates. * "owner" is a person with a freehold interes	velopment Management Procedure) (England) Order 20 ve/the applicant has given the requisite notice to everyone on, was the owner* and/or agricultural tenant** of any past or leasehold interest with at least 7 years left to run. iven in section 65(8) of the Town and Country Planning Act 199	e else (as listed below) who, on the da rt of the land or building to which thi
Name of Owner / Agricultural Tenant	Address	Date Notice Served
·		
,		
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

l certify/ The applicant certifies that: Neither Certificate A or B can be is All reasonable steps have been ta	CERTIFICATE OF OWNERSHIP - CER' elopment Management Procedure) (Example 1) (Example 2) (Ex	TIFICATE C ngland) Order 2010 Certificat of the other owners* and/or anable to do so. eft to run.	
Name of Owner / Agricultural Tenant	Address		Date Notice Served
rame of owner / rightcuttural renant	Address		, , , , , , , , , , , , , , , , , , ,
·			
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated): On the following date (which must not be earlier than 21 days before the date of the application):			
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
 Certify/ The applicant certifies that: Certificate A cannot be issued for t All reasonable steps have been tak 	en to find out the names and addresses of vner* and/or agricultural tenant** of any ole to do so. or leasehold interest with at least 7 years lea	gland) Order 2010 Certificate of everyone else who, on the day of part of the land to which this a	ay 21 days before the
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated): On the following date (which must not be earlier than 21 days before the date of the application):			
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
12. Planning Application Require Please read the following checklist to make information required will result in your app the Local Planning Authority has been subs 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:	e sure you have sent all the information in indication being deemed invalid. It will not mitted. The original and 3 copies of a design and access statement if proposed works fall within a	t be considered valid until all ir PAYING BY The correct fee: PL	DIRECT CANS DIREC

13. Declaration	*	
I/we hereby apply for planning permission/conse information. I/we confirm that, to the best of my, genuine opinions of the person(s) giving them.	ent as described in the our knowledge, any	nis form and the accompanying plans/drawings and additional refers the facts stated are true and accurate and any opinions given are the
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		02 04 2022 (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: National number: Extension 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 fo	otpath, bridleway or	r other public land? Yes No
If the planning authority needs to make an appoing out a site visit, whom should they contact? (Pleas	ntment to carry e select 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:		