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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

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.

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

I. Applica	ant Name and Address	2. Agent Name and Address		
Title:	MR First name: GARY	Title: First name:		
ast name:	SMITH	Last name:		
Company optional):		Company (optional):		
Init:	House number: 47 House suffix:	Unit: House number: House suffix:		
louse lame:		House name:		
ddress 1:	THE MOUNT	Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
own:	WHITEHAVEN	Town:		
county:	CUMBRIA	County:		
country:	UK	Country:		
ostcode:	CA28 6AJ	Postcode:		
3. Descri	iption of Proposed Works			
	cribe the proposed works:			
Sur	MMERHOUSE SENSORY ROOM 15M AWAY FROM CLOSE	4.4M X 3.2M HEIGHT 2460MM		
	NEIGHBOUR NUMBER			

Has the work already started? X Yes No	GASE ONLY	
f Yes, please state when the work was started (DD/MM/YYYY):	05/22 (date must be pre-application s	uhmission
Has the work already been completed?	(but the start of the approximate	
f Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application st	ubmission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Righ	te of Mar
Please provide the full postal address of the application site.	Is a new or altered vehicle access	its ut was
Unit: House number: 47 House suffix:	proposed to or from the public highway? Yes Is a new or altered pedestrian access	× No
House name:	proposed to or from the public highway? Yes Do the proposals require any diversions,	X No
Address 1: THE MOUNT	extinguishments and/or creation of public rights of way?	▼ No
Address 2:	If Yes to any questions, please show details on your plan	
Address 3:	drawings and state the reference number(s) of the plant drawing(s):	(s)/
Town: WHITEHAVEN		
County:		
Postcode (optional): CA28 6 AJ		
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: CHLOE WSWORTH Reference: HEF 22 0230 - 47 THE MOUNT	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 drawwill any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes	No awlngs:
Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: DLANNING PERMISSION WILL BE	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.	
LEQUILED		
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 a	oly to you?

10. Materials

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls		TIMBER CEDAR CLADSING IN RED SAME AFFECT AS HOUSE		
Roof		EDPM RUBBER TN BLACK SAME AS HOUSE		
Windows		PUC BOUBLE GLAZED IN GREY SAME AS HOUSE		
Doors		PUC DOUBLE GLAZED TN GREY SAME AS HOUSE		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				
Lighting				
Others (please specify)				
	ditional information on submitted perences for the plan(s)/drawing(s)/d	lan(s)/drawing(s)/design and access statement? esign and access statement:	S	☐ 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 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 s part of, an agricultural holding **

Or signed - Agent:

Date (DD/MM/YYYY):

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.

		1419122
Town and Country Planning (Developme I certify/ The applicant certifies that I have/the application, was the days before the date of this application, was the application relates. "Towner" is a person with a freehold interest or lease.	TIFICATE OF OWNERSHIP - CERTIFICATE Bent Management Procedure) (England) Order 20 oplicant has given the requisite notice to everyon he owner* and/or agricultural tenant** of any page thold interest with at least 7 years left to run. ction 65(8) of the Town and Country Planning Act 19	
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

11. Ownership Certificates and Agricultural Land Declaration (continued) **CERTIFICATE OF OWNERSHIP - CERTIFICATE C** Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. "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 The steps taken were: Date Notice Served Name of Owner / Agricultural Tenant Address On the following date (which must not be earlier Notice of the application has been published in the following newspaper (circulating in the area where the land is situated): than 21 days before the date of the application): Date (DD/MM/YYYY): Signed - Applicant: Or signed - Agent: CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else 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 to which this application relates, but I have/ the applicant has been unable to do so. "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 The steps taken were: Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Date (DD/MM/YYYY): Signed - Applicant: Or signed - Agent: 12. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted. The original and 3 copies of a The original and 3 copies of a The correct fee: completed and dated application form: design and access statement if proposed works fall within a The original and 3 copies of a plan which conservation area or The original and 3 copies of the identifies the land to which the application World Heritage Site, or relate to a completed, dated Ownership relates drawn to an Identified scale Listed Building: Certificate (A, B, C or D – as and showing the direction of North: applicable) and Article 12 The original and 3 copies of other plans Certificate (Agricultural Holdings): and drawings or Information necessary to describe the subject of the application:

/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional nformation. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant: (date cannot be 14/9/22 pre-application 14. Applicant Contact Details 15. Agent Contact Details Telephone numbers Telephone numbers Extension Extension Country code: Country code: National number: number: 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? No x Yes If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) Other (if different from the × Applicant Agent agent/applicant's details) If Other has been selected, please provide: Contact name: Telephone number:

13. Declaration

Emall address: