

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

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 lenter 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	2. Agent Name and Address
Title: MK First name: JERF	Title: First name:
Last name: GOPC	Last name:
Company (optional):	Company (optional):
Unit: House House suffix:	Unit: House number: House suffix:
House CAMBRIME HOUSE	House name:
Address 1: CANBAINE STREET	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
Town: Million	Town:
County: COMBRIA	County:
Country.	Country:
Postcode: LAI8 SBD	Postcode:

lease provide the full postal address of the application site. Init: House House Suffix: House Suff	Has assistance or prior advice been sought from the local authority about this application? Yes No If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
number: suffix: house lame: FORMOR TOLLET BLOW	If Yes, please complete the following information about the advice
House FORMOR TOILET BLOCK	
eddress 1: LANCASHIRE ROAS	- I I YOU WELL LIVELL LIND WHITE DIRE GUIDDING TO GET WITH HID
	application more efficiently). Please tick if the full contact details are not
iddress 2:	known, and then complete as much as possible:
ddress 3:	Officer name:
DWITE MILLOM	Reference:
county: CUMBRIA	
ostcode optional): LAI8 4BX	Date (DD/MM/YYYY): (must be pre-application submission)
escription of location or a grid reference. must be completed if postcode is not known):	Details of pre-application advice received?
asting: Northing:	
Description:	<u></u>
. Description Of Your Proposal	
lease provide a description of the approved development as sho	own on the decision letter, including the application reference number
and date of decision in the sections below:	
Alteration including post densisted	n of forces touch doch
V	
eference number: Date of decision	on: 13/6/29 (Date must be pre-application submission) (DD/MM/YYYY)
Please state the condition number(s) to which this application re	
1.	6.
2.	7.
· 3.	8.
X4. Lex Wooden dualled access benche	9.
X5. UNC Window + VODB Pastel Green wa	
las the development already started?	Yes No
f Yes, please state when the development started (DD/MM/YYY)	Y): (date must be pre-application submission)
las the development been completed?	Yes 📈 No
f Yes, please state when the development was completed (DD/N	MM/YYYY): (date must be pre-application submission)
. Discharge Of Condition	-
Please provide a full description and/or list of the materials/detail	ils that are being submitted for approval:
10 n N	
se alladed	
. Part Discharge Of Condition(s)	
Are you seeking to discharge only part of a condition?	Yes No
	on relates to:
f Yes, please indicate which part of the condition your applicatio	
f Yes, please indicate which part of the condition your applicatio	

8. 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 (LPA) has been submitted.		
The original and 3 copies* of a Completed and dated application form:	riginal and 3 copies* of other plans and drawings ormation necessary to describe the subject of the application:	
The correct fee:		
*National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.		
9. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. 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.		
Signed - Applicar	Or signed - Agent:	
Date (DD/MM/YYYY): 10/7/24 (date cannot be pre-application)		
10. Applicant Contact Details	11. Agent Contact Details	
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number. Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	
12. 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? (Please 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:	
Jeff bott	researche number.	
Email address:		