



## 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:	Messrs	First nan	ne:			
Last name:	Ireland					
Company (optional):						
Unit:		House number:			House suffix:	
House name:	New House Farm					
Address 1:	Drigg					
Address 2:	Holmrook					
Address 3:						
Town:						
County:						
Country:						
Postcode:	CA19 1)	XG				

2. Agent	Name and	d Address			
Title:	Ms	First name:	Anthea		
Last name:	Jones				
Company (optional):	Planning Branch Ltd				
Unit:	House 19 House suffix:				
House name:					
Address 1:	Greystoke Park Avenue				
Address 2:					
Address 3:					
Town:	Penrith				
County:					
Country:					
Postcode:	CA11 9DE	3			
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3. Site Address Details	4. Pre-application Advice					
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local					
Unit: House House suffix:	authority about this application?  Yes  X No					
House name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this					
Address 1: Land off Shore Road	application more efficiently).  Please tick if the full contact details are not					
Address 2: Drigg	known, and then complete as much as possible:					
Address 3:	Officer name:					
Town:	Reference:					
County:						
Postcode (optional):	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: 305418 Northing: 498707						
Description:						
<b>5. Description Of Your Proposal</b> Please provide a description of the approved development as shown	on the decision letter, including the application reference number					
and date of decision in the sections below:						
Creation of handling system						
Reference number: 4/24/2330/0F1 Date of decision:	19/11/2024 (Date must be pre-application submission) (DD/MM/YYYY)					
Please state the condition number(s) to which this application relates						
1. 4	6.					
2. 5	7.					
3. 9	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?						
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 th	at are being submitted for approval:					
see documents						
7. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition?	Yes X No					
If Yes, please indicate which part of the condition your application relates to:						

	ke sure you have sent all to oplication being deemed i	he information in support of your proposal. Failure to submit all invalid. It will not be considered valid until all information required by		
The original and 3 copies* of a completed and dated application form:	☑ Th	original and 3 copies* of other plans and drawings ormation necessary to describe the subject of the application:		
The correct fee:	X			
total of four copies), unless the applicatio LPAs may also accept supporting docume	n is submitted electronica ents in electronic format b	original plus three copies of the form and supporting documents (a ally or, the LPA indicate that a smaller number of copies is required. by post (for example, on a CD, DVD or USB memory stick). planning department to discuss these options.		
9. Declaration  I/we hereby apply for planning permissio information. I/we confirm that, to the bes genuine opinions of the person(s) giving  Signed - Applicant:	t of my/our knowledge, a	this form and the accompanying plans/drawings and additional ny facts stated are true and accurate and any opinions given are the  Or signed - Agent:		
Date (DD/MM/YYYY): 21.11.2024 (date can	not be pre-application)			
10. Applicant Contact Details  Telephone numbers  Country code: National number:  Country code: Mobile number (option  Country code: Fax number (optional):		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):		Email address (optional):		
12. Site Visit  Can the site be seen from a public road, p  If the planning authority needs to make a out a site visit, whom should they contact  If Other has been selected, please provide  Contact name:	n appointment to carry t? (Please select only one)	or other public land? X Yes No  X Agent Applicant Other (if different from the agent/applicant's details)  Telephone number:		
Email address:		2088		