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Copeland Borough Council tel: 0845 054 8600 The Copeland Centre, fax: 01946 59 83 03 Catherine Street, Whitehaven, email: info@copeland.gov.uk Cumbria CA28 7SJ

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

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.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application. Please complete using block capitals and black ink.

. Applicant Name and Address	2. Agent Name and Address
tle: UR First name: CRAIG	Title: First name:
st name: FANCETT	Last name:
ompany AR + CA FAUXETT	(optional): House
House House suffix:	Unit: House number: House suffix:
OUSE SEASCALE HALL	House name:
ddress 1:	Address 1:
ddress 2:	Address 2:
ddress 3:	Address 3:
OWN: SEASCALE	Town:
County: CLMBRIA	County:
Country: Ve	Country:
Postcode: CA20 IEH	Postcode:
franciarions i	erection of 2 Storey extension. in current lean-to and 15sues - See attached photographs.
	\$Defe: 2013 Q4-30 P\$ \$Revision: 5504 \$

Description of Proposed Works (continued)				
las the work already started?	u u u u ballalan)			
Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)			
las the work already been completed? Yes No	(Indian submission)			
Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission) 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? Is a new or altered pedestrian access proposed to or from the public highway? Do the proposals require any diversions, extinguishments and/or creation of public rights of way?			
Address 2: SEASCALE	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):			
Address 3:				
Town: County: Conser Postcode (optional): CA20 (HW)				
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: Torrecty Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	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: 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? 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			

	e what materials are to be used externally. Incl Existing (where applicable)	Proposed	Not applicable	Don't Know
Valls	cooled Store + rendered	concrete blacks + rendured.		
toof	Tiles	Tiles		
Windows		PVC		
Doors		PVC		
Boundary treatments (e.g. fences, walls)			다	
Vehicle access and hard-standing			Q	
Lighting				
Others (please specify)				
Are you supplying ad If Yes, please state re	ditional information on submitted plan(s)/draw ferences for the plan(s)/drawing(s)/design and a	ring(s)/design and access statement? access statement:	Yes	No

11. Ownership Certificates and Agricultural Land Declaration					
	ificate A, B, C, or	D, must be completed with this appl TE OF OWNERSHIP - CERTIFICATE A	ication form		
Town and Country Planning (D I certify/The applicant certifies that on the owner of any part of the land or building is part of, an agricultural holding.	evelopment Man	nagement Procedure) (England) Orde	u aveant mucalfithe	ammilianni men Ales	
NOTE: You should sign Certificate B, C application relates but the land is, or	or D, as appropris	riate, if you are the sole owner of the cultural holding.	land or building to	which the	
""owner" is a person with a freehold intere "" "agricultural holding" has the meaning	est or leasehold int given by reference	erest with at least 7 years left to run. • to the definition of "agricultural tenant"	in section 65(8) of th	e Act.	
Signed - Applica		Or signed - Agent:		Date (DD/MM/YYYY):	
				25/02/21	
21 days before the date of this applicati application relates. ""owner" is a person with a freehold intere "" "agricultural tenant" has the meaning g	evelopment Mana eve/the applicant in ion, was the owner	erest with at least 7 were left to are	one else (as listed b part of the land or		
Name of Owner / Agricultural Tenant		Address		Date Notice Served	
34.					
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYY):	
		,			

Date Notice Served date (which must not be earlier ore the date of the application): Date (DD/MM/YYYY):
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Certificate under Article 12
Certificate under Article 12
io, on the day 21 days before the which this application relates, but I
g date (which must not be earlier
g date (which must not be earlier fore the date of the application):
efore the date of the applications.
g date (which must not be earlier fore the date of the application): Date (DD/MM/YYYY):
which this application

we hereby apply for planning permission/consent a formation. If we confirm that, to the best of my/our enuine opin (s) giving them.	s described in thi knowledge, any f signed - Agent:	acts stated are tru		e and any opinion Date (DD/MM/YYY) 22 2 2	- 1
4. Applicant Contact Details delephone numbers Country code: Country code: Fax number (optional):	Extension number:	Telephone numl Country code: Country code: Country code: Country code: Email address (National nu Mobile nun Fax numbe		Extension number:
16. Site Visit Can the site be seen from a public road, public foot If the planning authority needs to make an appoint out a site visit, whom should they contact? (Please s If Other has been selected, please provide: Contact name:	ment to carry	other public land	App	☑No licant ☐ Other agent	(if different from the /applicant's details)