

Application for Planning Permission. Town and Country Planning 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:





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

Proud of our past. Energised for our future.

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. Appli | cant Name and Address |
|---------------------|------------------------|
| Title: | ML First name: PATELOR |
| Last name: | CADTON |
| Company (optional): | |
| Unit: | House number: |
| House name: | ACHILL |
| Address 1: | Blanky Rono |
| Address 2: | BRANSTY |
| Address 3: | |
| Town: | MUTEHAVEN |
| County: | Cumpfia |
| Country: | ENGLAMO |
| Postcode: | CA28 6MD |

| ge | Turne unit / Turne |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title: | First name: |
| Last name: | No. |
| Company (optional): | |
| Unit: | House House suffix: |
| House name: | |
| Address 1: | |
| Address 2: | |
| Address 3: | Marie Control of the |
| Town: | |
| County: | |
| Country: | |
| Postcode: | 10000 |

| 3. Description of the Proposal | |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Please describe the proposed development, including any change of | use: |
| ELECT CONCLETE SECTIONAL C | SREAGE AT FAIRVIEW SITE, |
| hor 5 | |
| | |
| Has the building, work or change of use already started? | Yes No |
| If Yes, please state the date when building, work or use were started (DD/MM/YYYY): | 2. ((date must be pre-application submission) |
| Has the building, work or change of use been completed? | ✓Yes No |
| If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY): | |
| Reference no. of permission in principle being relied on (technical details consent applications only): | |
| 4. Site Address Details | 5. Pre-application Advice Has assistance or prior advice been sought from the local |
| Please provide the full postal address of the application site. House House | Has assistance or prior advice been sought from the local authority about this application? |
| Unit: suffix: | |
| House ROT S | If Yes, please complete the following information about the advic you were given. (This will help the authority to deal with this |
| Address 1: FAL VIEW CAPALE SITE | you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not |
| Address 2: BLANSTY ROAD | known, and then complete as much as possible: |
| Address 3: | Officer name: |
| Town: WMITEMAEN | JOHNNE WELL |
| County: Complia | Reference: |
| Postcode (optional): CA28 | |
| Description of location or a grid reference. (must be completed if postcode is not known): | Date (DD/MM/YYYY): (must be pre-application submission) |
| Easting: 297564 Northing: 518938 | Details of pre-application advice received? |
| Description: | 1 |
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| | III |
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| 6. Pedestrian and Vehicle Access, Road | ds and Righ | ts of Way | 7. Waste Stora | ge and Collection | | , |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------|------------|
| s a new or altered vehicle access proposed to or from the public highway? | Yes | No | and aid the collecti | | Yes | Ū∕No |
| s a new or altered pedestrian | | | If Yes, please provid | de details: | | |
| ccess proposed to or from | Yes | No | | | | |
| he public highway? | | [2] | | | | |
| are there any new public roads to be provided within the site? | Yes | □No | | | | |
| Are there any new public rights of way to be provided within or adjacent to the site? | Yes | No | | | | i gab |
| Do the proposals require any diversions /extinguishments and/or creation of rights of way? | Yes | No | Have arrangement for the separate st collection of recyc | torage and clable waste? | Yes | N |
| If you answered Yes to any of the above qu details on your plans/drawings and state th (s)/drawings(s) | estions, plea ne reference | se show of the plan | If Yes, please pro | vide details: | , | |
| When had | 1.6 | LX. | | | | |
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| t is an important principle of decision-mal | king that the | | | | his question, " dered the facts | related to |
| 8. Authority Employee / Member It is an important principle of decision-mal means related, by birth or otherwise, close conclude that there was bias on the part o Do any of the following statements apply | king that the ly enough th f the decision | nat a fair-mii n-maker in t | | thority. With respect to the a (a) a member of staff (b) an elected memb (c) related to a mem | outhority, I am: f per ber of staff | |
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| It is an important principle of decision-mal means related, by birth or otherwise, close conclude that there was bias on the part o Do any of the following statements apply | king that the ely enough the f the decision to you and/o | nat a fair-mi n-maker in t or agent? | he local planning au | thority. With respect to the a (a) a member of staff (b) an elected memb (c) related to a mem | outhority, I am: f per ber of staff | |

| | Existing (where applicable) | externally. Include type, colour and name for Proposed | Not applicable | Don' Knov |
|-----------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------|
| Walls | | CONCLETE SPAL PERFLE | | |
| Roof | - market arches | SPAR POBLE I GAIDVANISED WITH CHAFT | Speec | |
| Windows | | | | |
| Doors | 31 20 mg 128 f | STEEL UP AN Hohizontal | p over | |
| Boundary treatments (e.g. fences, walls) | | | Ø | |
| Vehicle access and nard-standing | | TARMAL ROAD | | |
| ighting | e e e e e e e e e e e e e e e e e e e | 1900 1900 - Land Confession of State o | T. | |
| thers please specify) | to burning a si | PRESIDENCE | | |
| es, please state referen | nces for the plan(s)/drawing(s)/de | | Yes v | ∑ No |
| Type of Vehicle | Total Existing | d number of on-site parking spaces: Total proposed (including spaces retained) | Difference in spaces | |
| Cars | | | in spaces | S. 19 (19) |
| Light goods vehicles, public carrier vehicles | 5 | | | _ |
| Motorcycles | | | | |
| Disability spaces | | | | _ |
| , -p | | | | |
| Cycle spaces | | 1 | l . | |
| | | | | \perp |

| Co. Faul Savers | 12. Assessment of Flood Risk |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please state how foul sewage is to be disposed of: Mains sewer | Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.) Yes |
| 13. Biodiversity and Geological Conservation To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals. Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site? Deposition of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site? Protected and priority species: Yes, on the development site Yes, on land adjacent to or near the proposed development very conserved adversely across the development site. Yes, on the development site Yes, on the development site Yes, on land adjacent to or near the proposed development very conserved adversely across the development site. Yes, on land adjacent to or near the proposed development. No | 14. Existing Use Please describe the current use of the site: VEUCLE TOPAGE |
| there trees or hedges on the cosed development site? Or: Are there trees or hedges on land adjacent to the cosed development site that could influence the elopment or might be important as part Yes No is to either or both of the above, you may need to provide a full Survey, at the discretion of your local planning authority. If a Survey is required, this and the accompanying plan should be litted alongside your application. Your local planning ority should make clear on its website what the survey should init, in accordance with the current 1858337: Trees in relation to in, demolition and construction - Recommendations'. | 16. Trade Effluent Does the proposal involve the need to dispose of trade effluents or waste? If Yes, please describe the nature, volume and means of dispose of trade effluents or waste |

| If | you have an | al involve the I swered Yes to | he qu | estion above ple | ase add detail | s in the follow | ing table: | No |
|---------------|------------------------------|-----------------------------------|-------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| | Use class/ty | | Not applicable | Existing gross internal | Gross internation to be lost buse or de (square | al floorspace y change of molition | Total gross internal floorspace proposed (including change of use)(square metres) | Net additional gross internal floorspace following developmer (square metres) |
| A1 | | Shops | | | | | | |
| | | adable area: | | | | | 1 | |
| A2 | professi | incial and ional services | | | | | 1 | |
| A3 | | ints and cafes | | | | | | |
| A4 | Drinking 6 | establishments | | | | | | |
| A5 | Hot foo | d takeaways | | | | | | |
| B1 (a | | ther than A2) | | | | | | |
| B1 (b | | arch and lopment | | | | | | |
| B1 (c) | Light | industrial | | 6 | 1 × 1 | | | |
| B2 | Genera | l industrial | | | | | | |
| B8 | | r distribution | | | | | | |
| C1 | | ind halls of dence | | | | | 1914 1,17 18 | |
| C2 | | l institutions | | | | | | 8 |
| D1 | | esidential tutions | | | | | | |
| D2 | | and leisure | | | | | | |
| OTHER | | | | | | | The same section | |
| Please | | | П | | | | | |
| pecify | Tr | otal | - | | | | | |
| In ad | | | al inst | itutions and host | tels nlease ad | ditionally indi | cate the loss or gain of ro | noms |
| Use | Type of use | Not E | Existing rooms to be lo | | st by change | Total rooms | proposed (including | Net additional rooms |
| lass | | applicable | | of use or demo | lition | cha | inges of use) | Tree additional rooms |
| C1 | Hotels Residential | | 120 0.5 | | | | | |
| 2 | Institutions | | | | | | Attachine to be a | |
| HER | 1 | | | | | | 10.00 | |
| ease ecify | | | | | | (a) | personal contractions | E SERVICE TO |
| | ployment mplete the f | ollowing infor | | n regarding emp | | | Tota | full-time |
| | | - Service - Service - Service | F | ull-time | Part- | urne | | uivalent |
| | ting employosed employ | | | | - 1 | | | |
| riup | osed employ | ces | | | | | | |
| | rs of Oper please state t | | penin | g (e.g. 15:30) for | each non-res | idential use p | | |
| Use Mond | | nday to Friday | | Saturday | | Sunday and Bank Holidays | Not known | |
| | | | | | | N. T. | | |
| 1 | Je | | | | Septimal Committee | VAN STA | | |
| | Tr. | and the same | | | The state of the s | 1- 5- 950 | SEP F. | or and memorials |
| | | | | | | | | |

| Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed o | icts ind includ | would cluding e the | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Is the proposal a waste management develo | | | |
| If the answer is Yes, please complete the foll | | | |
| | Not applicable | The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste) | Maximum annual operationa throughput in tonnes (or litres if liquid waste) |
| Inert landfill | | | N / / / / / / / / / / / / / / / / / / / |
| Non-hazardous landfill | | | |
| Hazardous landfill | | | |
| Energy from waste incineration | | | |
| Other incineration | | | |
| Landfill gas generation plant | | | 54 140 |
| Pyrolysis/gasification | | to the second | |
| Metal recycling site | | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Transfer stations | | 1.0 2.00 | |
| Material recovery/recycling facilities (MRFs) | | | |
| Household civic amenity sites | | | |
| Open windrow composting | | e englighter of the control of the first party of | No. |
| In-vessel composting | | 14 | 107 |
| Anaerobic digestion | | | |
| Any combined mechanical, biological and/ or thermal treatment (MBT) | | 4 | |
| Sewage treatment works | | | |
| Other treatment | | | 1.001 |
| ecycling facilities construction, demolition and excavation waste | | - 1 Bill Bill British Bill | transport of the same of the s |
| Storage of waste | | | The state of the s |
| Other waste management | | | affinge |
| Other developments | | | The second second |
| ease provide the maximum annual operati | onal ti | nroughput of the following waste streams: | |
| Municipal | | | |
| Construction, demolition and ex | | ion | |
| Commercial and industri | al | The second secon | |
| Hazardous | provi | de further information before your application of | an he determined. Vour waste |
| anning authority should make clear what i | nform | ation it requires on its website. | an be determined. Four waste |
| . Hazardous Substances | | | 118 30 37 11 |
| es the proposal involve the use or storage | of any | of / | |
| e following materials in the quantities state | d belo | ow? Yes No Not appli | cable |
| es, please provide the amount of each sub | | | 9. 93. |
| Acrylonitrile (tonnes) | Eth | nylene oxide (tonnes) | Phosgene (tonnes) |
| | Hydro | gen cyanide (tonnes) | Sulphur dioxide (tonnes) |
| Bromine (tonnes) | Lie | quid oxygen (tonnes) | Flour (tonnes) |
| | uid pe | troleum gas (tonnes) Refir | ned white sugar (tonnes) |
| or a second | | Other: | Adv. |
| er: | | | |

24. 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 2015 Certificate under Article 14 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 articultural bediene** is part of, an agricultural holding** 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. Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant: **CERTIFICATE OF OWNERSHIP - CERTIFICATE B** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) 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 or building to which this application relates. "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 **Date Notice Served** Name of Owner / Agricultural Tenant ALLILL, BRANSTY ROAD, WHITEHALEN (ARTON ATRICK Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant:

| 27. Applicant Contact Details Telephone numbers Country code: National number: Extension number: Country code: National number: Country code: National number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Country code: Sax number (optional): Country code: | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| The original and 3 copies* of a completed and dated application form: The original and 3 copies* of the 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: The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D - as applicable) and a copies of four copies), unless the application is submitted electronically or, the LPA invalidate (Agricultural text) (By any also accept supporting documents in electronic format by post (for example, on a CD, DVD or US accept supporting documents in electronic format by post (for example, on a CD, DVD or US accept supporting documents in electronic format by post (for example, on a CD, DVD or US accept supporting documents in electronic format by post (for example, on a CD, DVD or US accept supporting documents in electronic format by post (for example, on a CD, DVD or US accept supporting documents in electronic format by post (for example, on a CD, DVD or US accept supporting documents in electronic format by post (for example, on a CD, DVD or US accept supporting documents in electronic format by post (for example, on a CD, DVD or US accept supporting documents in electronic format by post (for example, on a CD, DVD or US accepts accepts the post of the plans 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 - Agent: Or signed - Agent: Or signed - Agent: Or signed - Agent: Outry code: Extension number: Country code: Mobile number (optional): Email address (optional): Telephone number: Other (if different from a gent/applicant's different from a gent/applicant's different from a | Please read the following checklist to mak information required will result in your ap | e sure you have sent all the i olication being deemed inva | information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by | | |
| The original and 3 copies* of the 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: *National legislation specifies that 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 LPAS website for information or contact their planning department to discuss these options. 26. Declaration 1. The original and 3 copies* of the completed, dated Ownership Certificate (Aprel Capies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAS website for information or contact their planning department to discuss these options. 26. Declaration 1. The original and 3 copies* of the completed, dated Ownership Certificate (Aprel Capies). The completed of the completed, dated Ownership Certificate (Aprel Capies). The complete of the 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. Post of the smaller number of copies is required. Post of the smaller number of copies is required. Post of the smaller number of copies is required. Post of the smaller number of copies is required. Post of the smaller number of copies is required. Post of the smaller number of copies is required. Post of the smaller number of copies is required. Post of the provide of the smaller number of copies is required. Post of the smaller number of copies is required. Post of the smaller number of copies is required. Post of the po | The original and 3 copies* of a completed | and dated | | | |
| *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. 26. Declaration 1/24 Pereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. Live 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 - Applicant: Or signed - Agent: Date (DD/MMYYYY): 27. Applicant Contact Details Telephone numbers Country code: National number: Mobile number (ontional): Extension number: Country code: Mobile number (optional): Extension number: Country code: Mobile number (optional): Extension number: Country code: Agent Wolliand National National number: Country code: Agent Wolliand National | the land to which the application relates of identified scale and showing the direction. The original and 3 copies* of other plans a | ch identifies Irawn to an of North: | The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details): The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) | | |
| / 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 - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 21/03/2021 (date cannot pre-application): Telephone numbers Country code: National number: Country code: Mobile number (ontional): Country code: Mobile number (optional): Email address (optional): Email address (optional): Pagent: Outher (optional): Telephone numbers Country code: Mobile number (optional): Email address (optional): Telephone numbers Country code: Mobile number (optional): Email address (optional): Telephone number (optional): Email address (optional): Telephone number (optional): Telephone number (optional): Email address (optional): Telephone number: Telephone | *National legislation specifies that the ap total of four copies), unless the applicatio LPAs may also accept supporting docume | olicant must provide the ori n is submitted electronically ents in electronic format by | y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick). | | |
| 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. Or signed - Agent: Date (DD/MM/YYYY): (date cannot pre-application of the person of | | | | | |
| 27. Applicant Contact Details Telephone numbers Country code: National number: Extension number: Country code: National number: Country code: National number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Country code: Agent Contact Petails 28. Agent Contact Details Telephone numbers Country code: National number: Co | information. I/we confirm that, to the bes | t of my/our knowledge, any | y facts stated are true and accurate and any opinions given are the | | |
| 27. Applicant Contact Details Telephone numbers Country code: National number: Extension number: Mobile number (ontional): Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Telephone number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Telephone number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Telephone number: | Signed - Applicant: | Or signed - Agent: | | | |
| Telephone numbers Country code: National number: Country cod | | | 2 1/03/2021 (date cannot pre-application | | |
| Telephone numbers Country code: National number: | 27 Applicant Contact Details | | 28. Agent Contact Details | | |
| 29. 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) If Other has been selected, please provide: Contact name: Telephone number: | Country code: National number: Mobile number (ontion | number: | Country code: National number: Extensi number Country code: Mobile number (optional): | | |
| Can the site be seen from a public road, public footpath, bridleway or other public land? If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Contact name: Telephone number: | | | Email address (optional): | | |
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| If Other has been selected, please provide: Contact name: Telephone number: | Can the site be seen from a public road, If the planning authority needs to make out a site visit, whom should they conta | an appointment to carry oct? (Please select only one) | A lisent Other (il directions | | |
| Contact name: | If Other has been selected, please provi | de: | | | |
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