

## Application for removal or variation of a condition following grant of planning permission. 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.

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. tel: 0845 054 8600

fax: 01946 59 83 03

email: info/acopeland deviuk web: www.copeland.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.

Applicant Name and Address			
Title:	MIR First name: 3		
Last name:	ENGLISH		
Company (optional):			
Unit:	House number: House suffix:		
House name:			
Address 1:	THE BEECHES		
Address 2:	FOXFIELD		
Address 3:			
Town:	BROUGHTON-IN-FURNESS		
County:	CUMBRIA		
Country:			
Postcode:	LA20 6BX		

2. Agent Name and Address			
Title:	MIR First name: CHRIS		
Last name:	BUG LER		
Company (optional):	CHRISBUGLER ARCHITECTILLED		
Unit:	House number: House suffix:		
House name:	THE BARN		
Address 1:	BAYCUIFFE HOUSE		
Address 2:	BAYCLIFF		
Address 3:			
Town:	ULVERSTON		
County:	CWMBRIA		
Country:			
Postcode	LAIRARN		

ease provide the full postal address of the application site.  House House suffix:  Duse me:  Eddress 1: THE OLD QUARRY  Eddress 2: HOUBORN HILLE  Eddress 3: Down: MILLOW	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 as possible:  Officer name:  Reference:
bunty: CUMBRAA	
escription of location or a grid reference. nust be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?
asting: 37 101 Northing: 480363	
Description:	
FORMER COUNCIL DEPOT.	
	AMAGE
2.	7,
3.	8.
4.	9.
5.	10.
Has the development already started?	Yes No (date must be pre-application
If Yes, please state when the development started (DD/MM/YY)  Has the development been completed?  If Yes, please state when the development was completed (DD)	Yes No (date must be pre-application
6. Condition(s) - Removal  Please state why you wish the condition(s) to be removed or ch  TWO HOUSES ON THE SITE  THE SPECIFIED TIMING OF	-CONDITION AS PRIOR TO OCCUPATION
If you wish the existing condition to be changed, please state	how you wish the condition to be varied:
	Version 2018

## 7. 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 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 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 Address Date (DD/MM/YYYY): Or signed Signed - Applicant:

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the ir information required will result in your application being deemed inval the Local Planning Authority (LPA) has been submitted.	nformation in support of your proposal. Failure to submit all id. It will not be considered valid until all information required by			
The original and 3 copies* of a completed and dated application form:	The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):			
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	SUDS MAINTENANCE PLAN			
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 - Applicant:  Date (DD/MM/YYYY):  (date cannot be pre-application)				
Control Dataila	11. Agent Contact Details			
10. Applicant Contact Details	Telephone numbers			
Telephone numbers  Extension Country code: National number: number:	Country code: National number: Extension 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):			
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 same 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: