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I. Applicant Name and Address

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

## Application to modify or discharge a planning obligation agreed under \$106 of the Town and Country Planning Act 1990

Town and Country Planning (Modification and Discharge of Planning Obligations) Regulations 1992

Title:	Mr	First Name:	Brian		Title:	Mr	First Name:	Simon	
Last Name:	Le Voi				Last Name:	Blackei	Blacker		
Address:	Holme Forge Beckermet Cumbria				Address:	SRE Associates 4 Summergrove Park Whitehaven			
Postcode:					Postcode:	CA28	8YH		
Phone No:					Phone No:	1		7	
Mobile No:					Mobile No:				
Email:					Email:				
3. Site Lo	ocation	Plan			4. Pre-ap	plicatio	on Advice		
				Have you re advice abou		re-application plication?	Yes X	No	
Address:	The Old	l Forge			Officer Name:				
	Beckermet				Christie Burns				
	Cumbri	a			Reference:			Date (DD/MI	M/YYYY):
Postcode <sup>,</sup>	CA21 2	YD			Details of p	re-applic	ation advice r	eceived:	
	Details of pre-application advice received:  Submit statement regaring the removal of						al of		
		te is not knov			S106				
Easting:		Nor	thing:		5. Memb	er/Emp	loyee		
Description	1:								
Existing holiday let				Are you a member of staff, an elected member, related to a member of staff, or related to an elected member?  Yes No X					
					If Yes, please provide details of the name, relationship and role				
			5						

6. Details of the Planning Obligation to which	this application relates					
Please provide sufficient information to enable the authorit application relates:	y to identify the planning obligation to which this					
Planning Application Reference No:	Planning Obligation/S106 Reference No:					
4/03/1316/0						
Date of Decision:	Date of Agreement:					
16/04/04	16/04/04					
Any other information necessary to identify the planning obligation to which this application relates:						
7. Details of the Modification/Discharges Sough						
Please provide details of the modifications/discharge sough are proposed (you can append any additional related information of the proposed information of the modification of the modifications of the modification of the modificat	t under this application, including reasons why these changes nation to this application form):					
See submitted statement.						

. Certificates		
	f the following certificates:	
Certificate A		
	21 days before the date of the accompanying applicat as enforceable against nobody other than the applicar	
Signed: S Blacker	Date	(DD/MM/YYYY): 04/09/20
	nt has given notice to everyone else against whom, on n, the planning obligation to which the application rela	
Person on whom notice was served	Address at which notice was served	Date on which notice was served
Signed:	Date	(DD/MM/YYYY):
(b) The applicant has give the date of the applic Person on whom	issue a Certificate A or B in respect of the accompany en notice to the persons listed below, being persons a ation, the planning obligation to which the application Address at which	gainst whom, on the day 21 days befo relates was enforceable.  Date on which
notice was served	notice was served	notice was served
day 21 days before the enforceable and who These steps were as	en reasonable steps to ascertain the name and addresse date of the application, the planning obligation to what been given notice of the application but has been follows:  tion, as attached to this certificate, has been published	hich the application relates was unable to do so.
Signed:	•	(DD/MM/YYYY):
. Declaration		10. Checklist
hich we seek modification	n the person against whom the planning obligation of on/discharge is enforceable, and the information on is, to the best of my knowledge, accurate.	Completed application form:  Map identifying the land
igned:	Date (DD/MM/YYYY)	to which the obligation

04/09/20

S Blacker

Any other relevant information:

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