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

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title: MR First name: ITtle: MR First name: ALAN Last name: HARTLEY Last name: WALKER Company (optional): Last name: WALKER Company (optional): House number: ITtle: MR First name: ALAN Unit: House number: ITtle: MR First name: ALAN House name: ITtle: MR First name: ALAN House name: ITtle: MR First name: ALAN House name: ITtle: MR First name: ALAN Address 1: House name: Rockeland House name: House name: Rockeland Address 2: Address 3: Ither in the in th	1. Applic	ant Name and Address	2. Agent l	Name and Address
Company (optional): Unit: House name: Address 1: WINDER MERE GARDENS Address 2: Address 3: Town: MILLOM County: ENGLAND Postcode: LANS. 4PB Company Company (optional): Unit: House number: S. Description of Proposed Works	Title: Č	MR First name: IAN	Title:	MR First name: ALAN
(optional): Unit: House name: Address 1: WINDER MERE GARDENS Address 2: Address 3: Town: MILLOM County: CumBRIA County: ENGLAND Postcode: LANS.4PB 3. Description of Proposed Works	Last name:	HARTLEY	Last name:	WALKER
Onit: number: 1.3 suffix: House name: Rook Address 1: WINDER MERE GARDENS Address 2: Address 1: Address 3: Address 3: Town: MILLOM County: CUMBRIA County: ENGLAND Postcode: LAIS.4PB 3. Description of Proposed Works	Company (optional):		Company (optional):	2
name: name: ROCKLAND Address 1: WINDER MERE GARDENS Address 1: LAOY HALL Address 2: Address 2: Address 3: Address 3: Town: MILLOM Town: MILLOM County: CUMBRIA County: CumBRIA Country: ENGLAND Postcode: LANS.4PB 3. Description of Proposed Works Address	Unit:		Unit:	
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3. Description of Proposed Works	Country:	ENGLAND	Country:	ENGLAND
	Postcode:	LA18.4PB	Postcode:	LAIS SHR
CONVERT GARAGE INTO STUDY & ERECT EXTENSION TO REAR.				

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3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed? Yes No	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site. Unit: House number: House name: Address 1: WINDER MERE GARDENS Address 2: Address 3:	Is a new or altered vehicle access proposed to or from the public highway? Yes No Is a new or altered pedestrian access proposed to or from the public highway? Yes No Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No 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):
Town: MILLOM County: CUMBRIA Postcode (optional): LAIS4PB	
6. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? Yes No 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: Officer name: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	7. Trees and Hedges 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? 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? Yes No If Yes, please describe: STILL 3 CAR SPACES ON DRIVE.	9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff Do any of these (b) an elected member statements apply to you? (c) related to a member of staff Yes No (d) related to an elected member If Yes, please provide details of the name, relationship and role

	Existing (where applicable)	Proposed	Not applicable	Don' Knov
Walls	RUSTIC BRICK, YORKSTONE & ROUGHCAST PAINTED WHITE	ROUGHCAST PAINTED WHITE TO MATCH		
Roof	LUDLOW PLUS' GREY CEMENT TILES FLAT FELT ROOF TO GARAGE	MARLEY "LUDLOW PLUS" SMOOTH GREY CEMENT TILES -TO WHOLE OWELLING FLAT POLYROOF 185" GREY TO STORE		
Windows 	WHITE U AVC	WHITE UPVE TO MATCH		
Doors	WHITE U AVE. (ANTHRACITE GREY UPVC - FRONT DOOR)	WHITE UPVE TO MATCH		
Boundary treatments (e.g. fences, walls)	1.1 M HIGH BRICK WALLS ETTHER SIDE.	AS EXISTING-UNTOUCHED		,
Vehicle access and hard-standing	PAVING SLAB DRIVE. (3 VEHICLE LENGTHS)	AS EXISTING - UNTOUCHED		
Lighting			Z	
Others (please specify)			Z	
	l itional information on submitted plan(s)/drawing(s rences for the plan(s)/drawing(s)/design and access			

and the second				
11. Ownership Certificates and	Agricultural I	and Declaration		
	CERTIFICAT	D, must be completed with E OF OWNERSHIP - CERTIF	ICATE A	
Town and Country Planning (De l certify/The applicant certifies that on the owner* of any part of the land or building is part of, an agricultural holding**	e day 21 days be	fore the date of this applicati	on nobody except myself/ th	ne applicant was the
NOTE: You should sign Certificate B, C application relates but the land is, or is	or D, as approp part of, an agri	riate, if you are the sole own icultural holding.	ner of the land or building	to which the
* "owner" is a person with a freehold interest ** "agricultural holding" has the meaning g	st or leasehold int given by reference	erest with at least 7 years left t to the definition of "agricultur	o run. ral tenant" in section 65(8) of t	he Act.
Signed - Applicant:		Or signed - Agent:	· .	Date (DD/MM/YYYY):
			:	29-09-2021
I certify/ The applicant certifies that I hav 21 days before the date of this application application relates. * "owner" is a person with a freehold interes ** "agricultural tenant" has the meaning gi	on, was the ownerst or leasehold int	er* and/or agricultural tenar erest with at least 7 years left t	nt** of any part of the land o o run.	or building to which this
Name of Owner / Agricultural Tenant	ven misection os(Address	unining Act 1990	Date Notice Served
		, address		
			•	
,			· · ·	
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
L				

 certify/ The applicant certifies that: Neither Certificate A or B can be iss All reasonable steps have been take 	CERTIFICATE OF OWNERSHIP - CERT lopment Management Procedure) (En- ued for this application en to find out the names and addresses of it, but I have/ the applicant has been und or leasehold interest with at least 7 years lease	IFICATE C gland) Order 2010 Certific of the other owners* and/or able to do so. ft to run.	
Name of Owner / Agricultural Tenant	Address	×	Date Notice Served
	·		
	·		
Notice of the application has been publishe	d in the following newspaper	On the following date (wi	nich must not be earlier
(circulating in the area where the land is situ	Jated):	than 21 days before the d	ate of the application):
Signed - Applicant:	Or signed - Agent:	L	Date (DD/MM/YYYY)
	Or signed - Agent.		
	CERTIFICATE OF OWNERSHIP - CERTI		[
l certify/ The applicant certifies that: Certificate A cannot be issued for thi All reasonable steps have been taker	n to find out the names and addresses of ner* and/or agricultural tenant** of any p e to do so. <i>leasehold interest with at least 7 years left</i>	f everyone else who, on the part of the land to which thi <i>to run.</i>	day 21 days before the
		i.	
Notice of the application has been published circulating in the area where the land is situ	d in the following newspaper ated):	On the following date (wh than 21 days before the d	
igned - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY);
12. Planning Application Requiren Please read the following checklist to make s information required will result in your appli- he Local Planning Authority has been subm	ure you have sent all the information in cation being deemed invalid. It will not litted.	be considered valid until all	ailure to submit all information required by
he original and 3 copies of a ompleted and dated application form:	The original and 3 copies of a design and access statement if	The correct fe⊾.	, L
he original and 3 copies of a plan which dentifies the land to which the application elates drawn to an identified scale nd showing the direction of North: he original and 3 copies of other plans nd drawings or information necessary to lescribe the subject of the application:	proposed works fall within a conservation area or World Heritage Site, or relate to a Listed Building:	The original and 3 completed, dated Certificate (A, B, C applicable) and Ar Certificate (Agricul	Ownership or D – as ticle 12
· · L		SDate:: 2	013-04-30 #\$ \$Revision: 5504 \$

13. Declaration

1.3. Dectaration						
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:	Or signed - Agent:	Date (DD/MM/YYYY):				
		29-09-202) (date cannot be pre-application)				
14. Applicant Contact Details		15. Agent Contact Details				
Telephone numbers		Telephone numbers				
Country code: National number:	Extension 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):				
16. Site Visit						
Can the site be seen from a public road, public footpath, bridleway or other public land? Ves						
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>) Agent Other (if different from the agent/applicant's details)						
If Other has been selected, please provide:						
Contact name:		Telephone number:				
Email address:						