



# Householder Application for Planning Permission for works or extension to a dwelling. 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 their obligations in regards to the processing of your application. Please refer to their 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

fax: 01946 59 83 03
email: info@copeland.gov.uk
web: www.copeland.gov.uk

tel: 0845 054 8600

### **Publication on Local 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 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.

| Last name: Thompson  Company (optional):  Unit: House number: 95 House suffix:  House name:  Address 1: Valley Park  Address 3:                           | Applicant Name and Address |                        |  |  |  |  |
|---|----------------------------|------------------------|--|--|--|--|
| Company (optional):  Unit: House number: 95 House suffix:  House name:  Address 1: Valley Park  Address 2:  Address 3:  Town: WHITEHAVEN  County: Cumbria | Title:                     | Mrs First name: Sallie |  |  |  |  |
| (optional):  Unit: House number: 95 House suffix:  House name:  Address 1: Valley Park  Address 2:  Address 3:  Town: WHITEHAVEN  County: Cumbria         | Last name:                 | Thompson               |  |  |  |  |
| House name:  Address 1: Valley Park  Address 3:  Town: WHITEHAVEN  County: Cumbria  | Company<br>(optional):     |                        |  |  |  |  |
| Address 1: Valley Park  Address 2: Address 3: Town: WHITEHAVEN  County: Cumbria   | Unit:                      |                        |  |  |  |  |
| Address 2:  Address 3:  Town: WHITEHAVEN  County: Cumbria   |                            |                        |  |  |  |  |
| Address 3:  Town: WHITEHAVEN  County: Cumbria   | Address 1:                 | Valley Park            |  |  |  |  |
| Town: WHITEHAVEN  County: Cumbria   | Address 2:                 |                        |  |  |  |  |
| County: Cumbria   | Address 3:                 |                        |  |  |  |  |
|   | Town:                      | WHITEHAVEN             |  |  |  |  |
| Country: England  | County:                    | Cumbria                |  |  |  |  |
|   | Country:                   | England                |  |  |  |  |
| Postcode: CA28 8BA  | Postcode:                  | CA28 8BA               |  |  |  |  |

| 2. Agent               | Name and Address    |
|------------------------|---------------------|
| Title:                 | First name:         |
| Last name:             | N/A                 |
| Company<br>(optional): |                     |
| Unit:                  | House House suffix: |
| House name:            |                     |
| Address 1:             |                     |
| Address 2:             |                     |
| Address 3:             |                     |
| Town:                  |                     |
| County:                |                     |
| Country:               |                     |
| Postcode:              |                     |

| 3. Description of Proposed Works   |  |
|--|--|
| Please describe the proposed works:  |  |
| Single Storey Rear Extension   |  |
| Has the work already started? Yes No 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.  | Is a new or altered vehicle access proposed to or from the public highway?   |
| Unit: House number: 95 House suffix:   | proposed to or from the public highway? Yes No Is a new or altered pedestrian access   |
| House name:  | proposed to or from the public highway? Yes V No   |
| Address 1: Valley Park   | Do the proposals require any diversions, extinguishments and/or creation of public rights of way?  Yes  No   |
| Address 2:   | If Yes to any questions, please show details on your plans or  |
| Address 3:   | drawings and state the reference number(s) of the plan(s)/drawing(s):  |
| Town: WHITEHAVEN   |  |
| County: Cumbria  |  |
| Postcode (optional): CA28 8BA  |  |
| 6. Pre-application Advice  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: | 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: |
| Peference:   |  |
| Date (DD MM YYYY): (must be pre-application submission)  Details of the pre-application advice received:   | 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 work    | s affect existing car parking arrangements?   | Yes 🗸 No         | 0  |                   |               |
| If Yes, please describe:  |   |                  |  |                   |               |
|                           |   |                  |  |                   |               |
|                           |   |                  |  |                   |               |
|                           |   |                  |  |                   |               |
|                           |   |                  |  |                   |               |
| means related, by birth   | oyee / Member  ble of decision-making that the process is open and or otherwise, closely enough that a fair minded an is bias on the part of the decision-maker in the loca | d informed obs   | erver, having considered the facts,  |                   | o"            |
| Do any of the following   | statements apply to you and/or agent? Yes   | <b>∑</b> No      | 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 of | details of their name, role and how you are related t   | o them.          |  |                   |               |
|                           |   |                  |  |                   |               |
|                           |   |                  |  |                   |               |
|                           |   |                  |  |                   |               |
| 10. Materials             |   |                  |  |                   |               |
|                           | te what materials are to be used externally. Include  | e type, colour a | nd name for each material:   |                   |               |
|                           |   |                  |  | ple               |               |
|                           | Existing (where applicable)   | Proposed         |  | Not<br>applicable | Don't<br>Know |
|                           | Pebble Dash Render  | Facing Brick     | swork  | <u> </u>          |               |
| Mollo                     | T CODIC DUSTITION OF  | r doing billor   |  |                   |               |
| Walls                     |   |                  |  |                   |               |
|                           | Concrete realing tiles  | Flat roof wi     | th Dubbar mambrana   |                   |               |
|                           | Concrete roofing tiles  | Fiat roof wi     | th Rubber membrane   |                   |               |
| Roof                      |   |                  |  |                   |               |
|                           |   |                  |  |                   |               |
|                           | UPVC Framed Double glazing  | To match e       | exitsing   |                   |               |
| Windows                   |   |                  |  |                   |               |
|                           |   |                  |  |                   |               |
|                           | UPVC Framed Double glazing  | To match ex      | kitsing  |                   |               |
| Doors                     |   |                  |  |                   |               |
|                           |   |                  |  |                   |               |
|                           | N/A   | N/A              |  |                   |               |
| Boundary treatments       |   |                  |  |                   |               |
| (e.g. fences, walls)      |   |                  |  |                   |               |

| <b>10. Materials</b> If applicable, please s | tate what materials are to be used  | d externally. Include type, colour and name for each material: |    |
|--|-------------------------------------|--|----|
| Vehicle access and hard-standing             | N/A                                 | N/A  |    |
| Lighting                                     | N/A                                 | N/A  |    |
| Others<br>(please specify)                   |                                     |  |    |
|  |                                     | plan(s)/drawing(s)/design and access statement? Yes            | No |
|  | ferences for the plan(s)/drawing(s) |  |    |
| Location, Existin                            | g and Proposed Layouts d            | arawings 1/001 - 1/002   |    |

## 11. 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 agricultural holding\*\*

| NOTE: You should sign Certificate B, Capplication relates but the land is, or is  | or D, as approp<br>s part of, an agri   | riate, if you are the sole owner of the cultural holding.                             | he land or building t                            | o which the            |
|---|---|---|--|------------------------|
| * "owner" is a person with a freehold interes<br>** "agricultural holding" has the meaning g  | st or leasehold inte<br>iven by reference                                       | erest with at least 7 years left to run.<br>to the definition of "agricultural tenant | " in section 65(8) of th                         | e Act.                 |
| Signed - Applicant:   |   | Or signed - Agent:  |  | Date (DD/MM/YYYY):     |
|   |   |   |  | 30/03/22               |
| Town and Country Planning (De I certify/ The applicant certifies that I ha 21 days before the date of this application relates.  * "owner" is a person with a freehold interest "agricultural tenant" has the meaning given | velopment Mana<br>ve/the applicant<br>on, was the owner<br>of or leasehold into | er* and/or agricultural tenant** of allerest with at least 7 years left to run.       | ryone else (as listed l<br>ny part of the land o | pelow) who, on the day |
| Name of Owner / Agricultural Tenant   | Address   |   | Date Notice Served                               |                        |
|   |   |   |  |                        |
|   |   |   |  |                        |
|   |   |   |  |                        |
|   |   |   |  |                        |
|   |   |   |  |                        |
| Signed - Applicant:   |   | Or signed - Agent:  |  | Date (DD/MM/YYYY):     |

| Signed - Applicant: | Or signed - Agent: | Date (DD/MM/YYYY |
|---------------------|--------------------|------------------|
|                     |                    |                  |
|                     |                    |                  |

## 11. Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners\* and/or agricultural tenants\*\* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. \* "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 The steps taken were: Name of Owner / Agricultural Tenant **Date Notice Served** Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier than 21 days before the date of the application): (circulating in the area where the land is situated): Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): **CERTIFICATE OF OWNERSHIP - CERTIFICATE D** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else 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 to which this application relates, but I have/ the applicant has been unable to do so. "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 Ćountry Planning Act 1990 The steps taken were: Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Date (DD/MM/YYYY): Signed - Applicant: Or signed - Agent:

| 12. Planning Application Requirements  | - Checklist  |  |                            |  |                                    |              |  |
|--|--|--|----------------------------|--|------------------------------------|--------------|--|
| Please read the following checklist to make sure your<br>nformation required will result in your application<br>The Local Planning Authority (LPA) has been subm   | being deemed inv   | e information in sup<br>alid. It will not be o | port of your<br>considered | proposal. Failure t<br>valid until all informa   | o submit all<br>ation required     | l by         |  |
|  | The original and 3 of design and access  |  | The co                     | orrect fee:  |                                    | $\checkmark$ |  |
| The original and 3 copies* of a plan which dentifies the land to which the application   | ocsign and adoesd<br>proposed works fal<br>conservation area of<br>World Heritage Site<br>Listed Building: | ll within a<br>or                              | comp<br>Certific<br>applic | riginal and 3 copies'<br>leted, dated Owners<br>cate (A, B, C or D – a<br>able) and Article 14<br>cate (Agricultural H | ship<br>s                          | $\checkmark$ |  |
| *National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a otal of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. PAs 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. |  |  |                            |  |                                    |              |  |
| 13. Declaration  |  |  |                            |  |                                    |              |  |
| /we hereby apply for planning permission/consen nformation. I/we confirm that, to the best of my/ou genuine opinions of the person(s) giving them.   | t as described in the knowledge, any t   | nis form and the act<br>facts stated are true  | companying<br>e and accur  | g plans/drawings an<br>ate and any opinion   | d additional<br>s given are th     | е            |  |
| Signed - Applicant:  | Or signed - Agent:   |  |                            | Date (DD/MM/YYY)   | <u>Y):</u>                         |              |  |
|  |  |  |                            | 30/03/22   | (date can                          |              |  |
| 14. Applicant Contact Details  |  | 15. Agent Co                                   | ntact Det                  | ails   |                                    |              |  |
| Telephone numbers  |  | Telephone numb                                 | pers                       |  |                                    |              |  |
| Country code: National number:   | Extension number:  | Country code:                                  | National n                 | umber:   | Exter<br>numb                      |              |  |
| Country code: Mobile number (optional):  |  | Country code:                                  | Mobile nur                 | mber (optional):   |                                    |              |  |
| Country code: Fax number (optional):   |  | Country code:                                  | Fax number                 | er (optional):   |                                    |              |  |
| Email address (optional):  |  | Email address (o                               | ptional):                  |  |                                    |              |  |
|  |  |  |                            |  |                                    |              |  |
| 16. Site Visit   |  |  |                            |  |                                    | =            |  |
| Can the site be seen from a public road, public foo  | otpath, bridleway o  | r other public land?                           | Yes                        | ✓ No   |                                    |              |  |
| f the planning authority needs to make an appoin out a site visit, whom should they contact? ( <i>Please</i>   | tment to carry select only one)  | Agent  | ✓ Appl                     |  | f different fror<br>pplicant's det |              |  |
| f Other has been selected, please provide:<br>Contact name:  |  | Telephone numb                                 | er:                        |  |                                    |              |  |
| <del>-</del>   |  |  |                            |  |                                    |              |  |

Email address: