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Application for Planning Permission. Town and Country Planning Act 1990

Privacy Notice

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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, email: info@copeland.gov.uk Cumbria CA28 7SJ

tel: 0845 054 8600 fax: 01946 59 83 03

web: www.copeland.gov.uk

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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. Applicant Name and Address		
Title:	MR First namer PETER	
Last name:	FOLEY MICHELLE TAHLOR	
Company (optional):		
Unit:	House number: House suffix:	
House name:	THEHOUNDINN	
Address 1:		
Address 2:	PARKS ROAD.	
Address 3:	ARIECDON.	
Town:	FRIZINGTON	
County:	ambera	
Country:	UK	
Postcode:	CADIO 3XE	

2. Agent Name and Address		
Title:	First name:	
Last name:		
Company (optional):	3/ 3/ / / / / / / / / / / / / / / / / /	
Unit:	House number: House suffix:	
House name:		
Address 1:		
Address 2:		
Address 3:		
Town:		
County:		
Country:		
Postcode:		

As the building, work or change of use already started? Yes, please state the date when building, York or use were started (DD/MM/YYYY): Its the building, work or change of use been completed? Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY): Deference no. of permission in principle being on (technical details consent applications only):	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission)
ease provide the full postal address of the application site. nit: House number: House suffix: ouse ame: THE HOUND IND IND IND IND IND IND IND IND IND I	5. 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 adv 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: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? History Cal Planning Application was colonic application was colonic application was colonic application advice received? Application advice received?