

If you would rather make this application online, you can do so on our weusite https://www.planningportal.co.uk/apply

Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting nformation 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.

Jpon 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:



The Market Hall Market Place Whitehaven Cumbria CA28 7JG Telephone 0300 373 3730 cumberland.gov.uk

Publication of applications on planning authority websites nformation 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.

f printed, please complete using block capitals and black ink.

t 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		2. Agent Name and Address	
Title:	MR First name: MATTHEW	Title: First name:	
Last name:	HOLT	Last name:	
Company (optional):	HOLT STORAGE SYSTEMS LTD	Company (optional):	
Unit:	House number: House suffix:	Unit: House number: House suffix:	
House name:	BEECHHOUSE	House name:	
Address 1:	7 South Grescent	Address 1:	
Address 2:	RIPON	Address 2:	
Address 3:		Address 3:	
Town:		Town:	
County:	NORTH YORISHIRE	County:	
Country:		Country:	
Postcode:	Ha4 12M	Postcode:	

3. Site Address Details Please provide the full postal address of the application site. Unit: House number: House suffix: House name: HERDING NEB Address 1: Delagram Address 2: Address 3: Town: SEASCALE County: COMBEIA Postcode (optional): CAZO INP Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Description:	4. 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 as possible: Officer name: Demi Crawford / Nick Heyhurst Reference: L/24/2213/OFI Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? PLANNING PERMISSION CRANTED			
5. Description Of Your Proposal Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below: APPLICATION 2SF 4/24/2213/0FI - PERMISSION CHARNED 16/08/24 THIS FORM CLARIFIES DETAILS OF WINDOWS AND EXTERNIAL CLARDING TO BE OUTD. Reference number: 4/24/2213/0FI Date of decision: 16/08/24 (Date must be pre-application submission) (DD/MM/YYYY)				
Reference number: 4 24 2213 0F1 Date of decision: 16/08/27 submission) (DD/MM/YYYY) Please state the condition number(s) to which this application relates:				
1.	6.			
2.	7.			
3.	8.			
4.	9.			
5.	10.			
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY): Wes No (date must be pre-application submission) Has the development been completed? If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval: WINDOWS WILL BE TRIPLE GLAZED WITH ALUMINIUM FRAMES 7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:				
WINDOWS / DOORS - CONDITION 3 EXTERNAL CLADDING - CONDITION 3				

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. The original and 3 copies* of a completed and dated application form: The correct fee: "National legislation specifies that the applicant must provide the orig total of four copies), unless the application is submitted electronically total of four copies), unless the application is submitted electronic format by p You can check your LPA's website for information or contact their plan 9. Declaration I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any in genuine opinions of the person(s) giving them.	iginal and 3 copies* of other plans and drawings signal and 3 copies* of other plans and drawings signal plans are described the subject of the application: inal plus three copies of the form and supporting documents (a copies is required. It is seen that a smaller number of copies is required.
information. I/we confirm that, to the best of my our knowledgenuine opinions of the person(s) giving them.	
Sigi	Or signed - Agent:
(date cannot be pre-application)	
23/10/2029 (date cannot be pre-application)	Control Potails
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers	Telephone numbers Extension
extension number:	Country code: National number: number:
Country code:	
Contractor	Country code: Mobile number (optional):
Country code:	
Country code:	Country code: Fax number (optional):
Country code:	
Email address (optional):	Email address (optional):
12. Site Visit	or other public land? Yes No
Can the site be seen from a public road, public footpath, bridleway	
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 agent/applicant's details)
If Other has been selected, please provide:	
Contact name:	
matthew Hout	
Email address:	
Email additions.	