

This form is specifically designed to be printed and completed offline. Please complete this form in block capitals using black ink to facilitate scanning.

You are advised to read the accompanying guidance notes and per-question help text.

If you would rather make this application online, you can do so on our website: 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

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

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

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:



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

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 Local Planning Authority directly.

1. Applicant Name and Address				
Title:	MR First name: JONATHAN			
Last name:	MILLIGAN			
Company (optional):	W. MILLIGAT AND SONS			
Unit:	House House suffix:			
House name:	PORT HAVERIBE CAN CENTRE			
Address 1:	MAVELLE IND ESTATE			
Address 2:				
Address 3:				
Town:	MILLOM			
County:	CUMBRIA			
Country:				
Postcode:	LAIZ 4NG			

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

3. Site Address Details	
Please provide the full postal address of the application site.	4. Pre-application Advice
Unit: House House	Has assistance or prior advice been sought from the local authority about this application?
House number: suffix:	
Address 1: MANILLIGAN AND SONS	If Yes, please complete the following information about the advic you were given. (This will help the authority to deal with this
Address 2: MAIKET STREET SMUULOOM	Please tick if the full contact details are not
Address 3:	known, and then complete as much as possible: Officer name:
Town: MILLOM	
County: CUMBRIA	Reference:
Postcode (optional): LAIS 4AH	Det (DD MALOS)
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	
CAR SNOWROOM CONVERT TO GUM.	111
	[]]
5. Description Of Your Proposal	
and date of decision in the sections below:	n on the decision letter, including the application reference number
APPLICATION 4/24/2304/071	
Change of use from can sho	CIAM
	WILLIAM TO GALL
Reference number: 411345 OF 1 Date of decision: Please state the condition number(s) to which this application relate	14-2-2025 (Date must be pre-application submission) (DD/MM/YYYY)
1.	S:
2.	6.
	7.
3. CYCLE STANDS	8.
4.	9.
5.	10.
las the development already started?	Yes No
If Yes, please state when the development started (DD/MM/YYYY):	01/03/25 (date must be pre-application submission)
las the development been completed?	Yes VNo
f Yes, please state when the development was completed (DD/MM/Y	
. Discharge Of Condition	
lease provide a full description and/or list of the materials/details tha	it are being submitted for approval:
EXTERIOR FORECOURT.	SHT OT LOUATE QUARTHE DOZINA
ETIBLION TONECOUNT.	

7. Part Discharge Of Condition(s)		
Are you seeking to discharge only part of a condition?	☐ Yes	1
If Yes, please indicate which part of the condition your application relates to:		✓ No
8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the informatio information required will result in your application being deemed invalid. It will the Local Planning Authority (IDA)	n in support of your proj	nocal Failure to cubmit all
The original and 3 copies* of a	The sections and real valid i	uritii ali information required
The correct fee:	ginal and 3 copies* of oth mation necessary to desc tion:	ner plans and drawings cribe the subject of the
*National legislation specifies that the applicant must provide the original plus th total of four copies), unless the application is submitted electronically or, the LPA LPAs may also accept supporting documents in electronic format by post (for exa You can check your LPA's website for information or contact their planning depar	aree copies of the form a indicate that a smaller n	nd supporting documents (a
Declaration /we hereby apply for planning permission/consent as described in this form and a new process of the person of the p	and aria accurace are	/drawings and additional d any opinions given are the
Oate (DD/MM/YYY),. 18.6.2025 (date cannot be pre-application)		
O. Applicant Contact Details elephone numbers	t Contact Details	
Extension number: Country co	de: National number: de: Mobile number (or	
Country code: Ax Humber (optional): Country code: Email addre	ss (optional):	
Country coc		
Country code Email addre Site Visit the site be seen from a public road, public footpath, bridleway or other public la	ss (optional):	
Email addre Email addre Email addre the site be seen from a public road, public footpath, bridleway or other public la the planning authority needs to make an appointment to carry a site visit, whom should they contact? (Please select only one) Agent	ss (optional):	No Other (if different from t
Country code Email addre Site Visit the site be seen from a public road, public footpath, bridleway or other public la	ss (optional):	No Other (if different from tagent/applicant's details