

Application for Outline Planning Permission with all matters reserved.
Town and Country Planning Act 1990

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.

1. Site Address

Number	<input type="text"/>
Suffix	<input type="text"/>
Property name	West Cumberland Hospital
Address line 1	Homewood Road
Address line 2	<input type="text"/>
Address line 3	<input type="text"/>
Town/city	Whitehaven
Postcode	CA28 8JG
Description of site location must be completed if postcode is not known:	
Easting (x)	298940
Northing (y)	516115
Description	<input type="text"/>

2. Applicant Details

Title	Please Select...
First name	Julie
Surname	Whitfield
Company name	North Cumbria Integrated Care NHS Foundation Trust
Address line 1	West Cumberland Hospital
Address line 2	Homewood Road
Address line 3	<input type="text"/>
Town/city	Whitehaven
Country	<input type="text"/>

2. Applicant Details

Postcode	CA28 8JG
Primary number	
Secondary number	
Fax number	
Email address	

Are you an agent acting on behalf of the applicant?

Yes No

3. Agent Details

Title	Please Select...
First name	Gilling
Surname	Dod
Company name	Gilling Dod Architects
Address line 1	The Cruck Barn
Address line 2	Duxbury Park
Address line 3	
Town/city	Chorley
Country	
Postcode	PR7 4AT
Primary number	
Secondary number	
Fax number	
Email	

4. Description of the Proposal

Please describe the proposed development

A proposed two storey extension with plant including the associated landscaping, parking, demolition and the creation of a new waste compound.

Has the work already been started without planning permission?

Yes No

5. Site Area

What is the measurement of the site area?
(numeric characters only).

22830.00

Unit

Sq. metres

6. Existing Use

Please describe the current use of the site

6. Existing Use

The new extension will replace an existing hospital wing which was approved for demolition under application 4/11/2265/0F1.

Is the site currently vacant? Yes No

Does the proposal involve any of the following? If Yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated Yes No

Land where contamination is suspected for all or part of the site Yes No

A proposed use that would be particularly vulnerable to the presence of contamination Yes No

7. Residential/Dwelling Units

Please note: This question has been updated to include the latest information requirements specified by government. Applications created before 23 May 2020 will not have been updated, please read the 'Help' to see details of how to workaroud this issue.

Does your proposal include the gain, loss or change of use of residential units? Yes No

8. All Types of Development: Non-Residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No
Note that 'non-residential' covers ALL uses execept Use Class C3 Dwellinghouses

Please add details of the use classes and floorspace:

Use Class	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross new internal floorspace proposed (including changes of use) (square metres)	Net additional gross internal floorspace following development (square metres)
C2 - Residential institutions	0	0	4200	4200
Other	4878	4878	0	-4878
Total	4878	4878	4200	-678

Loss or gain of rooms

For hotels, residential institutions and hostels please additionally indicate the loss or gain of rooms:

9. Employment

Are there any existing employees on the site or will the proposed development increase or decrease the number of employees? Yes No

10. Hours of Opening

Are Hours of Opening relevant to this proposal? Yes No

If known, please state the hours of opening (e.g. 15:30) for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Unknown
C2 - Residential institutions	Start Time: 00:00 End Time: 23:59	Start Time: 00:00 End Time: 23:59	Start Time: 00:00 End Time: 23:59	

11. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal for a waste management development?

Yes No

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make it clear what information it requires on its website

12. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Check the location on the Government's Flood map for planning. You should also refer to national standing advice and your local planning authority requirements for information as necessary.)

Yes No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

Yes No

Will the proposal increase the flood risk elsewhere?

Yes No

How will surface water be disposed of?

Sustainable drainage system

Existing water course

Soakaway

Main sewer

Pond/lake

13. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

Yes No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?

The agent

The applicant

Other person

14. 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):

Officer name:

Title

First name

Surname

Reference

Date (Must be pre-application submission)

Details of the pre-application advice received

Validation checklist.

14. Pre-application Advice

Details for the informational requirements for the Outline Planning Application Fee.

15. Authority Employee/Member

With respect to the Authority, is the applicant and/or agent one of the following:

- (a) a member of staff
- (b) an elected member
- (c) related to a member of staff
- (d) related to an elected member

It is an important principle of decision-making that the process is open and transparent.

Yes No

For the purposes of this question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and informed observer, having considered the facts, would conclude that there was bias on the part of the decision-maker in the Local Planning Authority.

Do any of the above statements apply?

16. Ownership Certificates and Agricultural Land Declaration

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**

* 'owner' is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** 'agricultural holding' has the meaning given by reference to the definition of 'agricultural tenant' in section 65(8) of the Act.

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

Person role

- The applicant
 The agent

Title

First name

Surname

Declaration date (DD/MM/YYYY)

Declaration made

17. Declaration

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.

Date (cannot be pre-application)