

Copeland Borough Council
The Copeland Centre,

Catherine Street, Whitehaven,
Cumbria CA28 7SJ

tel: 0845 054 8600 fax: 01946 59 83 03

email: info@copeland.gov.uk web: www.copeland.gov.uk

Application for Approval of Details Reserved by Condition

Town and Country Planning Act 1990 (as amended); Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

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.

| Site Location | |
|---|---|
| Disclaimer: We can only make recommendation | as based on the answers given in the guestions. |
| · | n of site location must be completed. Please provide the most accurate site description you can, to |
| Number | |
| Suffix | |
| Property Name | |
| The Surgery | |
| Address Line 1 | |
| Catherine Street | |
| Address Line 2 | |
| Address Line 3 | |
| Cumbria | |
| Town/city | |
| Whitehaven | |
| Postcode | |
| CA28 7PD | |
| Description of site location must | be completed if postcode is not known: |
| Easting (x) | Northing (y) |
| 297569 | 518000 |
| Description | |

| Applicant Details |
|---|
| Name/Company |
| Title |
| |
| First name |
| |
| Surname |
| Catherine Street Apartments ltd. |
| Company Name |
| Catherine Street Apartments ltd. |
| Address |
| Address line 1 |
| South North Group |
| Address line 2 |
| Greengate Business Centre |
| Address line 3 |
| 2 Greengate St |
| Town/City |
| OLDHAM |
| Country |
| |
| Postcode |
| OL4 1FN |
| Are you an agent acting on behalf of the applicant? |
| ✓ Yes○ No |
| Contact Details |
| Primary number |
| ***** REDACTED ****** |
| Secondary number |
| |

| Fax number | _ |
|---------------------------|--------|
| | |
| Email address | |
| **** REDACTED ***** | |
| | _ |
| | _ |
| Agent Details | |
| Name/Company | |
| Title | |
| Mr | |
| First name | |
| Spencer | |
| Surname | |
| Fretwell | |
| Company Name | |
| SNG Architecture Ltd | |
| | |
| Address | |
| Address line 1 | _ |
| South North Group | |
| Address line 2 | _ |
| Greengate Business Centre | |
| Address line 3 | |
| 2 Greengate Street | |
| Town/City | |
| Oldham | |
| Country | |
| | |
| Postcode | |
| OL4 1FN | |
| | _ |
| Contact Details | |
| Primary number | \neg |
| ***** REDACTED ****** | |
| Secondary number | _ |
| | |
| | |

| Fax number |
|--|
| |
| Email address |
| ***** REDACTED ***** |
| |
| |
| Description of the Proposal |
| Please provide a description of the approved development as shown on the decision letter |
| INSTALLATION OF NEW WINDOWS & DOORS TO PRINCIPAL ELEVATION, ERECTION OF FIRST FLOOR SIDE EXTENSION WITH REAR DORMER ALONG WITH INTERNAL ALTERATIONS (DEMOLITION WORKS AND NEW CONSTRUCTION) TO FACILITATE CHANGE OF USE OF BUILDING TO FORM 6 FLATS - REVISION TO SCHEME APPROVED UNDER REFERENCE 4/19/2115/0F1 3 CATHERINE STREET, WHITEHAVEN |
| Reference number |
| 4/21/2139/0F1 |
| Date of decision (date must be pre-application submission) |
| 23/11/2021 |
| Please state the condition number(s) to which this application relates |
| Condition number(s) |
| 3 |
| Has the development already started? |
| ○ Yes ⊙ No |
| ⊗ 1N0 |
| Part Discharge of Conditions |
| Are you seeking to discharge only part of a condition? |
| ○ Yes ⊙ No |
| ⊗ NO |
| Discharge of Conditions |
| Please provide a full description and/or list of the materials/details that are being submitted for approval |
| A Slate Sample of the proposed roof tile delivered to the Planning Department |
| |
| |

| 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 |
|---|
| Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? ○ Yes ⊙ No |
| I / We hereby apply for Approval of details reserved by a condition (discharge) as described in this form and 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 options of the persons giving them. I / We also accept that: Once submitted, this information will be transmitted to the Local Planning Authority and, once validated by them, be made available as part of a public register and on the authority's website; our system will automatically generate and send you emails in regard to the submission of this application. |
| ✓I / We agree to the outlined declaration Signed |
| - SNG Date 04/09/2022 |
| |