



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 (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.

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 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:	First name:					
Last name:						
Company (optional):	Thomas Armstrong (Construction) Ltd					
Unit:	House House suffix:					
House name:						
Address 1:	Workington Road					
Address 2:	Flimby					
Address 3:						
Town:	Maryport					
County:						
Country:						
Postcode:	CA15 8RY					

First name: Sam				
First name: Sam				
Greig				
Sam Greig Planning				
House number: House suffix:				
Sunnyside				
Moorhouse Road				
Moorhouse				
sle				
6EJ				

0.00.000						
3. Site Address Details Please provide the full postal address of the application site.			e-application Advice sistance or prior advice been sought from the local			
Please provide the full postal address of the application site. House House			rity about this application?			
Unit:	number: suffix:	16.7/				
name:	House name: Harras Dyke Farm		please complete the following information about the advice ere given. (This will help the authority to deal with this			
Address 1:	Harras Dyke		ation more efficiently). tick if the full contact details are not			
Address 2:		knowr	n, and then complete as much as possible:			
Address 3:	Address 3:		r name:			
Town:	Whitehaven		ence:			
County:	unty:		71100.			
Postcode (optional): CA28 6SH			Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):		1 '	be pre-application submission) s of pre-application advice received?			
	298768 Northing: 518584		s or pro-apprisation during resource.			
Description						
5. Descri	ption Of Your Proposal					
Please prov	· ·	on the	decision letter, including the application reference number			
	e application for 10 residential dwellings (pha	se 1)				
Juni	e application for to residential aweilings (prid	100 1)				
Reference r	number: 4/16/2416/O01 Date of decision:	02/08/	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state	e the condition number(s) to which this application relate	S:	,			
1. Co	ondition 6 - Highway Details		Condition 12 - Surface Water Drainage			
2. Co	condition 7 - Ramps		Condition 13 - Foul Drainage			
3. Co	ondition 8 - Construction Method Statement	8.				
4. Co	ondition 10 - Archaeology	9.				
5. Condition 11 - Foul and Surface Water		10.				
Has the development already started?			Yes V No			
If Yes, please state when the development started (DD/MM/YYYY):			(date must be pre-application submission)			
Has the development been completed?			Yes No			
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:						
See attached Discharge of Condition Statement						
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:						

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed inv the Local Planning Authority (LPA) has been submitted.	
The original and 3 copies* of a Completed and dated application form:	original and 3 copies* of other plans and drawings formation necessary to describe the subject of the application:
The correct fee:	
*National legislation specifies that the applicant must provide the ori total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).
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 genuine opinions of the person(s) giving them. Signed - Applicant:	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the Or signed - Agent:
	Sam Greig
D-1 (DD /AAA AAAAAA	Jam Sieig
Date (DD/MM/YYYY): 02/05/24 (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Telephone numbers Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
12. Site Visit Can the site be seen from a public road, public footpath, bridleway or	r other public land? Yes No
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 Other (if different from the agent/applicant's details)
If Other has been selected, please provide: Contact name:	Telephone number:

Email address: