



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						

3. Site Address Details		4. Pr	re-application Advice					
Please provide the full postal address of the application site.			Has assistance or prior advice been sought from the local					
Unit:	House House suffix:	author	ority about this application? Yes No					
House name:	Harras Dyke Farm		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					
Address 1:	dress 1: Harras Dyke							
Address 2:		known, and then complete as much as possible:						
Address 3:	ss 3:		Officer name:					
Town:	Whitehaven		Reference:					
County:	unty:							
Postcode (optional): CA28 6SH			Date (DD/MM/YYYY): (must be pre-application submission)					
Description of location or a grid reference. (must be completed if postcode is not known):		Details of pre-application advice received?						
Easting: 2	298768 Northing: 518584							
Description	n:							
	ption Of Your Proposal vide a description of the approved development as shown	on the o	decision letter, including the application reference number					
	f decision in the sections below:		decision letter, including the application reference number					
VARIATION OF APPR	ON OF CONDITION 2 TO ALTER HOUSE TYPES, RE	MOVE RESEI	PARKING COURTS & CHANGE THE HOUSING MIX					
OF APPROVED APPLICATION 4/21/2195/0R1 APPROVAL OF RESERVED MATTERS FOR ACCESS, APPEARANCE, LANDSCAPING, LAYOUT & SCALE FOR 85 DWELLINGS FOLLOWING OUTLINE APPROVAL 4/16/2415/0O1								
Reference r	number: 4/24/2035/0B1 Date of decision:	(Date must be pre-application submission) (DD/MM/YYYY)						
Please state	e the condition number(s) to which this application relates	S:	1					
1. C	Condition 3 - Highway Adoption Details							
2. C	2. Condition 5 - Protection of the Water Mains							
3. C	ondition 8 - Materials							
4.		9.						
5.		10.						
Has the development already started?			Yes No					
If Yes, please state when the development started (DD/MM/YYYY):			(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. Discha	arge Of Condition							
	vide a full description and/or list of the materials/details th	at are be	eing submitted for approval:					
See att	ached Discharge of Condition Statement							
7. Part Discharge Of Condition(s)								
Are you seeking to discharge only part of a condition? Yes Very places indicate which part of the condition your application relates to:								
If Yes, please indicate which part of the condition your application relates to:								

8. Planning Application Requirements - Chec Please read the following checklist to make sure you have information required will result in your application being the Local Planning Authority (LPA) has been submitted.	sent all the i						
The original and 3 copies* of a completed and dated application form:	The or	original and 3 copies* of other plans and drawings information necessary to describe the subject of the application:					
The correct fee:							
*National legislation specifies that the applicant must pro total of four copies), unless the application is submitted el LPAs may also accept supporting documents in electronic You can check your LPA's website for information or conta	lectronically format by p	or, the LPA indicate ost (for example, o	e that a smaller nu In a CD, DVD or US	imber of copies is re SB memory stick).	•		
9. Declaration I/we hereby apply for planning permission/consent as desinformation. I/we confirm that, to the best of my/our know genuine opinions of the person(s) giving them. Signed - Applicant:		s form and the acc acts stated are true Or signed - Agent:		drawings and addit any opinions giver	ional are the		
S TO PERSON		Sam Greig					
Data (DD MMM (MMM))							
Date (DD/MM/YYYY): 02/05/24 (date cannot be pre-appli	cation)						
10. Applicant Contact Details		11. Agent Co	ntact Details				
Telephone numbers		Telephone numb	ers				
	Extension number:	Country code:	National number:		Extension number:		
Country code: Mobile number (optional):		Country code:	Mobile number (d	optional):			
Country code: Fax number (optional):		Country code:	Fax number (opti	onal):			
Email address (optional):		Email address (or	otional):				
12. Site Visit							
Can the site be seen from a public road, public footpath, but the planning authority needs to make an appointment to	•	otner public land?	✓ Yes	No			
out a site visit, whom should they contact? (<i>Please select o</i>	Agent	Applicant	Other (if differ agent/applica				
If Other has been selected, please provide:		Tolombors	o.w.		•		
Contact name:	Telephone number:						

Email address: