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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 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).

(Development Management Procedure) (England) Order 2015 (as amended).

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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.

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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

Information provided on this form and in supporting documents may be published on the authority's planning register and

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 2. Agent Name and Address

1. Applie	1. Applicant Name and Address			
Title:	MR First name: GRANT			
Last name:	QUIN			
Company (optional):				
Unit:	House number: 14A House suffix:			
House name:	ELMSIDE			
Address 1:	RHEDA CLOSE			
Address 2:				
Address 3:	AD REST TOTAL OF THE PARTY TO AN AREA			
Town:	FRIZINGTON			
County:	ounty: CUMBR‡A			
Country: UNITED KINGDOM				
ostcode:	CA263TB			

Title:	First name:
Last name:	
Company (optional):	
Unit:	House number: House suffix:
House name:	the feathers are the second
Address 1:	
Address 2:	bolitono 3 to residue 3 in
Address 3:	TARREST APPRIL 201 SOME OF THE OTHER
Town:	
County:	
Country:	
Postcode:	THE WAR THE PARTY

3. Site Address Details Please provide the full postal address of the application site. Unit: House number: 14A House suffix: House name: ELMTDE Address 1: RMEDA CLOSE Address 3: Town: FRTZINGTON County: CUMBRIA Postcode (optional): CA263TB Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing: Description: REAL OF PROPERTY, NEXT TO RESULT OF PROPERTY OF	4. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? 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 known, and then complete as much as possible: Officer name: CHLOE WOOTTON Referenge: 4/24/2039/TPO Date (DD/MMYYYY): (must be pre-application submission) Details of pre-application advice received? ALTERNATIVE ARRANGEMENTS CAN BE AGREED BY WRITING TO LOCAL PLANNING AUTHORITY
THE FELLED TREE CT94) IS TO BE WITHIN 2M OF FELLED TREE LO	(Date must be pre-application submission) (DD/MM/YYYY)
4.	9.
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY) Has the development been completed? If Yes, please state when the development was completed (DD/M	Yes No
COLNIZE / MEGUWAYS ACT REQUIREMENT CZUECCAR	is that are being submitted for approval: THE GROUNK OF: INABFLITY TO COMPLY WITH CUMBERLAND LAGENTLL/RC/22-03.2024), OVERALL PUBLIC SAFET, PAMAGE, SAFER ROAD CROSSENG, TRUBLITY OF LIFE IMPAGE
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 THE REQUIREMENT TO REPLACE T94 TO REPLACE ON SITE NOT PRACTICAL SO	No relates to: . (NOTE: PM 28 STATES ONLY PREFERENCE) TO PROPOSE REPLACE ON SULTABLE COUNCIL LAND OR
EXTENGUES IN TPO REQUEREMENT ON C	

The original and 3 copies* of a completed and dated application form: The correct fee: "National legislation specifies that the applicant must provide the origination of four copies), unless the application is submitted electronically total of four copies), unless the application is submitted electronic format by pyour can check your LPA's website for information or contact their plan 9. Declaration I/we hereby apply for planning permission/consent as described in this information. We confirm that to the best of my/our knowledge, and	ost (for example, on a CC, DVO of each of the control of the contr
genuine opinions of the person(s) giving them. Sigr	Or signed - Agent:
Date (DD/MM/YYYY): (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax munice (optional):	Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
2. Site Visit In the site be seen from a public road, public footpath, bridleway on the planning authority needs to make an appointment to carry a site visit, whom should they contact? (Please select only one) ther has been selected, please provide:	or other public land? Yes No Agent Applicant Other (if different from agent/applicant's detail
ntact name:	Terepriorie manuscri
il address:	