

Proud of our past. Energised for our future.

Copeland Borough Council The Copeland Centre, Catherine Street, Whitehaven, Cumbria CA28 7SJ

2. Agent Name and Address

First name:

MACNEILL

KATE

fax: 01946 59 83 03 email: info@copeland.gov.uk

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Application for listed building consent for alterations, extension or demolition of a listed building. Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

SHAW.

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.

Please complete using block capitals and black ink.

First name:

1. Applicant Name and Address

PERRIN

MR

Title:

Last name:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title:

Last name:

Company (optional):		Company (optional):	M.A.C. ARCHITECTS LTD.
Unit:	House number: House suffix:	Unit:	House number: 4 House suffix:
House name:		House name:	FRANKLIN HOUSE
Address 1:	HAVIKIL LANE	Address 1:	VICTORIA AVENUE
Address 2:	KNARESBOROUGIT	Address 2:	
Address 3:		Address 3:	
Town:		Town:	HARROGATE
County:		County:	
Country:		Country:	
Postcode:	HG5 9HN.	Postcode:	HGI IEL
3. Descri	ption of Proposed Work		
	ption of Proposed Work ribe the proposals to alter, extend or demolish the listed	building(s):	
	THE PROPOSALS SEEK TO APPROVED SCHEME AS	THE (AYOUTS DO NOTCOMPLY

3. Description of Proposed Work (continued)	4. Site Address Details
	Please provide the full postal address of the application site.
Has the work already started without consent?	No Unit: House number: 3 House suffix:
started without consent?	House name:
If Yes, please state when the work was started (DD/MM/YYYY):	Address 1: CATHERINE STREET
	Address 2:
	Address 3:
(date must be pre-application submission)	Town: WHITEHAVEN.
Has the work been	County:
completed without consent?	No Postcode (optional):
If Yes, please state the date when the	Description of location or a grid reference. (must be completed if postcode is not known):
work was completed (DD/MM/YYYY):	Easting: Northing:
	Description:
(date must be pre-application submission)	
5. Related Proposals Are there any current applications, previous/	6. Pre-application Advice Has assistance or prior advice been sought from the local
proposals or demolitions for the site?	No authority about this application? Yes No
If Yes please describe and include the planning application	
reference number(s), if known:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Description Reference num	
CHANGE OF USE FROM 4-1	9
DOCTORS SURGERY TO 2263 RESIDENTIAL OL:	Officer name:
CHANGE OF USE FROM 4-1	
DOCTORS SURGERLY TO 2415	Reference:
RESIDENTIAL OF	
l l	
	Date (DD/MM/YYYY):
	Date (DD/MM/YYYY): (must be pre-application submission) 14.01.20
*	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?
	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? MEETING WITH CLIENT E)
	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? MEETING WITH CLIENT E MR WCODFORD TO DISCUSS
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	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? MEETING WITH CLIENT E MR WCODFORD TO DISCUSS
7. Neighbour and Community Consultation	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? MEETING WITH CLIENT ELY MR WCODFORD TO DISCUSS PROPOSALS AND WITH THE AMENDMENTS ARE REQUIRED 8. Authority Employee / Member
Have you consulted your neighbours or,	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? MEETING WITH CLIENT E) MR WCODFORD TO DISCUSS PROPOSALS AND WITY THE AMENDMENTS ARE REQUIRED 8. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff Do any of these statements apply to you?
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Have you consulted your neighbours or the local community about the proposal? If Yes, please provide details:	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? MEETING WITH CHENT E MR WCODFORD TO DISCUSS PROPOSALS AND WITY THE AMENDMENTS ARE REQUIRED 8. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff Do any of these statements apply to you?
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	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls	RENDER	RENDER (TO MATCH).		
Roof covering	SLATE	SCATE (TO WATCH ENSTING) + SINGLE PLY WEMBERINE TO SMALL AREA OF FUTROW		
Chimney		TO SMALL AREA OF FUTRO		
Windows	TIMBER (PAWTED) + UPVC.	TIMBER (PAINTED) HERITAGE (AS PREVIOUS) APPROVAL) TIMBER (PAINTED).		
External doors	(IMBER (PAINTED)	TIMBER (PAINTED).		
Ceilings				
Internal walls	MASONRY / PLASTER BOARD	MASONRY / PLASTERBOARD		
Floors				
Internal doors				
Rainwater goods	UPVC	UPVC.		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard standing				
Lighting				
Others (add description)				
	itional information on submitted drawings or plan	ns? Yes No		
HERITA	(s)/drawing(s) references: GE, STATEMENT OF ALTER 305, COI PLANS & ELEVAT	ATIONS.		

10. Demolition		11. Listed Building Alterations		
Does the proposal include the partial or total demolition of a listed building?	No	Do the proposed works include alterations to a listed building?	Yes	☑ No
If Yes, which of the following does the proposal involve?		If Yes, do the proposed works include:		
a) Total demolition of the listed building: Yes	No	(you must answer each of the questions)		
b) Demolition of a building within the curtilage of the listed building: Yes	No	a) Works to the interior of the building?	Yes	No
c) Demolition of a part of the listed building: Yes	No	b) Works to the exterior of the building?	Yes	∐ No
If the answer to c) is Yes:		c) Works to any structure or object fixed to the property (or buildings within		
i) What is the total volume of the listed building?(cubic metres)		its curtilage) internally or externally?	Yes	☐ No
ii) What is the volume of the part to be demolished?(cubic metres)		d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?	Yes	☐ No
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission) Please provide a brief description of the building or part of building you are proposing to demolish:	the	If the answer to any of these questions is Yes plans, drawings, photographs sufficient to ic extent and character of the items to be remo- proposal for their replacement, including an structural support and state references for the	dentify the looved, and the look and the look and the look mear	ocation, e ns of
Why is it necessary to demolish or extend (as applicable) all or of the building(s) and or structure(s)?	part			
12. Listed Building Grading	1	13. Immunity From Listing		
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: onlone box must be ticked)	у	Has a Certificate of Immunity from Listing be this building?		
	_	Yes No	Don't kno	W
Grade I Ecclesiastical Grade I		If Yes, please provide the result of the applic	ation:	
Grade II* Ecclesiastical Grade II*				
Grade II Ecclesiastical Grade II				
Don't know				

14. Ownership Certificates One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 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. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Signed - Applicant: Date DD/MM/YYYY): 30.01.20 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* of any part of the land or building to which this application relates. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. Name of Owner Address Date Notice Served Signed - Applicant: Or signed - Agent: Date DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE C Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so. "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. The steps taken were: Name of Owner Date Notice Served Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier than 21 days before the date of the application): (circulating in the area where the land is situated): Signed - Applicant: Or signed - Agent: Date DD/MM/YYYY):

14. Ownership Certificates (continued)				
CERTIFIC Regulation 6 of the Planning (L		ERSHIP - CERTII as and Conserv		s 1990
I certify/ The applicant certifies that: Certificate A cannot be issued for this application.		g o ama o o noon t	a,g	
 All reasonable steps have been taken to find o 	ut the names a	and addresses of	everyone else who, on th	ne day 21 days before the
date of this application, was the owner* of any unable to do so.			2	nave/ the applicant has been
* "owner" is a person with a freehold interest or leasehold The steps taken were:	interest with a	t least 7 years left	to run.	
The steps taken were.				
		/		
			On the efall and a state (v	
Notice of the application has been published in the fol (circulating in the area where the land is situated):	lowing newsp		than 21 days before the	vhich must not be earlier date of the application):
	_/			
Signed - Applicant:	Or signed	- Agent:		Date DD/MM/YYYY):
	la a a la l'art			
15. Planning Application Requirements - C Please read the following checklist to make sure you ha		information in s	support of your proposal.	Failure to submit all
information required will result in your application beir				
the Local Planning Authority has been submitted.		The original and	3 copies of other plans ar	nd drawings or pject of the application:
The original and 3 copies of a completed and dated application form:			3 copies of the complete	d dated .
The original and 3 copies of a plan which identifies the		Ownership Certi	ficate (A, B, C, or D - as ap	plicable):
land to which the application relates and drawn to an identified scale and showing the direction of North:		The original and if required (see h	3 copies of a design and a nelp text and guidance no	access statement, tes for details):
1/ Declaration				
16. Declaration I/we hereby apply for planning permission/consent as 0	described in th	nis form and the	accompanying plans/drav	wings and additional
information. I'we confirm that, to the best of my/our kr genuine opinions of the person(s) giving them.	nowledge, any	facts stated are	true and accurate and any	y opinions given are the
Signed - Applicant: Or			Date (DD/N	
			30.01	(date cannot be pre-application)
(17. Applicant Comtact Dataile		(10 Amont	Contact Datails	
17. Applicant Contact Details		Ĭ	Contact Details	
Telephone numbers	Extension	Telephone nu		Extension
Country code: National number:	number:	Country code	: National number:	number:
		Country on do] [
Country code: Mo		Country code		
Country code: Fax on		Country code	: Fax number (optional)):
oddiniy code. Tax		Country code	Tax number (optional)	
Email		Er		
				. •
19. Site Visit Can the site be seen from a public road, public footpath	n, bridleway or	other public lar	nd? Yes	No
If the planning authority needs to make an appointmen out a site visit, whom should they contact? (Please selections)	nt to carry	Agent	Applicant	Other (if different from the
out a site visit, who it should they contact? (Please selec				
If Other has been selected, please provide:	it only one)	/ / / / / / / / / / / / / / / / / / /		agent/applicant's details)
If Other has been selected, please provide: Contact name:	only one)	Telephone nu		agent/applicant's details)
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