

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 prior notification of proposed demolition.

Town and Country Planning (General Permitted Development) Order 1995 Schedule 2 Part 31

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

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.

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

1. Applicant Name and Address					
Title:	Mr. First name: Martin				
Last name:	Chown				
Company (optional):	Sellafield Limited				
Unit:	House House suffix:				
House name:					
Address 1:	Hinton House				
Address 2:	Birchwood Avenue				
Address 3:	Birchwood				
Town:	Warrington				
County:	Cheshire				
Country:	England				
Postcode:	WA3 6GR				

2. Agent Name and Address						
Title:	Mr. First name: Marc					
Last name:	Ross					
Company (optional):	Sellafield Limited					
Unit:	House House suffix:					
House name:						
Address 1:	Sellafield					
Address 2:						
Address 3:						
Town:	Seascale					
County:	Cumbria					
Country:	England					
Postcode:	CA20 1PG					

3. Site Ad	ldress Details		4. Pre-application Advice				
Please provide the full postal address of the application site.				Has assistance or prior advice been sought from the local			
Unit:	House number:	House suffix:	auth	ority about this applicati	ion?	Yes X No	
House name:				s, please complete the fo			
Address 1:			appl	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 2:	ldress 2:			vn, and then complete a		ole:	
Address 3:	s 3:		Offic	cer name:			
Town:	Seascale		Pofe	rence:			
County:			III Kele	rence.			
(optional):				Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):			(mus	(must be pre-application submission)			
Easting:	N	lorthing:	Deta	nils of pre-application ad	vice received?		
Description	:						
Sellafi	eld Site						
			IJĿ				
5. Propos	ed Demolition Wo	·ks					
Please desc	ribe the building(s) to be	demolished:					
		(CEW) is a 54x15m Worksh			_	=	
		e. There is also a 20x7m sin	igle stor	ey 'L' shaped (brick) (extension at th	e north end.	
	why demolition needs t						
	The CEW demolition is part of the Calder Land Clearance Project Portfolio, once removed this will release a significant land area for reuse and reduce current lifecycle costs of maintaining a building which is not in use.						
Please descr	ibe the proposed metho	od of demolition:					
		al by specialist contractor, s		•	sing wheeled e	excavator with	
	-	molition of building to con-	crete ba	se.			
		ed restoration of the site:	lrainaga	aannaatians will ba k	ungod and gr	auto d	
Concrete	Concrete base left in place as per end state proposal. All drainage connections will be bunged and grouted.						
Please state	Please state the expected date of commencement of works (DD/MM/YYYY): 15/09/2022 DATE MUST BE POST SUBMISSION						
Please state	Please state the expected date of completion of works (DD/MM/YYYY): 31/08/2025 DATE MUST BE POST SUBMISSION					POST SUBMISSION	
Are there any public rights of way within the site or immediately adjoining the site?							
Is redevelop	Is redevelopment or rebuilding proposed at a later date? Yes X No *Redevelopment						
Does the proposal involve the felling or pruning of any tree(s)? Yes No options are under review							
	If Yes, please show details on a plan and provide the reference number of the plan(s):						
1. 1	BE 3032299 Rev D)	4.				
2.			5.				
3.			6.				
Please describe how and where spoil/rubble would be disposed:							
	Material to be segregated and characterised as per IDS Waste Management Plan, quantities and waste routes stipulates within the supporting document.						

6. Planning Application Requirements - Checklist							
Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.							
The original and 3 copies of a completed and dated application form:	The correct fee:						
The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:							
7. Declaration I/we hereby apply for planning permission/consent as described in this form and the 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 opinions of the person(s) giving them.							
Signed - Applicant:	Or signed - Agent:						
n/a							
Date (DD/MM/YYYY):							
15/08/202Z (date cannot be pre-application)							
8. Applicant Contact Details 9. Agent Contact Details							
Telephone numbers n/a							
Extension	Telephone numbers Extension						
Country code: National number: number:	Country code: National number: number:						
	+44						
Country code: Mobile number (optional):	Country code: Mobile number (optional):						
	n/a						
Country code: Fax number (optional):	Country code: Fax number (optional):						
	n/a						
Email address (optional):	Email address (optional):						
10. 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? (Please select only one) Agent Applicant Other (if different from the agent/applicant's details)							
If Other has been selected, please provide:							
Contact name:	elephone number:						
Email address:							