

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 number: 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 number: House suffix:						
House name:							
Address 1:	Sellafield						
Address 2:							
Address 3:							
Town:	Seascale						
County:	Cumbria						
Country:	England						
Postcode:	CA20 1PG						

The same of the sa	e Address Details	4. Pre-application Advice			
Kanada edili	provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?			
Unit:	House House suffix:	Tes X No			
House name:		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address	Scharicia Site	application more efficiently). Please tick if the full contact details are not			
Address		known, and then complete as much as possible:			
Address		Officer name:			
Town:	Seascale	Reference:			
County:	do .	neierence.			
Postcod (optional	al): CA20 1PG	Date (DD/MM/YYYY):			
(must be	tion of location or a grid reference. e completed if postcode is not known):	(must be pre-application submission)			
Easting:		Details of pre-application advice received?			
Descript					
Sell	lafield Site				
	posed Demolition Works				
	describe the building(s) to be demolished:	1. Control was deep descent amination			
		1956 as a CO ₂ gas store before being used for decontamination two sumps which will be cleaned out prior to demolition.			
	tate why demolition needs to take place:				
CRMV	<i>N</i> is redundant and demolition is part of the Calde	er Land Clearance Project. Once removed this will release			
		cycle costs of maintaining a building which is not in use.			
	describe the proposed method of demolition:				
1	trip, size reduction of the facility using wheeled exing to concrete base.	xcavator with selector grab and complete demolition of			
Please p	provide details of the proposed restoration of the site:				
Concr	ete base left in place as per end state proposal. A	Il drainage connections will be bunged and grouted.			
Please st	tate the expected date of commencement of works (DD/MN	M/YYYY): 09/02/2023 DATE MUST BE POST SUBMISSION			
Please st	tate the expected date of completion of works (DD/MM/YYY	(Y): 09/02/2027 DATE MUST BE POST SUBMISSION			
Are ther	re any public rights of way within the site or immediately adjo	joining the site? Yes X No			
Is redeve	elopment or rebuilding proposed at a later date?	Yes X No			
	e proposal involve the felling or pruning of any tree(s)?	Yes X No			
	lease show details on a plan and provide the reference numb	per of the plan(s):			
1.	1 BE 3032299 Rev D	4.			
2.		5.			
3.		6.			
Please de	escribe how and where spoil/rubble would be disposed:				
1	rial to be segregated and characterised as per II e routes stipulates within the supporting docum	-			

6. Planning	Application Requirements - C	hecklist			
Please read the information req	following checklist to make sure you uired will result in your application b ing Authority has been submitted.	have sent all the	e information in su valid. It will not be	pport of your proposal. Failur considered valid until all info	re to submit all ormation required by
The original and 3 copies of a completed and dated application form			: X	The correct fee	X
The original and application rela	d 3 copies of a plan which identifies the tes drawn to an identified scale and s	ne land to which howing the dire	the ction of North:		
information. I/w	oly for planning permission/consent a re confirm that, to the best of my/our ns of the person(s) giving them. ant:	as described in the knowledge, any	nis form and the act facts stated are tr	companying plans/drawings ue and accurate and any opin	and additional ions given are the
8. Applicant	(date cannot be pre-	application)	9. Agent Co	ntact Details	
Telephone num Country code:		Extension number:	Telephone num Country code: +44	National number:	Extension number;
Country code:	Mobile number (optional):		Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	7	Country code:	Fax number (optional):	
Email address (optional):			Fmail address (
If the planning a out a site visit, w	t seen from a public road, public footp outhority needs to make an appointm whom should they contact? (Please se n selected, please provide:	nent to carry	r other public land X Agent Telephone num	Applicant Other	er (if different from the nt/applicant's details)
Email address:					