

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	2. Agent Name and Address
Title: <input type="text" value="Mr."/> First name: <input type="text" value="Martin"/>	Title: <input type="text" value="Mr."/> First name: <input type="text" value="Marc"/>
Last name: <input type="text" value="Chown"/>	Last name: <input type="text" value="Ross"/>
Company (optional): <input type="text" value="Sellafield Limited"/>	Company (optional): <input type="text" value="Sellafield Limited"/>
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: <input type="text"/>	House name: <input type="text"/>
Address 1: <input type="text" value="Hinton House"/>	Address 1: <input type="text" value="Sellafield"/>
Address 2: <input type="text" value="Birchwood Avenue"/>	Address 2: <input type="text"/>
Address 3: <input type="text" value="Birchwood"/>	Address 3: <input type="text"/>
Town: <input type="text" value="Warrington"/>	Town: <input type="text" value="Seascale"/>
County: <input type="text" value="Cheshire"/>	County: <input type="text" value="Cumbria"/>
Country: <input type="text" value="England"/>	Country: <input type="text" value="England"/>
Postcode: <input type="text" value="WA3 6GR"/>	Postcode: <input type="text" value="CA20 1PG"/>

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? ☐ Yes ☒ No

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:

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

5. Proposed Demolition Works

Please describe the building(s) to be demolished:

The Nuvia Compound Office & Welfare consists of four single storey portable cabin units with a link corridor extending to a double stack of 3 on 3 isofreights. The NCOWF is built on concrete slabs.

Please state why demolition needs to take place:

The building is now redundant and no longer has a function on site, therefore removal is required to take away unnecessary hazards and maintenance costs.

Please describe the proposed method of demolition:

Soft strip (following asbestos surveys), followed by size reduction of the facility using wheeled excavator with selector grab and complete demolition of building to foundation level.

Please provide details of the proposed restoration of the site:

Concrete foundation slabs to be left in place. All drainage connections to be plugged.

Please state the expected date of commencement of works (DD/MM/YYYY): DATE MUST BE POST SUBMISSION

Please state the expected date of completion of works (DD/MM/YYYY): DATE MUST BE POST SUBMISSION

Are there any public rights of way within the site or immediately adjoining the site? ☐ Yes ☒ No

Is redevelopment or rebuilding proposed at a later date? ☐ Yes ☒ No

Does the proposal involve the felling or pruning of any tree(s)? ☐ Yes ☒ No

*Redevelopment 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 E	4.	
2.		5.	
3.		6.	

Please describe how and where spoil/rubble would be disposed:

Asbestos containing materials (if any are found), brick and general demolition material disposed at the Lillyhall landfill site, glass, plasterboard & wood at the CWM Lillyhall facility and all metal recycled via Recycling Lives Ltd.

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):

27/10/2022

(date cannot be pre-application)

8. Applicant Contact Details

n/a

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

9. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

n/a

Country code:

Fax number (optional):

n/a

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:

Telephone number:

Email address: