

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. Applic | ant Name and Address | 2. Agent Name and Address |
|------------------------|----------------------|---|
| Title: | Mr. First name: Euan | Title: Mr. First name: Marc |
| Last name: | Hutton | Last name: ROSS |
| Company (optional): | Sellafield Limited | Company (optional): Sellafield Limited |
| Unit: | House House suffix: | Unit: House House suffix: |
| House name: | | House name: |
| Address 1: | Hinton House | Address 1: Sellafield |
| Address 2: | Birchwood Avenue | Address 2: |
| Address 3: | Birchwood | Address 3: |
| Town: | Warrington | Town: Seascale |
| County: | Cheshire | County: Cumbria |
| Country: | England | Country: England |
| Postcode: | WA3 6GR | Postcode: CA20 1PG |

| 3. Site Address Details | | | re-application Advice | | |
|---|--|-----------|---|--|--|
| Please provide the full postal address of the application site. | | | ssistance or prior advice been sought from the local | | |
| Unit: | House House suffix: | auth | ority about this application? Yes X No | | |
| House name: | | | , please complete the following information about the advice were given. (This will help the authority to deal with this | | |
| Address 1: | Sellafield Site | appli | cation more efficiently). e tick if the full contact details are not | | |
| Address 2: | | | in, and then complete as much as possible: | | |
| Address 3: | | Offic | er name: | | |
| Town: | Seascale | | | | |
| County: | Cumbria | Refe | rence: | | |
| Postcode (optional): | CA20 1PG | | Date (DD/MM/YYYY): | | |
| Description of location or a grid reference. (must be completed if postcode is not known): | | (mus | t be pre-application submission) | | |
| Easting: | Northing: | Deta | ils of pre-application advice received? | | |
| Description | | | | | |
| Sellafield Site | | | | | |
| | | | | | |
| | | | | | |
| 5. Propos | sed Demolition Works | | | | |
| Please desc | ribe the building(s) to be demolished: | | | | |
| | | | n-type structures associated with electrical power | | |
| | ion at Sellafield. They are constructed of bolted g | alvanis | ed steel members on a concrete foundation. | | |
| | why demolition needs to take place: | | | | |
| | veen 1955 and 1958, and following changes to the e redundant and require removal and 6 require re | | | | |
| Please desc | ribe the proposed method of demolition: | | | | |
| | on the Sellafield site (8) will be dismantled using in a controlled manner by a competent contracti | | · · · · | | |
| | ide details of the proposed restoration of the site: | | | | |
| | | al shou | Id a land reuse project require the OETT sites. The | | |
| | ns of the OETT being replaced will be reused. | | | | |
| Please state the expected date of commencement of works (DD/MM/YYYY): 09/09/2024 DATE MUST BE POST SUBMISSION | | | | | |
| Please state the expected date of completion of works (DD/MM/YYYY): 09/09/2029 DATE MUST BE POST SUBMISSION | | | | | |
| Are there ar | ny public rights of way within the site or immediately adj | oining tl | ne site? X Yes No | | |
| Is redevelop | oment or rebuilding proposed at a later date? | | X Yes No *Redevelopment | | |
| Does the pro | oposal involve the felling or pruning of any tree(s)? | | Yes X No options are under | | |
| If Yes, please | e show details on a plan and provide the reference num | per of th | e plan(s): | | |
| 1. Lo | ocation Plan - 1 BE 3032299 Rev F | 4. | | | |
| 2. | | 5. | | | |
| 3. | | 6. | | | |
| Please describe how and where spoil/rubble would be disposed: | | | | | |
| Material to be segregated and characterised as per project Waste Management Plan, quantities and waste routes stipulated within the supporting documentation. | | | | | |
| L | | | | | |

| 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: Date (DD/MM/YYYY): 26/07/2024 (date cannot be pre-application) | | | | | | | |
| 8. Applicant Contact Details | 9. Agent Contact Details | | | | | | |
| n/a II | Telephone numbers | | | | | | |
| Country code: National number: Extension number: Country code: Mobile number (optional): Image: Country code: | Country code: National number: Extension number: Image: n/a Image: n/a Country code: Mobile number (optional): Image: n/a Image: n/a Country code: Fax number (optional): Image: n/a Image: n/a Image: n/a Image: n/a Image: n/a Image: n/a Image: n/a Image: n/a | | | | | | |
| 10. Site Visit | | | | | | | |
| Can the site be seen from a public road, public footpath, bridleway or of If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>) If Other has been selected, please provide: Contact name: | ther public land? X Yes No X Yes Other (if different from the agent/applicant's details) Telephone number: No | | | | | | |
| | | | | | | | |
| Email address: | | | | | | | |