

This form is specifically designed to be printed and completed offline. Please complete this form in block capitals using black ink to facilitate scanning.

You are advised to read the accompanying guidance notes and per-question help text.

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

# **Application for Planning Permission and Listed Building Consent** for alterations, extension or demolition of a listed building

Town and Country Planning Act 1990 (as amended) Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

#### **Privacy Notice**

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

#### **Local Planning Authority details:**



Proud of our past. Energised for our future.

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

### **Publication on Local Planning Authority websites**

Information provided on this form and in supporting documents may be published on the authority's planning register and website. Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

1. Applica	ant Name and Address
Title:	Mr First name:
Last name:	Perrin/Shaw
Company (optional):	
Unit:	House House suffix:
House name:	
Address 1:	Havikil Lane
Address 2:	Knaresborough
Address 3:	
Town:	
County:	
Country:	
Postcode:	HG5 9HN

2. Agent Name and Address							
Title:	Mr First name: Spencer						
Last name:	Fretwell						
Company (optional):	SNG Architecture & Design						
Unit:	House House suffix:						
House name:							
Address 1:	Greengate Business Centre,						
Address 2:	2 Greengate Street,						
Address 3:							
Town:	Oldham						
County:							
Country:							
Postcode:	OL4 IFN						

ECAB 2021

Please describe details of the proposed development or works incl building(s):	
The proposals seek to amend a previously app	
as the layouts do no comply with Building Rea	
The previously approved scheme Reference 4,	/19/2263/0L1 & 4/19/2115/0F1
	The first of the state of the s
Has the development or work(s) already started?	Yes X No
f Yes, please state the date when development or work(s) were	(date must be pre-application submission
started (DD/MM/YYYY): Has the development or work(s) been completed?	Yes X No
If Yes, please state the date when the development or work(s)	(date must be pre-application submission
was completed (DD/MM/YYYY):	
Reference number of permission in principle being relied on (technical details consent applications only):	
ls the proposal for public service infrastructure development (within the meaning of article 2 of S.I. 2015/595 as amended by article 3 of S.I. 746/2021)?	Yes X No
Please provide the full postal address of the application site.  Unit: House number: 3 House suffix:  House name:  Address 1: Catherine Street  Address 3:  Town: Whitehaven  County: Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known):  Easting: Northing:  Description:	Has assistance or prior advice been sought from the local authority about this application?  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:  Samuel Woodford  Reference:  Date (DD/MM/YYYY):  (must be pre-application submission)  Details of pre-application advice received?  Meeting with Client  & Mr Woodford to discuss proposals  and why the amendments are required.

6. Pedestrian and Vehicle Access, Roads and Rights of Way		
is a new or altered vehicle access proposed	7. Waste Storage and Colle	
to or from the public highway?	Do the plans incorporate areas to s and aid the collection of waste?	
Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No	If Yes, please provide details:	Yes No
Are there any new public roads to be provided within the site?  Yes  You		Bart Track
Are there any new public rights of way to be provided within or adjacent to the site?  Yes  X No		
Do the proposals require any diversions /extinguishments and/or creation of rights of way?  Yes  X No		
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan (s)/drawings(s)  8. Authority Employee / Member t is an important principle of decision-making that the process is open	Have arrangements been made for storage and collection of recyclable waste?  If Yes, please provide details:	Yes No
means related, by birth or otherwise, closely enough that a fair-minde conclude that there was bias on the part of the decision-maker in the	d and informed observer, having colocal planning authority.	nsidered the facts, would
	With respect to the (a) a member of some (b) an elected mean (c) related to a mean (d) related to a mean (d)	staff ember ember of staff
If Yes, please provide details of their name, role and how you are relat	ed to them.	

9. Demolition			10. Listed Building Altera			
Does the proposal include the particular total demolition of a listed building		X No	Do the proposed works include a to a listed building?	alterations	Yes	X No
If Yes, which of the following does t	he proposal involve?		If Yes, do the proposed works inc	clude:		
a) Total demolition of the listed buil	ding: Yes	☐ No	(you must answer each of the qu	estions)		
b) Demolition of a building within the curtilage of the listed building:	Yes	☐ No	a) Works to the interior of the bu	ilding?	Yes	No
c) Demolition of a part of the listed	building: Yes	☐ No	b) Works to the exterior of the bu	uilding?	Yes	No
If the answer to c) is Yes:			c) Works to any structure or obje	ct fixed		
i) What is the total volume of the listed building?(cubic metres)			to the property (or buildings with its curtilage) Internally or externa	nin ally?	Yes	No
ii) What is the volume of the part to be demolished?(cubic metres)			d) Stripping out of any internal v or floor finishes (e.g. plaster, floo		Yes	No
iii) What was the (approximate) dat erection of the part to be removed (date must be pre-application subr	? (MM/YYYY)	1995	If the answer to any of these que	estions is Yes ufficient to id	entify the lo	ocation,
Please provide a brief description building you are proposing to dem		part of the	extent and character of the item proposal for their replacement, structural support and state refe	ns to be remo including any	ved, and th , new mean	e is of
Why is it necessary to demolish or of the building(s) and or structure(		) all or part				
				427	5 4 5 4 4	
11. Listed Building Grading	9		12. Immunity From Listin	ng		
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)	of the building in the	list of ote: only	12. Immunity From Listin  Has a Certificate of Immunity fro this building?  Yes  X No		en sought ir	
Please state the grading (if known) Buildings of Special Architectural o	of the building in the	ote: only	Has a Certificate of Immunity fro this building?  Yes  X No	om Listing bee	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I	of the building in the r Historic interest? (No	ote: only	Has a Certificate of Immunity fro this building?	om Listing bee	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*	of the building in the r Historic interest? (No Ecclesiastical Grade (	ote: only	Has a Certificate of Immunity fro this building?  Yes  X No	om Listing bee	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*	of the building in the r Historic interest? (No Ecclesiastical Grade I cclesiastical Grade II*	ote: only	Has a Certificate of Immunity fro this building?  Yes  X No	om Listing bee	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*  Grade II	of the building in the r Historic interest? (No Ecclesiastical Grade II* Ecclesiastical Grade II*	ote: only	Has a Certificate of Immunity fro this building?  Yes  X No	om Listing bee	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*  E  Grade II	of the building in the r Historic interest? (No Ecclesiastical Grade I cclesiastical Grade II* Ecclesiastical Grade II Don't know	ote: only	Has a Certificate of Immunity fro this building?  Yes  If Yes, please provide the result	om Listing bee	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*  Grade II	of the building in the r Historic interest? (No Ecclesiastical Grade II*  Ecclesiastical Grade III*  Don't know  the existing and prop	ote: only	Has a Certificate of Immunity fro this building?  Yes  Y No  If Yes, please provide the result  er of on-site parking spaces:  Total proposed (including	of the applica	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*  E  Grade II  Please provide information on	of the building in the r Historic interest? (No Ecclesiastical Grade II*  Ecclesiastical Grade II*  Ecclesiastical Grade II  Don't know	ote: only	Has a Certificate of Immunity fro this building?  Yes  Y No  If Yes, please provide the result  er of on-site parking spaces:	of the applica	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*  E  Grade II  13. Vehicle Parking  Please provide information on  Type of Vehicle	of the building in the r Historic interest? (No Ecclesiastical Grade II*  Ecclesiastical Grade III*  Don't know  the existing and prop	ote: only	Has a Certificate of Immunity fro this building?  Yes  Y No  If Yes, please provide the result  er of on-site parking spaces:  Total proposed (including	of the applica	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*  E  Grade II  Please provide information on Type of Vehicle  Cars  Light goods vehicles/	of the building in the r Historic interest? (No Ecclesiastical Grade II*  Ecclesiastical Grade III*  Don't know  the existing and prop	ote: only	Has a Certificate of Immunity fro this building?  Yes  Y No  If Yes, please provide the result  er of on-site parking spaces:  Total proposed (including	of the applica	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*  Frade II  Grade II  Please provide information on  Type of Vehicle  Cars  Light goods vehicles/ public carrier vehicles	of the building in the r Historic interest? (No Ecclesiastical Grade II*  Ecclesiastical Grade III*  Don't know  the existing and prop	ote: only	Has a Certificate of Immunity fro this building?  Yes  Y No  If Yes, please provide the result  er of on-site parking spaces:  Total proposed (including	of the applica	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*  Grade II  II. Vehicle Parking Please provide information on  Type of Vehicle  Cars  Light goods vehicles/ public carrier vehicles  Motorcycles	of the building in the r Historic interest? (No Ecclesiastical Grade II*  Ecclesiastical Grade III*  Don't know  the existing and prop	ote: only	Has a Certificate of Immunity fro this building?  Yes  Y No  If Yes, please provide the result  er of on-site parking spaces:  Total proposed (including	of the applica	Don't kno	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)  Grade I  Grade II*  Frade II  Grade II  Please provide information on  Type of Vehicle  Cars  Light goods vehicles/ public carrier vehicles  Motorcycles  Disability spaces	of the building in the r Historic interest? (No Ecclesiastical Grade II*  Ecclesiastical Grade III*  Don't know  the existing and prop	ote: only	Has a Certificate of Immunity fro this building?  Yes  Y No  If Yes, please provide the result  er of on-site parking spaces:  Total proposed (including	of the applica	Don't kno	

# 14. Materials Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded): applicable Don't Not Existing Proposed Know (where applicable) Render to match existing Render External walls Slate appearence roof tile Slate Roof covering to match existing Chimney Painted Timber Heritage Painted Timber Windows to match existing As previous approval Painted Timber Painted Timber External doors to match existing Ceilings Internal walls Floors Internal doors UPVC UPVC Rainwater goods Boundary treatments (e.g. fences, walls) Vehicle access and hard standing Lighting Others (add description) Are you supplying additional information on submitted drawings or plans? No X Yes If Yes, please state plan(s)/drawing(s) references: Heritage Statement Existing & Proposed Plans & Elevations

15. Foul Sewage	16. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local
	planning authority requirements for information as necessary.)
Septic tank Other	Yes X No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system?  Yes  No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  X No
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere?
The suppose of the second section of the suppose of the suppose of the second section of the suppose of the second section of the suppose of the second section of the section of the second section of the section of the second section of the sectio	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
Companyation	18. Existing Use
17. Biodiversity and Geological Conservation	Please describe the current use of the site:
To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.  Having referred to the guidance notes, is there a reasonable	
likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to	Is the site currently vacant?
or near the application site?	If Yes, please describe the last use of the site:
a) Protected and priority species:  Yes, on the development site  Yes, on land adjacent to or near the proposed development  No	Doctors Surgery
b) Designated sites, important habitats or other biodiversity features:	When did this use end (if known)? (DD/MM/YYYY)
Yes, on the development site	(date where known may be approximate)  Does the proposal involve any of the following?
Yes, on land adjacent to or near the proposed development    No	If yes, you will need to submit an appropriate contamination assessment with your application.
c) Features of geological conservation importance:	Land which is known to be contaminated? Yes X No
Yes, on the development site	Land where contamination is suspected for all or part of the site?  Yes  X No
Yes, on land adjacent to or near the proposed development	A proposed use that would
	be particularly vulnerable to the presence of contamination?
19. Trees and Hedges	20. Trade Effluent  Does the proposal involve the need to
Are there trees or hedges on the proposed development site?  Yes X No	dispose of trade effluents or waste?
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
development or might be important as part of the local landscape character?	Complete and the rest of the r
or the local landscape character?	and the second s
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should authority should have a with the current 'R55837'. Trees in relation to	
contain, in accordance with the current bases, and the current bases, in accordance with the current bases, and the current bases,	ECAB 2021

Yes, please comple	Propos								Existi	ing l	Hous	ing			
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larket lousing	Not .	1	2	3		Unknown		Housing	known	1	2	3	4+	Unknown	1
ouses								Houses							+
lats/maisonettes								Flats/maisonettes							1
heltered housing								Sheltered housing							+
edsit/studios								Bedsit/studios							+
luster flats								Cluster flats							+
Other								Other							+
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ocial, Affordable or Intermediate	Not known	1	Numl 2	per of	T	Unknown		or Intermediate Rent	known	1	2	3	4+	Unknown	+
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Other		T	tale (	a + b -	+ (+ (	d+e+f)=								+ e + f) =	-
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Affordable Home Ownership	Not knowr	1	2	3	4+		1	Houses							L
Houses					_		-	Flats/maisonettes							L
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Sheltered housing					-			Bedsit/studios							H
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Houses					+	-	+	Flats/maisonettes			-				
Flats/maisonettes			_	-	+			Bedsit/studios							
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				(A = B		D+0=									
Total proposed	residenti	al un	17.6	NA A D				using Grand Total - Ex	i alma Ma	usin	g Grai	nd To	tal):	ECAB 202	_

				<b>Non-residenti</b> n or change of us			pace? Yes [	X No
If you	ir proposal in	red Yes to th	e que	n or change of us estion above plea	se add details i	n the follow	housed to	
100	se class/type o	77	Not applicable		Gross internal to be lost by use or den (square m	floorspace change of nolition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	Sho	ops						
	Net trada	ble area:						
A2	Financi profession	ial and al servic <b>es</b>						
А3	Restaurant	s and cafes						
A4	Drinking est	ablishments						
A5	Hot food t	takeaways						
B1 (a)	Office (oth							
B1 (b)		ch and pment			-			
B1 (c)	Light in	dustrial						
B2	General i	industrial .						
B8	Storage or	distribution						
C1		nd halls of lence						
C2	Residential	institutions						
D1		sidential utions						
D2	Assembly and leisure							
OTHER	IER							
Please specify	1							
	To	otal						
In ac	ddition, for ho	tels, residen	tial in	stitutions and hos	tels, please ad	ditionally in	dicate the loss or gain of ns proposed (including	
Use class	Type of use	Not applicable	Exist	ing rooms to be lo of use or demo	ost by change olition	ch	nanges of use)	Net additional rooms
C1	Hotels							
C2	Residential Institutions							
OTHER								
Please specify								
23. Em	nployment	following inf	orma	tion regarding en	nployees:			PROPERTY AND STREET
riease	tomplete the	101101111111111111111111111111111111111		Full-time		time		al full-time quivalent
F	xisting emplo	yees						
	oposed emplo							
	4	•						
24. Ho	ours of Ope	<b>ening</b> e the hours o	of ope	ning (e.g. 15:30) f	or each non-res	sidential use	proposed:	
	Use			y to Friday	Saturda		Sunday and Bank Holidays	Not known
				,				
	ha Aras							
25. SI	t <b>e Area</b> tate the site a	rea in hecta	res (ha	a)			39 979	AND THE PERSON OF THE PERSON
Icase 2		The state of the s	a management of			And the second s		ECAB 2021

Please describe the activities and processes to be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed or	cts include the	dina				10 To 1
the proposal a waste management develop	pment?	Yes	No			
the answer is Yes, please complete the follo		ole:				
Company of the second s	a lical	cluding engine Ilowance for c	ity of the void in cul ering surcharge and over or restoration r waste or litres if liqu	d making <b>no</b> material (or	Maximum annual operate through put in tonne (or litres if liquid wast	25
Inert landfill						
Non-hazardous landfill						
Hazardous landfill						
Energy from waste incineration						
Other incineration						
Landfill gas generation plant						
Pyrolysis/gasification						
Metal recycling site						
Transfer stations						
laterial recovery/recycling facilities (MRFs)						
Household civic amenity sites						
Open windrow composting						
In-vessel composting						
Anaerobic digestion					•	
ny combined mechanical, biological and/ or thermal treatment (MBT)						
Sewage treatment works						
Other treatment						
ecycling facilities construction, demolition and excavation waste						
Storage of waste						
Other waste management						
Other developments						
lease provide the maximum annual operat	ional thr	oughput of the	e following waste st	reams:		
Municipal						
Construction, demolition and e	excavatio	n				
Commercial and industr	rial					
Hazardous						
f this is a landfill application you will need to Danning authority should make clear what	to provid informat	e further infor tion it requires	mation before your on its website.	application ca	n be determined. Your was	te
7. Hazardous Substances		E J R				
Does the proposal involve the use or storag he following materials in the quantities sta	e of any o	of w? Yes	☐ No [	Not applica	able	
f Yes, please provide the amount of each su	ubstance	that is involve	d:		CHANGE WE ARE THE	
Acrylonitrile (tonnes)		ylene oxide (to			Phosgene (tonnes)	
Ammonia (tonnes)	Hydrog	gen cyanide (to	onnes)	Su	Ilphur dioxide (tonnes)	
Bromine (tonnes)	Liq	uid oxygen (to	onnes)		Flour (tonnes)	
Chlorine (tonnes)	iquid pet	roleum gas (to	onnes)	Refine	ed white sugar (tonnes)	
ther:			Other:			

### 28. Ownership Certificates and Agricultural Land Declaration

Signed - Applicant:

One certificate A, B, C, or D must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 & 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, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\*

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

\* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

\*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act.

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)	
Regulation 6 of the control of the c	CERTIFICATE OF OWNERSHIP - CERTIFICATE B relopment Management Procedure) (England) Order 2015 Certificate on the Planning (Listed Buildings and Conservation Areas) Regulations 19 we/the applicant has given the requisite notice to everyone else (as listed on, was the owner* and/or agricultural tenant** of any part of the land of	below) who, on the da	
Name of Owner / Agricultural Tenant	Address	Date Notice Served	
Whitehaven Rugby League Supporters Club	80 Lowther Street, Whitehaven. CA28 7RB	24/08/21	
oupper to the same of the same		~	
		77 7 1 1 1 1 1	
Miles American revenue par la company of	The state of the s	CORRESPONDED TO	
		and made	
		Date (DD/MM/YYYY)	

Or signed - Agent:

24/08/21

### 28. Ownership Certificates and Agricultural Land Declaration (continued) **CERTIFICATE OF OWNERSHIP - CERTIFICATE C** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 & 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\* and/or agricultural tenants\*\* 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. \*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: Name of Owner / Agricultural Tenant Date Notice Served Address On the following date (which must not be earlier Notice of the application has been published in the following newspaper than 21 days before the date of the application): (circulating in the area where the land is situated): Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant: CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 & Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land to which this application relates, 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. \*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: On the following date (which must not be earlier Notice of the application has been published in the following newspaper than 21 days before the date of the application): (circulating in the area where the land is situated): Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant:

29. Planning Application Requirements - Checklis	it	
Please read the following checklist to make sure you have sent a information required will result in your application being deemed the Local Planning Authority (LPA) has been submitted.	all the ed inva	information in support of your proposal. Failure to submit all alid. It will not be considered valid until all information required by
The original and 3 copies* of a completed and dated		The correct fee:
application form:  The original and 3 copies* of the plan which identifies the land		The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details):
to which the application relates drawn to an identified scale and showing the direction of North:		The original and 3 copies* of a fire statement, if required (see help text and guidance notes for details):
The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application	ı:	The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings):
*National legislation specifies that the applicant must provide the total of four copies), unless the application is submitted electron LPAs may also accept supporting documents in electronic formation can check your LPA's website for information or contact the Plans can be bought from one of the Planning Portal's accredite	nically at by p eir plar	or, the LPA indicate that a smaller number of copies is required. bost (for example, on a CD, DVD or USB memory stick). Inning department to discuss these options.
Plans can be bought from one of the Planning Portal's accredite	eu sup	phiers. https://www.piammigportail.co.dio.sayaptagp
30. Declaration  I/we hereby apply for planning permission/consent as described information. I/we confirm that, to the best of my/our knowledge genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed - Ag	e, any 1	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the  Date (DD/MM/YYYY):  24/08/21 (date cannot be pre-application)
31. Applicant Contact Details		32. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: National number: Extension number		Country code: National number: Extension number:
Country code: Mobile number (optional):		Country code: Mobile number (optional):
Country code: Fax number (optional):		Country code: Fax number (optional):
Email address (optional):		Email address (optional):
33. Site Visit		
Can the site be seen from a public road, public footpath, bridley	way or	other public land? X Yes No
If the planning authority needs to make an appointment to carr out a site visit, whom should they contact? (Please select only on	ry	X Agent
If Other has been selected, please provide:		agent applicants actains,
Contact name:		Telephone number:
Email address:		