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## Copeland Borough Council

The Copeland Centre,

Catherine Street, Whitehaven,

2. Agent Name and Address

Cumbria CA28 7SJ

tel: 0845 054 8600

fax: 01946 59 83 03

email: info@copeland.gov.uk web: www.copeland.gov.uk

## Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

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.

1. Applicant Name and Address

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

Title: DR First name: CHRISTOPHER	Title: MR First name: RAY WONLD	
Last name: PICK FORD	Last name: FORD	
Company (optional):	Company (optional):	
Unit: House number: 27 House suffix:	Unit: House number: 79 House suffix:	
House name:	House name:	
Address 1: LAUREL BANK	Address 1: NORESBY PARKS RD	
Address 2:	Address 2:	
Address 3:	Address 3:	
TOWN: WHITEHAVEN	TOWN: WHITEHAUEN	
County: CUMBRIA	County: CUMBRIAC	
Country: ENCILAND	Country: ENGLANT	
Postcode:	Postcode: CA28 8 X	
3. Description of Proposed Works		
Please describe the proposed works:	*	
PROPOSE ERECTION OF	KSINGLE STOREY	
EXTENSION & INTERNAL	- ALTERATION TO	
	,	
PROUIDE ADD TIONAL KITCHEN AND		
BEDROOM SPACE		

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	Exercise Constitution and Constitution a
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House number: 27 House suffix:	proposed to or from the public highway? Yes Solonian Yes Solonian Yes
House name:	proposed to or from the public highway? Yes No
Address 1: LAUREL BANK	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?
Address 2:	rights of way?  If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/ drawing(s):
TOWN: WHITEHAVEN	
County: CUMBRIA	
Postcode (optional):	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application?	Are there any trees or hedges on your own property or on adjoining properties which
If Yes, please complete the following information about the advice	are within falling distance of your proposed
you were given. (This will help the authority to deal with this	development? Yes Vo  If Yes, please mark their position on a scaled
application more efficiently). Please tick if the full contact details are not	plan and state the reference number of any plans or drawings:
known, and then complete as much possible:	
Officer name:	
CHLOE UNSWORTH	
Reference:	
	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY): 3/2 / 2/2 / 2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	order to carry out your proposal?
(must be pre-application submission)	If Yes, please show on your plans which trees by giving them
Details of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale.
(a Pauline	
8. Parking Will the proposed works affect	9. Authority Employee / Member With respect to the Authority, I am:
existing car parking arrangements? Yes No	(a) a member of staff Do any of these
If Yes, please describe:	(b) an elected member (c) related to a member of staff  Yes  No
	(d) related to an elected member
	If Yes, please provide details of the name, relationship and role

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	BUFF/HIGHT BROWN FACING BRICK	TO MATCH EXISTILLY		
Roof	FLAT PROPHILE  GREY COLLEGETE  ROOF TILES	TO MATCH EXISTING		
Windows	WHITE UPVC DOUBLE GLAZED UNITS	TO MARCH EXISTING		
Doors	COMPOSITE DODR	TO MATCH FXISTING		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				
Lighting				6
Others (please specify)				Ó
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  If Yes, please state references for the plan(s)/drawing(s)/design and access statement:  FLOOR PLAN, ELEVATIONS, STE PLAN, OS PLAN				No

## 11. Ownership Certificates and Agricultural Land Declaration

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 2010 Certificate under Article 12 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 pa	rt of, an agricultural holding.	
* "owner" is a person with a freehold interest or ** "agricultural holding" has the meaning give	leasehold interest with at least 7 years left to run. n by reference to the definition of "agricultural tenant" in	section 65(8) of the Act.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		C6/11/2020
I certify/ The applicant certifies that I have/t 21 days before the date of this application, v application relates. * "owner" is a person with a freehold interest or	pment Management Procedure) (England) Order 2 he applicant has given the requisite notice to everyon was the owner* and/or agricultural tenant** of any p leasehold interest with at least 7 years left to run. in section 65(8) of the Town and Country Planning Act 15	ne else (as listed below) who, on the day art of the land or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served

Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

Town and Country Planning (De I certify/ The applicant certifies that:  Neither Certificate A or B can be All reasonable steps have been the land or building, or of a part ""owner" is a person with a freehold intere	issued for this application	of the other owners* and/or agricultural tenants** of able to do so.
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Notice of the application has been publi (circulating in the area where the land is	shed in the following newspaper situated):	On the following date (which must not be earlier than 21 days before the date of the application):
	•	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
I certify/ The applicant certifies that:  Certificate A cannot be issued for  All reasonable steps have been to date of this application, was the have/ the applicant has been und  * "owner" is a person with a freehold interes	r this application aken to find out the names and addresses o owner* and/or agricultural tenant** of any	of everyone else who, on the day 21 days before the part of the land to which this application relates, but I
Notice of the application has been publis		On the following date (which must not be earlier
(circulating in the area where the land is	situated):	than 21 days before the date of the application):
C'and Analisant	Outined Asset	Date (DD/MM/YYYY):
Signed - Applicant:	Or signed - Agent:	Date (DD/MIN/TTTY):
Please read the following checklist to mainformation required will result in your a the Local Planning Authority has been su. The original and 3 copies of a completed and dated application form:  The original and 3 copies of a plan which	ake sure you have sent all the information in pplication being deemed invalid. It will not ubmitted.  The original and 3 copies of a design and access statement if proposed works fall within a	n support of your proposal. Failure to submit all t be considered valid until all information required by  The correct fee:
identifies the land to which the applicati relates drawn to an identified scale and showing the direction of North: The original and 3 copies of other plans and drawings or information necessary t describe the subject of the application:	World Heritage Site, or relate to a Listed Building:	The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 12 Certificate (Agricultural Holdings):

13. Declaration		
I/we hereby apply for planning permission/cons information. I/we confirm that, to the best of my genuine opinions of the person(s) giving them.	ent as described in th //our knowledge, any	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant:	Or signed - Agent	Date (DD/MM/YYYY):
		26/11/200 (date cannot be pre-application
14. Applicant Contact Details	_	'. 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):	A32.40************************************	Email address (optional):
16. Site Visit		
Can the site be seen from a public road, public fo	ootpath, bridleway or	rother public land? Ves No
If the planning authority needs to make an appoout a site visit, whom should they contact? (Plea	ointment to carry use select only one)	Agent Applicant Other (if different from the
If Other has been selected, please provide:	•	
Contact name:		Telephone number:
Email address:		