



Application for Planning Permission. Town and Country Planning Act 1990

Privacy Notice

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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 of applications on 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.

if printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address							
Title:	MR First name: MIHEAL						
Last name:	GRAHAM						
Company (optional):							
Unit:	House number: House suffix:						
House name:							
Address 1:	LONSDAF PLACE						
Address 2:							
Address 3:							
Town:	WHIEHAVEY						
County:	CUMBRIK						
Country:	ENGHAND						
Postcode:	CA28 GDX						

Title:	2. Agent	Name and Address
Company (optional): Unit: House number: 79 House suffix: House name: Address 1: Market Parks R2 Address 3: Town: WHIEHAUEM County: CUMBRIA Country: ENGLAM	Title:	WE First name: RAYMOND
(optional): Unit: House number: 79 House suffix: House name: Address 1: MORESBY PARKS RZ Address 3: Town: WHIEHAUEK County: CUMBRIK Country: EXCLAN	Last name:	FORD
House name: Address 1: MODESBY PADES RZ Address 3: Town: WHIEHAUEM County: CUMBRIA Country: ENGLAN		
Address 1: MORESBY PARKS RZ Address 2: Address 3: Town: WHIEHAUEU County: CUMBRA Country: ENGLAN	Unit:	
Address 2: Address 3: Town: WHTEHAUEK County: CUMBRIA Country: ENGLAN		
Address 3: Town: WHTEHAUEL County: CUMBRIA Country: ENGLAN	Address 1:	MORESBY PARKS RE
Town: WHTEHAUEN County: CUMBRIA Country: ENGLAN	Address 2:	
Country: CUMBRIX Country: ENGLAN	Address 3:	
Country: ENGLAN	Town:	WHITEHAUELL
	County:	CUMBRIX
Postcode: CADB BXD	Country:	ENGLAN
Version 2018.1	Postcode:	

2 December of the During	
Description of the Proposal Please describe the proposed development, including any change of	diament and a second a second and a second a second and a second a second and a second a second and a second a second a second and a se
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CONVERSION OF DOME SINGLE STOREY RESID	JENITAL DIVELLING
1	·
Has the building, work or change of use already started?	Yes No
If Yes, please state the date when building, work or use were started (DD/MM/YYYY):	(date must be pre-application submission)
Has the building, work or change of use been completed?	Yes No
If Yes, please state the date when the building, work	
or change of use was completed: (DD/MM/YYYY): Reference no. of permission in principle being	(date must be pre-application submission)
relied on (technical details consent applications only):	
4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: House number: 32 House suffix:	authority about this application? Yes No
House name:	If Yes, please complete the following information about the advice
Address 1: MAIN STREET	you were given. (This will help the authority to deal with this application more efficiently).
Address 2:	Please tick if the full contact details are not
Address 3:	known, and then complete as much as possible:
	Officer name:
Town: DISINGTON	SARAH PAPELED
County: CUMBRIA	Reference:
Postcode (optional): CA14 5T++	
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	. , , , , , , , , , , , , , , , , , , ,
Description:	Details of pre-application advice received?
	NO OBJECTION IN
	PRINCEPLE, SUBSECT
	PRINCEPLE, SUBSECT TO CCC HIGWAYS
	CONSULTATION

6. Pedestrian and Vehicle Access, Roa	ds and Rig	hts of Way	7. Waste Storage and Collection		2.5		
ls a new or altered vehicle access proposed to or from the public highway?	Yes	No	Do the plans incorporate areas to store and aid the collection of waste?	Yes	No		
Is a new or altered pedestrian access proposed to or from the public highway?	Yes	No	If Yes, please provide details:				
Are there any new public roads to be provided within the site?	Yes	No					
Are there any new public rights of way to be provided within or adjacent to the site?	Yes	No					
Do the proposals require any diversions /extinguishments and/or creation of rights of way?	Yes	No	Have arrangements been made for the separate storage and collection of recyclable waste?	☐ Yes	No		
If you answered Yes to any of the above que details on your plans/drawings and state the (s)/drawings(s)	estions, pleas e reference d	se show of the plan	if Yes, please provide details:				
					ļ		
	•						
8. Authority Employee / Member							
It is an important principle of decision-making means related, by birth or otherwise, closely conclude that there was bias on the part of t	enough that	: a fair-minde	d and informed observer, having considered	uestion, "relat the facts, wo	ted to" uld		
Do any of the following statements apply to			es No With respect to the authori	tv. I am:			
±25			(a) a member of staff (b) an elected member (c) related to a member of (d) related to an elected m	staff			
If Yes, please provide details of their name, i	If Yes, please provide details of their name, role and how you are related to them.						
	<u></u>						

	ate what materials are to be used externally			٥	2
	Existing (where applicable)	Proposed		Not	D K
Walls	RADITIONA MASSAN WHITE ROUGHCAST	EYETIN	H G		
Roof					
Windows	CHAZED UNIS	E YISIING			
Doors	WHITE UPUC	TO MATCH FYISTILL	۲		
Boundary treatments (e.g. fences, walls)		9		D	
/ehicle access and nard-standing	.*				
ighting				M	_
Others please specify)	4.4°				_
	onal information on submitted plan(s)/dravences for the plan(s)/drawing(s)/design and		? Yes] N
. Vehicle Parking					_
_	nation on the existing and proposed number	er of on-site parking spaces:			
Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces		_
Cars		(O		_
Light goods vehicle public carrier vehicle	es/				_
Motorcycles					_
Disability spaces					_
Cycle spaces		W .			_
Other (e.g. Bus)		τ.		<u></u>	_
Other (e.g. Bus)			80		_

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of: Mains sewer Cess pit	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
Septic tank Other	planning authority requirements for information as necessary.)
Septic tank Other	Yes Vo
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?	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes 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? Yes No
	How will surface water be disposed of?
EXISTING CONFECTION IN PLACE	Sustainable drainage system Existing watercourse
IN PLACE	Soakaway Pond/lake
5.3	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
	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	DOMESTIC LOCK UP/STORE
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	Is the site currently vacant?
and enhanced within the application site, or on land adjacent to	If Yes, please describe the last use of the site:
or near the application site?	
a) Protected and priority species:	
Yes, an the development site	
Yes, on land adjacent to or near the proposed development No	When did this use end (if known)?
	DD/MM/YYYY (date where known may be approximate)
b) Designated sites, important habitats or other biodiversity features:	Does the proposal involve any of the following?
Yes, on the development site	If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?
Yes, on the development site	and the and part of the and
Yes, on land adjacent to or near the proposed development	A proposed use that would be particularly vulnerable
N₀	to the presence of contamination? Yes No
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the	Does the proposal involve the need to
proposed development site? Yes And/or: Are there trees or hedges on land adjacent to the	dispose of trade effluents or waste? If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part	of trade effluents or waste
of the local landscape character? Yes No	
If Yes to either or both of the above, you may need to provide a full 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 contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'	

	Propo	sed	Hou	sing					Exist	lina	Hous	sina			
Market Housing	Not	1	Num 2	ber of	Bed 4+	rooms	Total	Market Housing	Not			20 W.	f Bedi	rooms	Tot
Houses							а	Houses	П			3		OTIKITOW	a
Flats/maisonettes		16.5			1		ь	Flats/maisonettes		100	2 2 7 1				106
Sheltered housing				E C	520		C 3	Sheltered housing		633		3800	The state of		2 (SA)
Bedsit/studios					7.13		d	Bedsit/studios		68	giste				S See
Cluster flats							e	Cluster flats		4		55.5	Enrich Etnil		
Other					W. Carlo		f	Other		300		500			1
		To	tals (a	+ 6 +	C+(d + e + f =	A			To	tals (a	+ b -	- c + d	(+ e + f) =	E
Social, Affordable			Numi	ner of	Red	rooms	Total	Social, Affordable			Altirol	201.0	Dode	ooms	Tota
or Intermediate Rent	Not known	1	2	3	4+	Unknow	Annana Anna	or Intermediate	Not known	1	2	3	4+	Unknow	
Houses	Ø		V				9	Houses							a
Flats/maisonettes							b	Flats/maisonettes			5.01		- Control		b
Sheltered housing					3.2	14.220	6	Sheltered housing			1500		100 10 W		100
Bedsit/studios							d	Bedsit/studios							n
Cluster flats		30					e	Cluster flats			TO SEC	16			e
Other				100			1	Other							f
Totals $(a+b+\tilde{c}+d+e+f) =$						В			To	tals (a	+ b +	c+d	+ e + f) =	G	
Affordable Home Ownership	Not		Numb	er of		ooms	Total	Affordable Home Ownership	Not	1	Numb	er of	_		Tota
Houses			100	3		OTIKITOWI	3	Houses			2	3	41	Unknown	d
Flats/maisonettes			3585				b	Flats/maisonettes			NAME OF THE PARTY				0.00
Sheltered housing					S5-56	Section.	c	Sheltered housing		12.15		1073A	200		Section 1
Bedsit/studios				Z	0.13		d	Bedsit/studios		District Control			450		and a
Cluster flats				Louis	27		ē	Cluster flats				336			Pos
Other						E L	f	Other				A-LOSS			10/2
		Tot	als (a	+ b +	c + d	+ \text{\theta} + f) =	С	The second secon						E H	
	Not		Numb	er of	Bedr	ooms	Total		Not		Numb	Paramine.	W0005.01	Parallel Colle	Tota
Starter Homes	known	1	2	3		Unknown		Starter Homes	known	1	2	3		Unknown	
Houses							a	Houses							a
Flats/maisonettes							b	Flats/maisonettes			100				h
Bedsit/studios							С	Bedsit/studios					68		100
Other							d	Other							d
			Tot	als (a	+ b	+c+d)=	D				Tot	als (a	+ b +	- c + d) =	
Self Build and Custom Build	Not known	1	Numb 2	er of i		ooms Unknown	Total	Self Build and Custom Build	Not known	1	Numb 2	er of		oms Unknown	Total
Houses				9:10			а	Houses							N.A.
Flats/maisonettes							5	Flats/maisonettes							13,0
Bedsit/studios							C	Bedsit/studios		国 先			197		
Other		323					ď	Other							ď
			Tot	als (a	÷b-	+ c + d) =	E				Tot	als (a	+ 6 +	c + d) =	
Total proposed resi	dantial	nite	/A ·	Dir	24.0	+ E) =		Total existing re						+ J) =	

lfy	ou have ans	wered Yes to	the q	ain or change of u	ase add deta	ils in the follow	ace? Yes	
	Jse class/typ		Not applicable			al floorspace y change of emolition	Total gross interna floorspace propose (including change of use)(square metres	internal floorspace
A1	S	hops						
		dable area:						
A2	Finar profession	ncial and nal services						
A3	Restaura	nts and cafes						7
A4	Drinking e	stablishments						
A5	Hot food	takeaways						
B1 (a)	Office (ot	her than A2)						
B1 (b)		arch and opment						
B1 (c)	The second property and the	ndustrial						
B2	Genera	industrial				4		
B8	Storage o	distribution						
C1		nd halls of						
C2		dence institutions	긤					
D1	Non-re	sidential						
D2	THE STATE OF STREET WAS ASSOCIATED BY	utions and leisure	믬					
OTHER	ribbonisty	and leisure	믬					
Please							entrick and the second	
Specify								
	919 (319)	otal						
Hea		tels, residenti Not	al insi	itutions and host	els, please ad		ate the loss or gain of	rooms
class	Type of use	applicable	AISUIT	g rooms to be los of use or demol	ition	l otal rooms char	proposed (including iges of use)	Net additional rooms
C1	Hotels							
	Residential Institutions							
THER								
lease pecify								
	oloyment							
lease co	mplete the	following infor	matio	n regarding empl	oyees:			
			F	ull-time	Part-	time		al full-time uivalent
	Existing employees roposed employees							
Prop	osea employ	ees				12 11 1		
	rs of Oper		nenin	g (e.g. 15:30) for	each non roc	idontial uso ne		
	Use	→のあるました。		Friday	at Abertain State South	and a company of the same	oposed: Sunday and	policie de la companya del companya de la companya del companya de la companya de
		10101	-ay it	, , riday	Saturday		Bank Holidays	Not known
E Thomas		33						

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(22 Industrial or Commercial Dress	42020	AND DESCRIPTION OF THE PERSON	A SECTION OF THE PROPERTY OF T	CANODIA DALIA SANG UNIONESIA DINA CONTRACTORIO
22. Industrial or Commercial Proce			4250.00	
Please describe the activities and processes be carried out on the site and the end prod plant, ventilation or air conditioning. Please type of machinery which may be installed o	ucts in	ncluding de the		
Is the proposal a waste management devel	opme	nt? Yes No		
If the answer is Yes, please complete the fo	llowin	g table:		
	Not applicable	The total capacity of the including engineering su allowance for cover or r tonnes if solid waste or	rcharge and making no estoration material (or	Maximum annual operational throughput in tonnes (or litres if liquid waste)
inert landfill	7			
Non-hazardous landfill				
Hazardous landfill				
Energy from waste incineration				
Other incineration				
Landfill gas generation plant				
Pyrolysis/gasification	1 25 1			
Metal recycling site				
Transfer stations				
Material recovery/recycling facilities (MRFs)				
Household civic amenity sites				
Open windrow composting				
In-vessel composting				
Anaerobic digestion				
Any combined mechanical, biological and/ or thermal treatment (MBT)				
Sewage treatment works				
Other treatment				
Recycling facilities construction, demolition and excavation waste				
Storage of waste				
Other waste management				
Other developments				
Please provide the maximum annual operation	onal ti	roughput of the following	waste streams:	
Municipal				
Construction, demolition and ex		ion		
Commercial and industria	al			
Hazardous Hazardous				
If this is a landfill application you will need to planning authority should make clear what in	provi forma	de further information befo tion it requires on its webs	re your application can be ite.	e determined. Your waste
23. Hazardous Substances				
Does the proposal involve the use or storage on the following materials in the quantities stated	of any	of w? Yes No	Not applicable	
f Yes, please provide the amount of each sub-				
Acrylonitrile (tonnes)		ylene oxide (tonnes)		Phosgene (tonnes)
Ammonia (tonnes)	lydrog	en cyanide (tonnes)	Sulph	ur dioxide (tonnes)
Bromine (tonnes)	Liq	uid oxygen (tonnes)		Flour (tonnes)
Chlorine (tonnes) Liqu	id pet	roleum gas (tonnes)	Refined w	hite sugar (tonnes)
Other:		Other:		LO BERATA OLIVINI
mount (tonnes):		Amoun	t (tonnes):	

24. 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 2015 Certificate under Article 14 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) CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) 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 or building to which this application relates. * "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 Name of Owner / Agricultural Tenant Address Date Notice Served Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):

Town and Country Planning (Develo I certify/ The applicant certifies that: Neither Certificate A or B can be issue All reasonable steps have been take the land or building, or of a part of it, "owner" is a person with a freehold interest or it "agricultural tenant" has the meaning given in	CERTIFICATE OF OWNERSHIP - Comment Management Procedure) med for this application n to find out the names and address but I have/ the applicant has been multiple but interest with at least 7 year	ERTIFICATE C (England) Order 2015 C sees of the other owners' unable to do so. rs left to run.	
The steps taken were:			
and the second second			
Name of Owner / Agricultural Tenant	Addres	SS	Date Notice Served
Notice of the application has been published	in the following newspaper	On the following da	ate (which must not be earlier
(circulating in the area where the land is situa	ted):	than 21 days befor	e the date of the application):
Signed - Applicant:	. Or signed - Agent:		Date (DD/MM/YYYY):
			340 (35)
C	ERTIFICATE OF OWNERSHIP - CEI	RTIFICATE D	
Town and Country Planning (Develop I certify/ The applicant certifies that: Certificate A cannot be issued for this All reasonable steps have been taken to date of this application, was the owner have/ the applicant has been unable to "owner" is a person with a freehold interest or least "agricultural tenant" has the meaning given in some the steps taken were:	application to find out the names and addresse r* and/or agricultural tenant** of all o do so. asehold interest with at least 7 years	s of everyone else who, ny part of the land to whe	on the day 21 days before the
Notice of the application has been published in circulating in the area where the land is situate	n the following newspaper ed):	On the following da than 21 days before	te (which must not be earlier the date of the application):
Signed - Applicant:	Or signed Agents		Deta (DD/##40000)
оідпеч - друпсані.	Or signed - Agent:		Date (DD/MM/YYYY):

25. Planning Application Requir	ements - Checklist	
Please read the following checklist to ma	ke sure you have sent all the	the information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by
The original and 3 copies* of a completed application form:		The correct fee:
LPAs may also accept supporting docume	drawn to an of North: and drawings or bject of the application: plicant must provide the or is submitted electronically outs in electronic format by the second of the s	The original and 3 copies* of a design and access statement, if required (see help text and guidance notes for details): The original and 3 copies* of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 14 Certificate (Agricultural Holdings): riginal plus three copies of the form and supporting documents (a y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick). lanning department to discuss these options.
genuine opinions of the person(s) giving t	ULTIVIDIR KIINWIENNE SNV.	this form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant:	Or signed - Ager	Date (DD/MM/YYYY): 28/64/7076 (date cannot be pre-application)
27. Applicant Contact Details		28. Agent Contact Details
Telephone numbers	ν	Telephone numbers
Country code: National number:	Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional	<u> </u>	Country code: Mobile number (optional):
Country code: Fax number (optional):		Country code: Fax number (optional):
Email address (optional): .		Email address (optional):
29. Site Visit		
Can the site be seen from a public road, public to make an out a site visit, whom should they contact?	appointment to carry	Agent Applicant Other (if different from the
If Other has been selected, please provide: Contact name:		Telephone number:
Email address:		