



NOV 2011  
FOR THE ATTENTION OF

For office use only  
Application No: 320110981P  
Date received: 24.11.11  
Fee paid £170.00 Receipt No: 14443

Council Offices, Church Walk, Clitheroe, Lancashire, BB7 2RA Tel: 01200 425111 www.ribblevalley.gov.uk

## Application for Planning Permission Town and Country Planning Act 1990

### Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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

Title:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

### 2. Agent Name and Address

Title:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

### 3. Description of the Proposal

Please describe the proposed development, including any change of use:

SINGLE STOREY REAR EXTENSION TO INCREASE RECEPTION AREAS.

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):  (date must be pre-application submission)

**4. 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:

**5. 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?

**6. Pedestrian and Vehicle Access, Roads and Rights of Way**

Is a new or altered vehicle access proposed to or from the public highway?  Yes  No

Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No

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

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)

**7. Waste Storage and Collection**

Do the plans incorporate areas to store and aid the collection of waste?  Yes  No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste?  Yes  No

If Yes, please provide details:

**8. Neighbour and Community Consultation**

Have you consulted your neighbours or the local community about the proposal?  Yes  No

If Yes, please provide details:

**9. Council Employee / Member**

Is the applicant or agent related to any member of staff or elected member of the council?  Yes  No

If Yes, please provide details:

**10. Materials**

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable
Walls	STONE	MATERIAL TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>	
Roof			<input type="checkbox"/>	<input type="checkbox"/>	
Windows	U PVC DOUBLE GLAZED	MATERIAL TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>	
Doors		MATERIAL TO MATCH EXISTING	<input type="checkbox"/>	<input type="checkbox"/>	
Boundary treatments (e.g. fences, walls)		NO CHANGE	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle access and hard-standing		NO CHANGE	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting		NO CHANGE	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)			<input type="checkbox"/>	<input type="checkbox"/>	

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  Yes  No

If Yes, please state references for the plan(s)/drawing(s)/design and access statement:

**11. Vehicle Parking**

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	2	2	—
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			

**12. Foul Sewage**

Please state how foul sewage is to be disposed of: **N/A**

- Mains sewer  Cess pit
- Septic tank  Other
- Package treatment plant

Are you proposing to connect to the existing drainage system?  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):

**AS EXISTING  
FOR RAINWATER**

**13. Assessment of Flood Risk**

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)

- Yes  No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?

- Yes  No

Will the proposal increase the flood risk elsewhere?

- Yes  No

How will surface water be disposed of?

- Sustainable drainage system  Existing watercourse
- Soakaway  Pond/lake
- Main sewer **WITH EXISTING SYSTEM**

**14. Biodiversity and Geological Conservation**

Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

b) Designated sites, important habitats or other biodiversity features:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

c) Features of geological conservation importance:

- Yes, on the development site
- Yes, on land adjacent to or near the proposed development
- No

**15. Existing Use**

Please describe the current use of the site:

**OSTEOPATHIC CLINIC**

Is the site currently vacant?  Yes  No

If Yes, please describe the last use of the site:

When did this use end (if known)?  
DD/MM/YYYY   
(date where known may be approximate)

Does the proposal involve any of the following:

Land which is known to be contaminated?  Yes  No

Land where contamination is suspected for all or part of the site?  Yes  No

A proposed use that would be particularly vulnerable to the presence of contamination?  Yes  No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment

**16. Trees and Hedges**

Are there trees or hedges on the proposed development site?  Yes  No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character?  Yes  No

If Yes to either or both of the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. 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 construction - Recommendations'

**17. Trade Effluent**

Does the proposal involve the need to dispose of trade effluents or waste?  Yes  No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste

**18. Residential Units (Including Conversion)**

Does your proposal include the gain, loss or change of use of residential units?  Yes  No  
 If Yes, please complete details of the changes in the tables below.

**Proposed Housing**

**Existing Housing**

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
<b>Totals (a + b + c + d + e + f + g) =</b>							

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
<b>Totals (a + b + c + d + e + f + g) =</b>							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
<b>Totals (a + b + c + d + e + f + g) =</b>							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
<b>Totals (a + b + c + d + e + f + g) =</b>							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
<b>Totals (a + b + c + d + e + f + g) =</b>							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
<b>Totals (a + b + c + d + e + f + g) =</b>							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
<b>Totals (a + b + c + d + e + f + g) =</b>							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
<b>Totals (a + b + c + d + e + f + g) =</b>							

Total proposed residential units (A + B + C + D) =

Total existing residential units (E + F + G + H) =

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

**19. All Types of Development: Non-residential Floorspace**Does your proposal involve the loss, gain or change of use of non-residential floorspace?  Yes  No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use) (square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>				
Office (other than A2)	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input checked="" type="checkbox"/>	1067	NONE	1125	58
Non-residential institutions	<input checked="" type="checkbox"/>	1067	NONE	1125	58
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please specify	<input type="checkbox"/>				
	<input type="checkbox"/>				
Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential institutions	<input type="checkbox"/>			
Other	Hostels	<input type="checkbox"/>			

**20. Employment**

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent	Not known
Existing employees	2	1	1	
Proposed employees	2	1	1	

**21. Hours of Opening**

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known
CLINIC	9.00 → 19.00	9.00 → 13.00		
	THURS → 21.00			

**22. Site Area**Please state the site area in hectares (ha)

**23. Industrial or Commercial Processes and Machinery**

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

NOT APPLICABLE

Is the proposal a waste management development?  Yes  No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

**24. Hazardous Substances**

Does the proposal involve the use or storage of any of the following materials in the quantities stated below?  Yes  No  Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>

Other:

Other:

Amount (tonnes):

Amount (tonnes):

**25 - Certificates**

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form  
**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7  
 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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which the application relates

Signed - Applicant: Robyn Percival Or signed - Agent: \_\_\_\_\_ Date (DD/MM/YYYY): 17/11/2011

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7  
 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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which this application relates

Name of Owner	Address	Date Notice Served

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

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7  
 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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so

The steps taken were:  
 \_\_\_\_\_

Name of Owner	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is 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): \_\_\_\_\_



**25. Certificates (continued)**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7  
 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 (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is 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):

**AGRICULTURAL HOLDINGS CERTIFICATE**

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding

Signed - Applicant:

Robin Perceval

Or signed - Agent:

Date (DD/MM/YYYY):

17/11/2011

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

**26. 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.

- |  |   |
|--|---|
| 3 copies of a completed and dated application form: <input checked="" type="checkbox"/>  | The correct fee: <input checked="" type="checkbox"/>  |
| 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: <input checked="" type="checkbox"/> | 3 copies of a design and access statement: <input checked="" type="checkbox"/>  |
| 3 copies of other plans and drawings or information necessary to describe the subject of the application: <input checked="" type="checkbox"/>  | 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): <input checked="" type="checkbox"/>         |
|  | 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable): <input checked="" type="checkbox"/> |

**27. Declaration**

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information

Signed - Applicant:

Robin Perceval

Or signed - Agent:

Date (DD/MM/YYYY):

17/11/2011

(date cannot be pre-application)

**28. Applicant Contact Details**

Telephone numbers

Country code:	National number:	Extension number:
01200	424901	
Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	

Email address (optional):  
 Rental-house@btconnect.com

**29. Agent Contact Details**

Telephone numbers

Country code:	National number:	Extension number:
Country code:	Mobile number (optional):	
Country code:	Fax number (optional):	

Email address (optional):

**30. 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:

320110981P

Planning Application No. ....

Statement by Applicant.

24 Chatburn Road, Clitheroe, has been the home of Kendal House Clinic for the last 18 years, and is a centre of Osteopathic Treatment and Complementary Medicines.

The General Osteopathic Council earlier this year, issued new guidelines regarding storage of patients' files, resulting in the need for increased storage space. Five years ago planning approval (320060101P) was given for increased office area at The Clinic but has unfortunately, now lapsed. This area is now required urgently to house the new extended filing system as well as providing a modest increase on office space as originally intended.

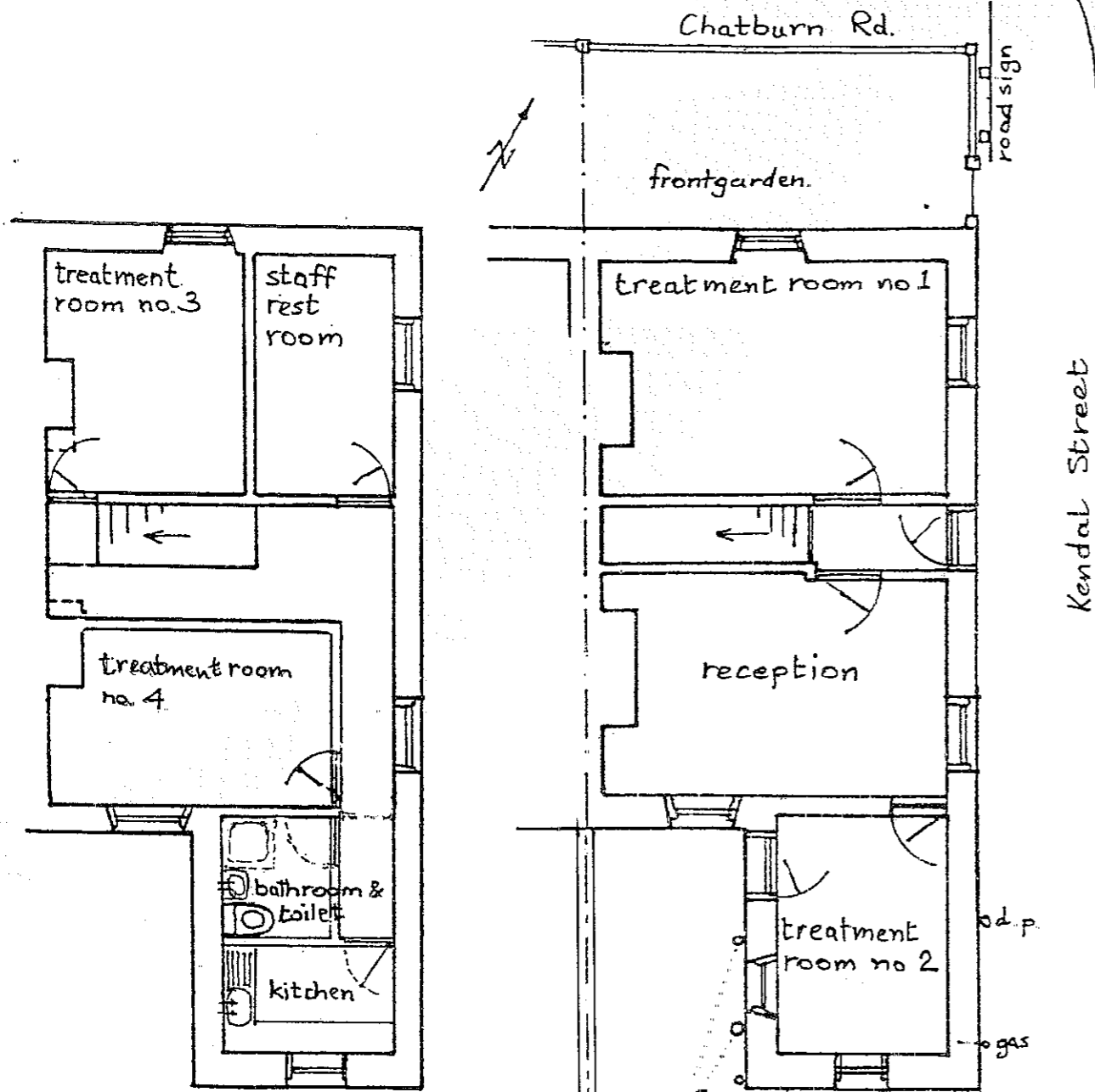
24 Chatburn Road is an end of terrace property located in a mixed business and residential area and consists of some 107 sq m. floor area on 2 storeys. As previously, the proposal is for a single storey ground floor extension increasing the floor space by 5.8 sq.m, (about 5% of the existing area) at the rear of the property. No other elevation is affected. The proposed extension will be located on a secluded part of the rear yard not easily seen from the public highway. It will not change existing off-street car parking on the yard nor increase the use of the clinic by patients, or involve extra staff.

The proposed extension is in the form of a lean-to construction with a sloping glass roof to minimise the impact on No. 22 Chatburn Road and will not affect the amount of light falling onto the adjacent property. All materials to be used in the proposed extension will match existing wherever possible.

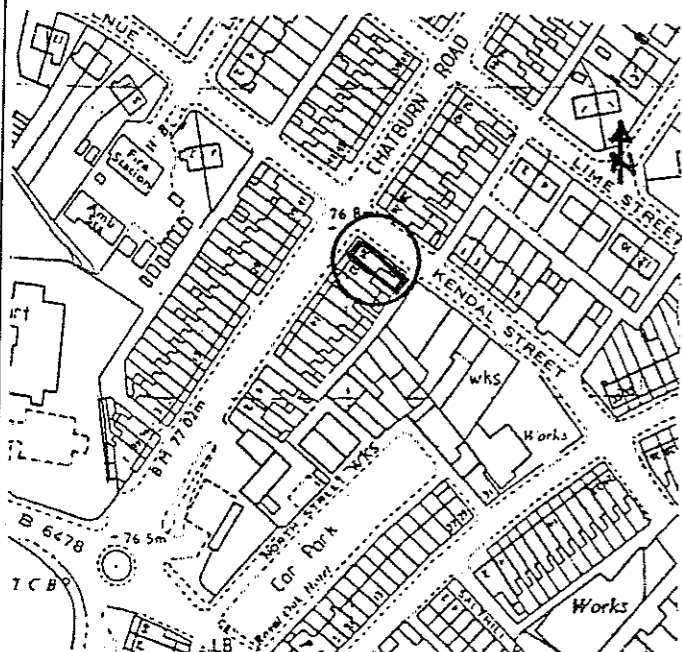
The rear door is at present used by disabled patients and acts as an emergency exit, but it has the disadvantage of having a step. The proposal will stop-up the existing door and replace it with a new opening and a small ramp to the external ground level, to the advantage of wheelchair patients.

Hilary and Robin Percival

15<sup>th</sup> November 2011

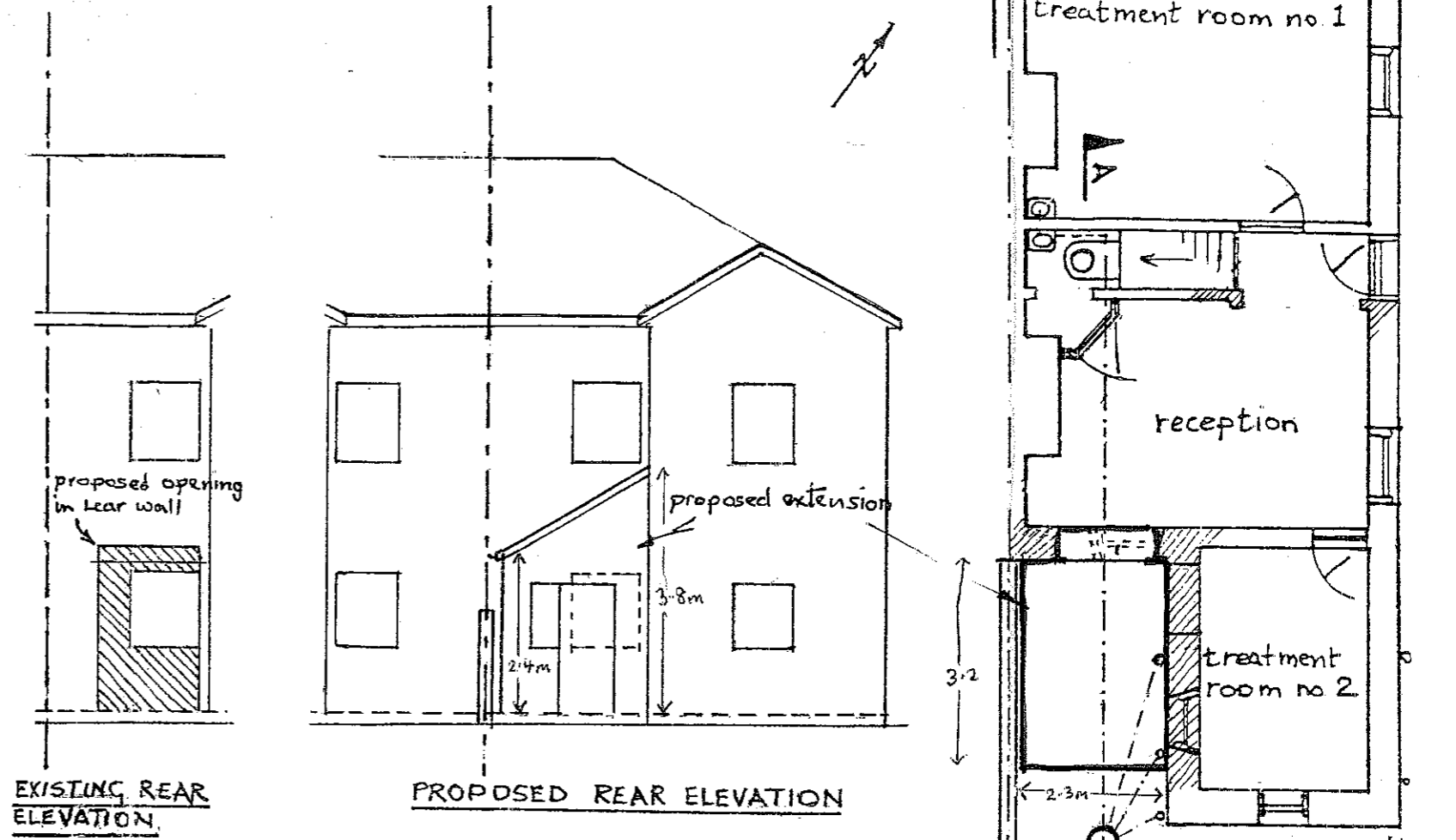


EXISTING 1ST FLOOR PLAN



SITE PLAN SCALE 1:2500

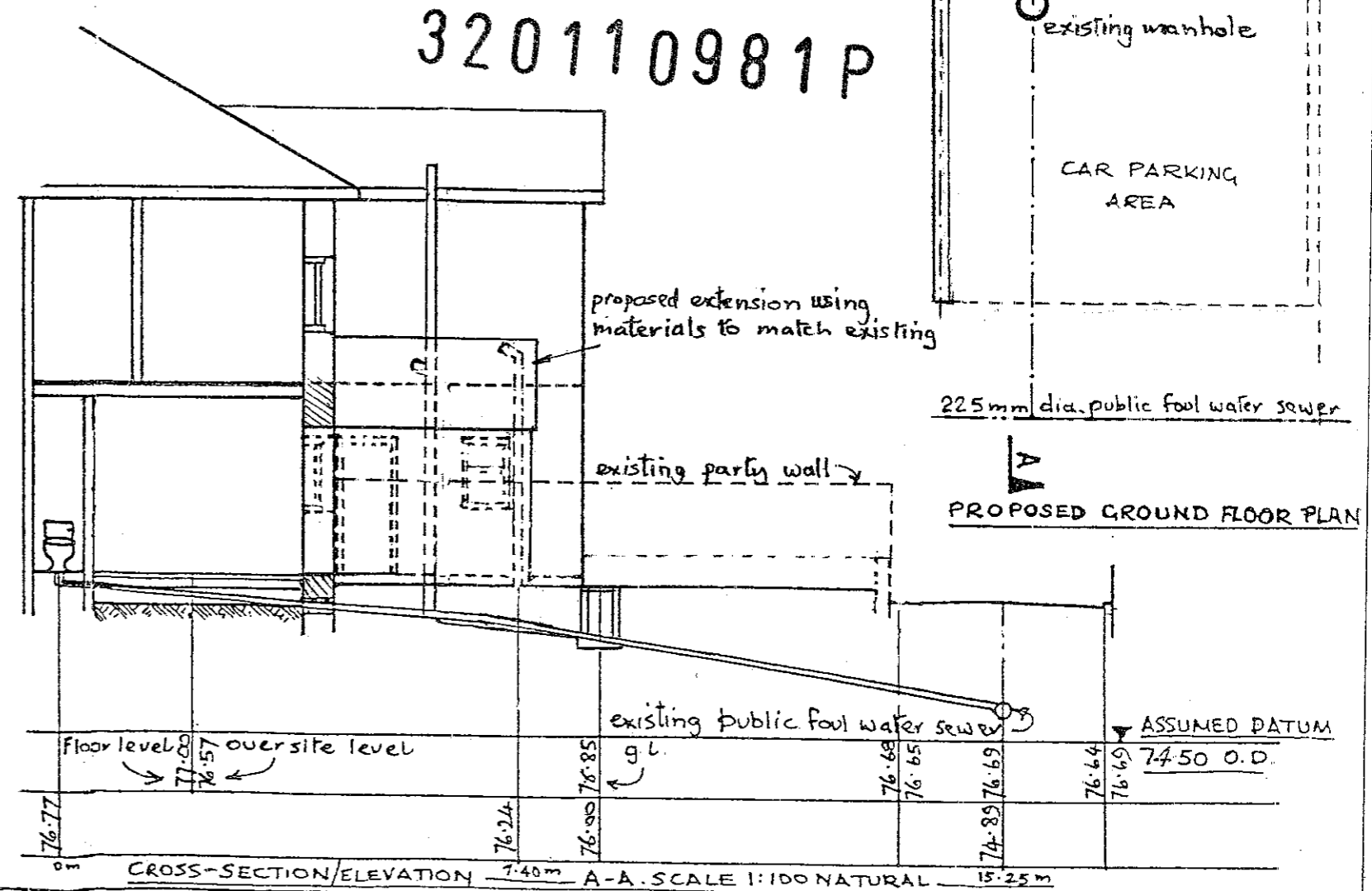
EXISTING GROUND FLOOR PLAN



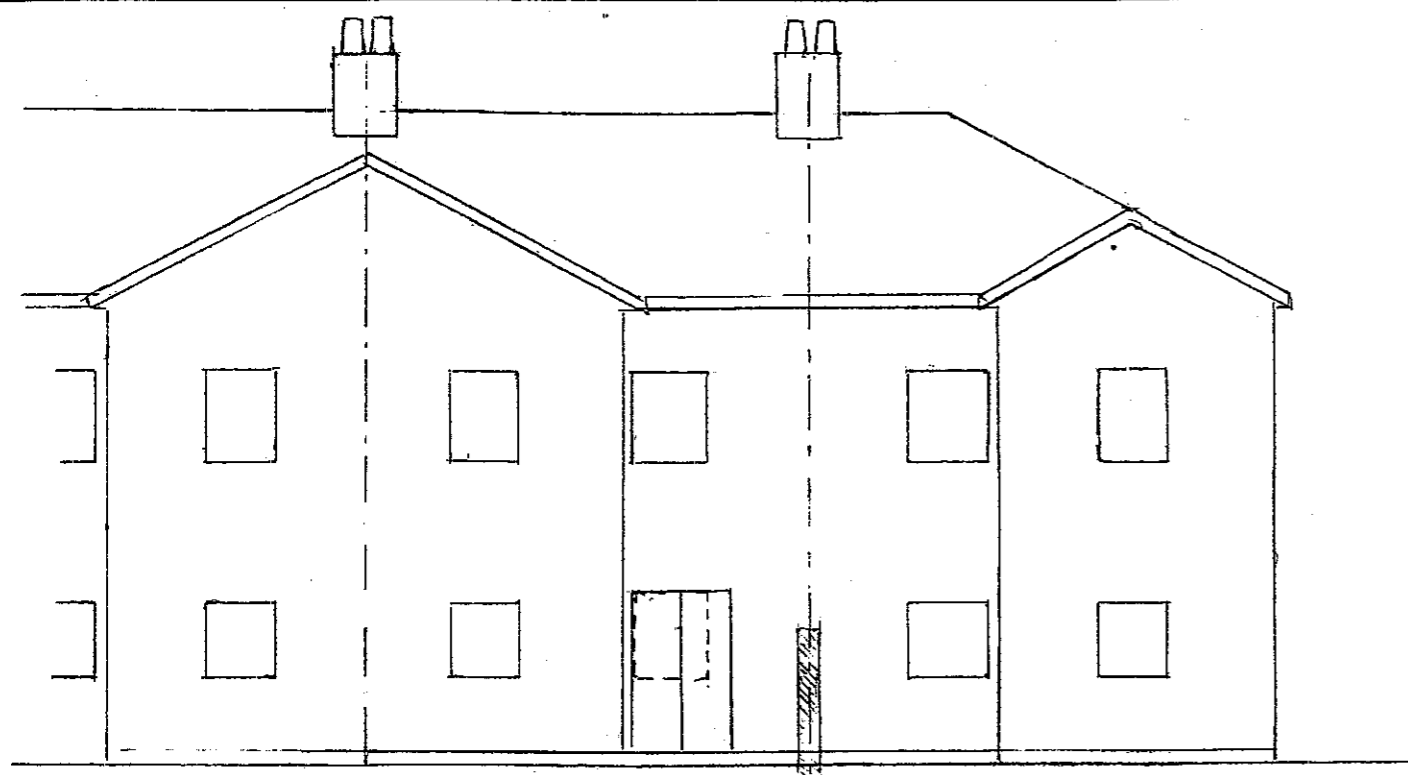
EXISTING REAR ELEVATION

PROPOSED REAR ELEVATION

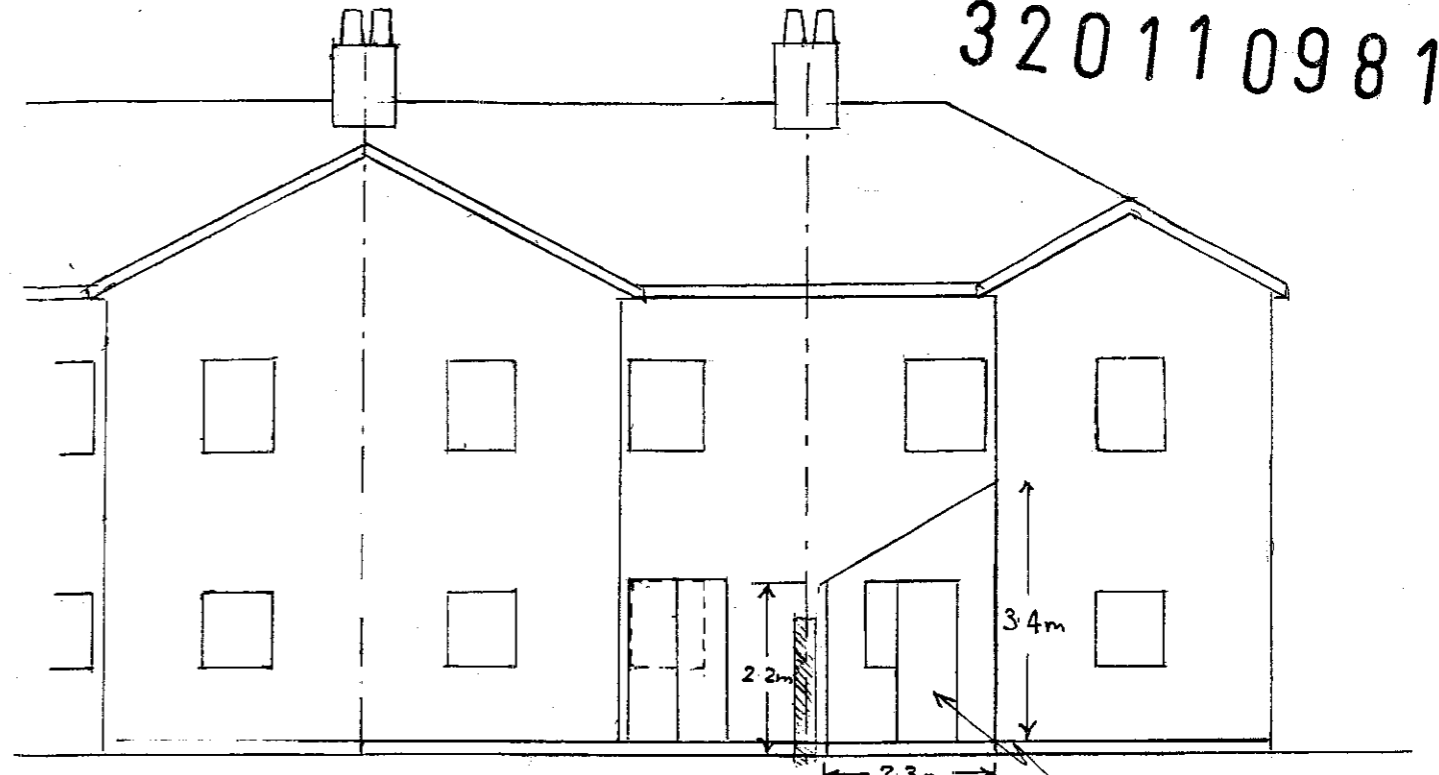
PROPOSED GROUND FLOOR PLAN



320110981P

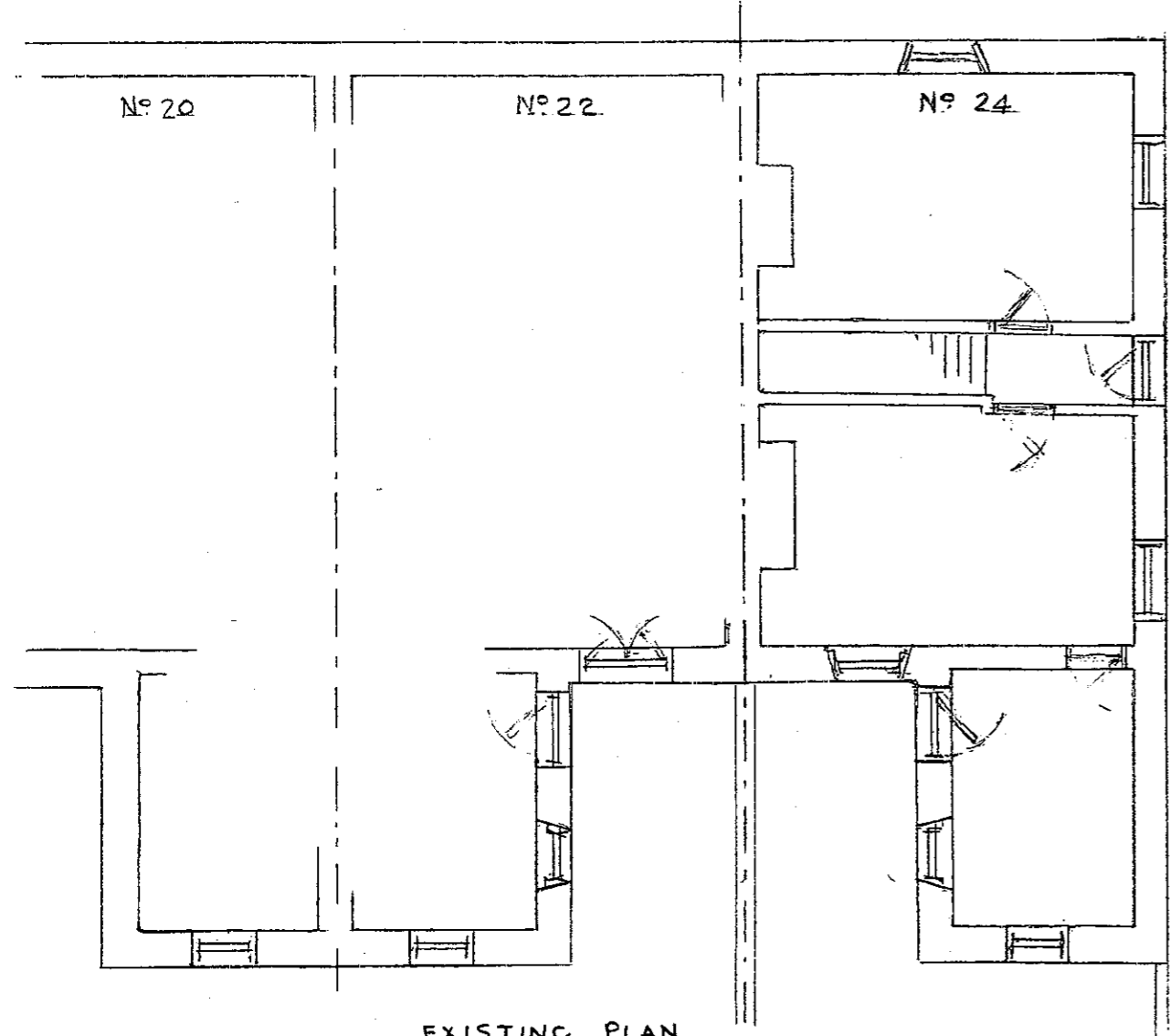


EXISTING ELEVATION

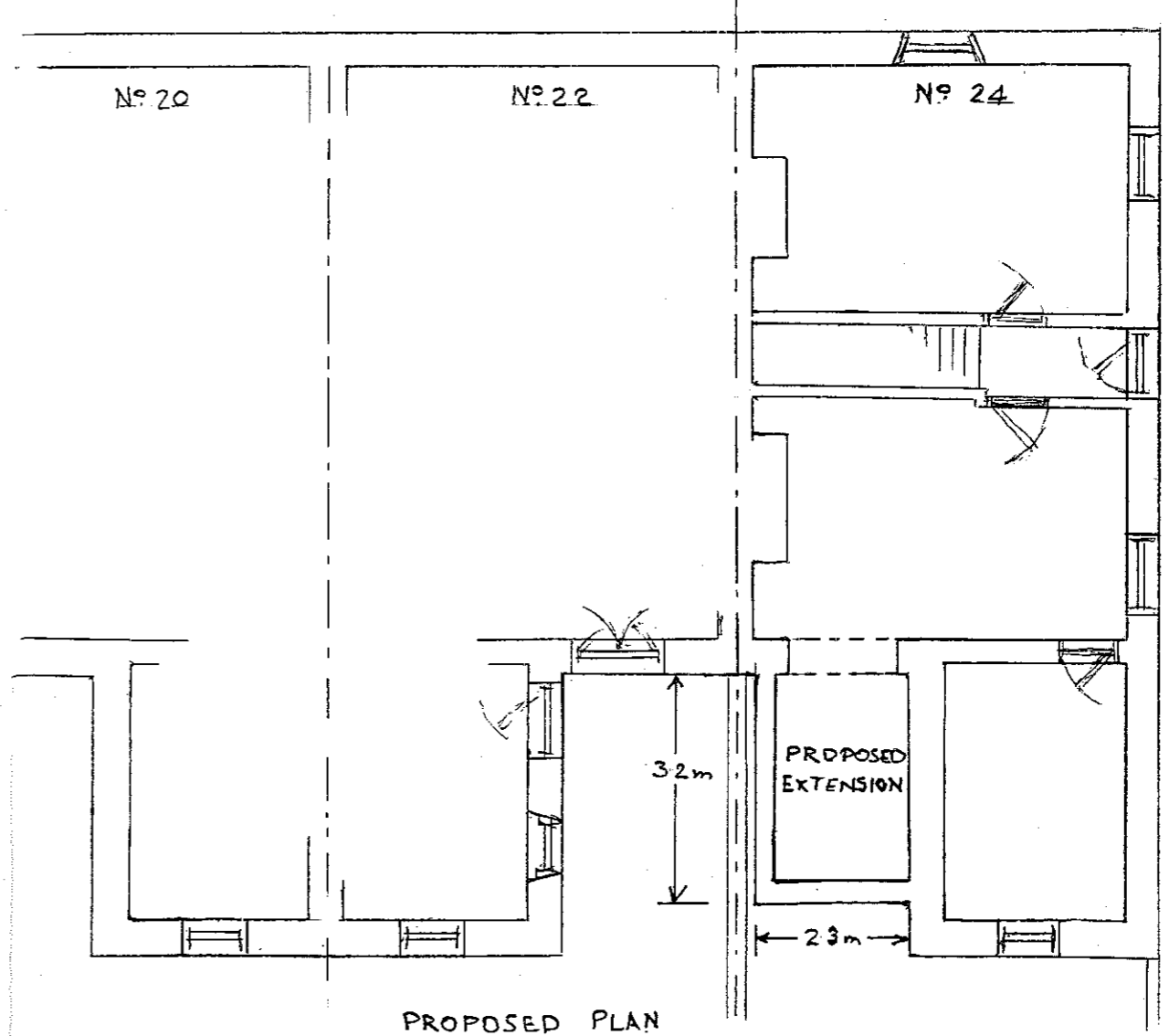


PROPOSED ELEVATION

PROPOSED EXTENSION  
FOR DETAILS SEE  
DRAWING N° 1



EXISTING PLAN



PROPOSED PLAN