

For office use only Application No 3 2 0 1 7 1 2 0 7

Date received

Fee paid £

Receipt No:

ncil Offices, Church Walk, Clitheroe, Lançashire. BB7 2RA __Tel: 01200 425111 __www.ribblevalley.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.

Applicant Name and Address	2. Agent Name and Address		
Title: MR. First name: MICHAEL	Title: HIA First name:		
Last name: FARADAY	Last name:		
Company (optional):	Company (optional):		
Unit: House House suffix:	Unit: House House number: Suffix:		
House name: FREBOUR FARM	House name:		
Address 1: CHIPPING ROAD	Address 1:		
Address 2: THORNLEY	Address 2:		
Address 3:	Address 3:		
Town: PRESCON	Town:		
County: LANCASHIRE	County:		
Country: ENGLAND	Country:		
Postcode: PR3 2TE	Postcode:		
3. Description of Proposed Works Please describe the proposed works: PROPOSED EXTENSION TO HOUSE TO FORM FAMILY ROOM/LIVING AREA, UTILITY ROOM AND BEDROOM ENSUITE.			

Co Description on	4 40 5	
3. Description of Proposed Works Has the work already started?	(continued) ☐ Yes ☐ No	320171207P
If Yes, please state when the work was starte		(data must be are application a burist and
Has the work already been completed?	Yes No	(date must be pre-application submission)
If Yes, please state when the work was comp	leted (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details		5 Podostrian and Vokido Assess Boods and Birkhy SW
Please provide the full postal address of the	application site	5. Pedestrian and Vehicle Access, Roads and Rights of Way Is a new or altered vehicle access
Unit: House number: —	House suffix:	proposed to or from the public highway? Yes Is a new or altered pedestrian access
House name: FRBOUR FAR	M	proposed to or from the public highway? Yes No
Address 1: CUIPPING ROX	40	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?
Address 2: TWOENLEY		If Yes to any questions, please show details on your plans or
Address 3: -	77.	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town: PRESTON		
County: ENGLAWD		
Postcode (optional): P23 2TE.		
6. Pre-application Advice		
Has assistance or prior advice been sought frauthority about this application? If Yes, please complete the following information were given. (This will help the authority to application more efficiently). Please tick if the full contact details are not known, and then complete as much possible	Yes No Ition about the advice to deal with this	7. Trees and Hedges Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: PAN DEF ME. D. DZ
Officer name:		TREE 1 TO BE REMOVED
Reference:		TREE 2. TO BE REMOVED
SEE E-MAIL AT	tachero	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received		order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
E. MAIL FROM RI	186	Remark of theses
RACHEL HORTON	,	T14-T2. SUSSUN ON
8 NOVEMBER 2017 SEE ATTHEMED	·	PLAN. M.F. 01. 02
265 V.1/2 COVED]	
8. Parking	1	Q Authority Employee / Mambar
Will the proposed works affect existing car parking arrangements? If Yes, please describe:	Yes No	9. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff (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

10. Materials If applicable, please sta	ate what materials are to be used externally. Includ	e type, colour and name for each material:		
	Existing (where applicable)	Proposed 320171207 P	Not applicable	Don't
Walls =	SANDSTONE RANDOM WITH STONE QUOINS PART ELEVATION RENDER WHITE.	ALL NEW WORK TO MATCH EXISTING. RANDOM STONEWORK STONE COUDINS! RENDER		
Roof	BLUE WELSY SLATE	TO MATCH EXISTING BLUE SLATE NEW ROOFLIGHTS VELUX CONSERVATION TYPE		
Windows	HARDWOOD STAINED WINDOW FRAMES DUMBLE GLAZED	CT & COUNTY WASH OF ANTO CHARGE CHARGES AND CONTROL OF STAND BURNOCE CHARGES AND CONTROL CHARCES AND CONTROL CHARGES AND CONTROL CHARCES AND CONTR		
Doors	TIMBER DOURS HARD WOOD STAWED DOUBLE GLAZED	NEW SINGLE DOOLWAY DOURS TO BE HARDWOOD STAINED DOUBLE GLAZED HEN BI-FOLD TO BE ALMMINIUM. DORKE GRAY		
Boundary treatments (e.g. fences, walls)	HEOGEROWFFEN CES RAMOOM STONE WALL NO CHANGES	NO CHANGES		
Vehicle access and hard-standing	NO CUANGES	NO CHANGES	4	
Lighting	NO CHANGES	No changes		
Others (please specify)	N/R.	N/R		
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No lease state references for the plan(s)/drawing(s)/design and access statement:				
FRONT SWEET SITE LOCATION PLAN MF. 01.01. & ACCESS STATEMENT. SHE CURUSY PLAN TREES MF. 01.02. BRISTING AND PROPOSED PLAN AND ELEVATION, MF. 01.03 PROPOSED DETMLING AND MATERIALS MF. 01.04				

11. Ownership Certificates and Agricultural Land Declaration				F1 4 A A B A
	CERTIFICATI	O, must be completed with this ap E OF OWNERSHIP - CERTIFICATE A		
Town and Country Planning (De I certify/The applicant certifies that on th owner of any part of the land or building is part of, an agricultural holding**	evelopment Mana le day 21 days bef g to which the ap	agement Procedure) (England) Or ore the date of this application nobcolication relates, and that none of th	der 2010 Certificate ody except myself/ the eland to which the ap	under Article 12 e applicant was the oplication relates is, or
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.				
Signed - Applicant: *		Or signed - Agent:		Date (DD/MM/YYYY):
		N/A.		15/12/17
Town and Country Planning (De I certify/ The applicant certifies that I ha 21 days before the date of this application relates. Name of Owner / Agricultural Tenant	ve/the applicant i on, was the owne	nas given the requisite notice to eve r* and/or agricultural tenant** of a Address	ryone else (as listed t ny part of the land or	pelow) who, on the day building to which this Date Notice Served
NAME OF OWNER / AGRICULTURAL TENAME	NA	Address		N/A
	f,			
	/			,
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
NA	-	N/A		

11. Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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.			
The steps taken were:			
·		320171	207 P
Name of Owner / Agricultural Tenant	Address		Date Notice Served
//	//	/,	Julio Hotela Scriba
// //		//	
Notice of the application has been publis (circulating in the area where the land is s	hed in the following newspaper situated):	On the following date (which than 21 days before the date	h must not be earlier of the application):
	//		or are all mentary.
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 l 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.			
The steps taken were:			
Notice of the application has been publish (circulating in the area where the land is si	ed in the following newspaper tuated):	On the following date (which than 21 days before the date	n must not be earlier of the application):
Signed - Applicant:	Ør signed - Agent:		Date (DD/MM/YYYY):
12. Planning Application Requirements - Checklist			
Please read the following checklist to make sure you have sent all the information in support of your proposal. Fallure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.			
The original and 3 copies of a completed and dated application form:	The original and 3 copies of a design and access statement if	The correct fee:	
The original and 3 copies of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:	proposed works fall within a conservation area or World Heritage Site, or relate to a Listed Building:	The original and 3 co completed, dated Ov Certificate (A, B, C or applicable) and Artici Certificate (Agricultur	vnership D – as e 12
The state of the s	LM4		

13. Declaration		320171207P
I/we nereby apply for planning permission/conse information. I/we confirm that, to the best of my/genuine opinions of the person(s) giving them.	ent as described in the 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):
	AIM	15/12/17 (date cannot be pre-application)
14. Applicant Contact Details		15. Agent Contact Details
Telephone numbers		Telephone numbers
Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Extension number:	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):
16. Site Visit		
Can the site be seen from a public road, public for	otpath, bridleway or	other public land? Ves No
if the planning authority needs to make an appol out a site visit, whom should they contact?	ntment to carry	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:		agoria applicant a details)
Contact name:		Telephone number:
Email addross		