



RIBBLE VALLEY  
BOROUGH COUNCIL

Council Offices, Church Walk, Clitheroe, Lancashire. BB7 2RA Tel: 01200 425111 [www.ribblevalley.gov.uk](http://www.ribblevalley.gov.uk)

For office use only

Application No: 320120073 P

Date received

Fee paid £

Receipt No:

Application for a non-material amendment following a grant of planning permission.

Town and Country Planning Act 1990

### 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.

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: MR. First name: MACCOLM  
Last name: VAUGHAN.  
Company (optional):  
Unit:  House number:  House suffix:   
House name: AUSTIN HOUSE  
Address 1: MALT KILN LANE  
Address 2: CHIPPINE  
Address 3:  
Town:  
County:  
Country: LANCS  
Postcode: PR3 2PE.

#### 2. Agent Name and Address

Title: MR First name: STEPHEN  
Last name: BIACECKI  
Company (optional):  
Unit:  House number:  House suffix:   
House name: ROSEDALE  
Address 1: BACK LANE  
Address 2: BRIDLETON  
Address 3:  
Town: CLITHEROE  
County:  
Country: LANCS  
Postcode: BB7 4RZ

19 JAN 2012

FOR THE  
COUNCIL

320120073P  
Education Advice

4. Pre-application Advice

☒ Yes, ☐ No

WATERSLEY FARM

WATERGATE CASE

BLEACHED

CHIPPARE

\_\_\_\_\_

Career

[illegible]

Description of location of a grid reference:  
(must be completed if postcode is not known):

\_\_\_\_\_

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320120073P  
Education Advice

☒ Yes, ☐ No

Please tick if the full contact details are not

7

COLINI SHARP

REFERENCE:

\_\_\_\_\_

Details of pre-application advice received:

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates?

☒ Yes      ☐ No

If you are not the sole owner, has notification under article 4F(3) of the GDPO been given? ☐ Yes ☐ No ☐ Not Applicable

**If you have answered No to this question, you cannot apply to make a non-material amendment.**

Person Notified	Address	Date of Notification
M. VAUGHAN,	AUSTIN HOUSE, MACT KILN LANE, CHIPPING	01/11/11

With respect to the Authority, I am:

(d) related to an elected member

☐ Yes ☒ No

\_\_\_\_\_

**Description Of Your Proposal**

Please provide a description of the approved development as shown on the decision letter, including application reference number and date of decision in the sections below. Please also provide the original application type;

ALTERATIONS AND EXTENSIONS TO EXISTING HOUSE,  
INCORPORATION OF FORMER AGRICULTURAL BUILDINGS  
(INCORPORATIONS) WITHIN RESIDENTIAL CURTILAGE AREA  
ADJUSTMENT TO CURTILAGE TO CREATE REAR GARDEN AREA  
APP NO 3/2009/0644  
DECISION DATE 30/11/09  
DATE RECEIVED: 28/07/2009

Reference number:

3/2009/0644

Date of decision (DD/MM/YYYY):

30 NOVEMBER 2009

What was the original application type?:

(e.g. 'Full', 'Householder and Listed Building', 'Outline')

FULL

For the purpose of calculating fees, which of the following best describes the original application type?

**Householder development:** development to an existing dwelling-house or development within its curtilage ☐

**Other:** anything not covered by the above category ☒

**8. Non-Material Amendment(s) Sought**

Please describe the non-material amendment(s) you are seeking to make:

- PRINCIPAL NON-MATERIAL AMENDMENTS RELATE TO THE  
WEST ELEVATION.
- a) SUN ROOM TO HAVE A HIP ROOF IN LIEU OF GABLE
  - b) ADDITIONAL PERSONAL DOOR TO SINGLE STORY REAR
  - c) WINDOW IN LIEU OF DOOR TO SINGLE STORY REAR
  - d) NEW PERSONAL DOOR TO NORTH ELEVATION.

Are you intending to substitute amended plans or drawings?

☒ Yes☐ No

If Yes, please complete the following:

Old plan/drawing number(s):

09.119/22, 26, &amp; 27, 030, 05B, 4D

New plan/drawing number(s):

09.119/22a, 26a &amp;

Please state why you wish to make this amendment:

TO IMPROVE ACCESS TO INTERNAL LAYOUT  
AND REDUCE THE VISIBLE IMPACT OF ROOF TO THE  
SUN COURSE

**9. 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 not being accepted. It will not be accepted 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 other plans and drawings or information necessary to describe the subject of the application: ☒
- The correct fee: ☒

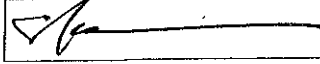
**10. Declaration**

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

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):



12/01/12

**11. Applicant Contact Details**

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

**12. Agent Contact Details**

Telephone numbers

Country code:

National number:

Extension number:

01200

441282

Country code:

Mobile number (optional):

07791676331

Country code:

Fax number (optional):

Email address (optional):

**13. 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: