



RIBBLE VALLEY  
BOROUGH COUNCIL

6 JUL 2012

FOR THE  
APPLICATION OF

For office use only

Application No:

Date received

Fee paid £

Receipt No:

320120681P

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

You can complete and submit this form electronically via the Planning Portal by visiting [www.planningportal.gov.uk/apply](http://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

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): ENTERPRISE INNS PLC  
Unit: 3 House number:  House suffix:   
House name:   
Address 1: MONKSPATH HALL ROAD  
Address 2:   
Address 3:   
Town: SOLIHULL  
County: WEST MIDLANDS  
Country: ENGLAND  
Postcode: B90 4ST

### 2. Agent Name and Address

Title:  First name:   
Last name:   
Company (optional): ABBOTT AND LOMAX  
Unit: 136 House number:  House suffix:   
House name:   
Address 1: GLENFIELD PARK BUSINESS  
Address 2: CENTRE  
Address 3: PHILIPS ROAD  
Town: BLACKBURN  
County: LANCASHIRE  
Country: ENGLAND  
Postcode: BB1 5PF

### 3. Description of the Proposal

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

PROPOSED RECONSTRUCTION OF EXISTING STONE BOUNDARY  
WALL PARTIALLY COLLAPSED TO KIRK BECK

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)

## Address Details

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

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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 N/A

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? ☐ Yes ☒ No N/A

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:

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

|                                             | Existing<br>(where applicable) | Proposed<br>320120681P | Not<br>applicable                   | Don't<br>Know            | Drawing<br>references if<br>applicable |
|---------------------------------------------|--------------------------------|------------------------|-------------------------------------|--------------------------|----------------------------------------|
| Walls                                       |                                |                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                        |
| Roof                                        |                                |                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                        |
| Windows                                     |                                |                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                        |
| Doors                                       |                                |                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                        |
| Boundary treatments<br>(e.g. fences, walls) | NATURAL STONE                  | NATURAL STONE          | <input type="checkbox"/>            | <input type="checkbox"/> | B/1796/1<br>E3                         |
| Vehicle access and<br>hard-standing         |                                |                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                        |
| Lighting                                    |                                |                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                        |
| Others<br>(please specify)                  |                                |                        | <input checked="" 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:

DRAWINGS NUMBERED B/1796/1, 2, 3 & 4

## 11. Vehicle Parking

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

N/A

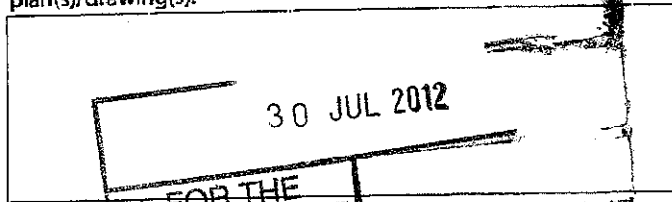
| Type of Vehicle                                  | Total<br>Existing | Total proposed (including<br>spaces retained) | Difference<br>in spaces |
|--------------------------------------------------|-------------------|-----------------------------------------------|-------------------------|
| Cars                                             | 7                 |                                               | —                       |
| Light goods vehicles/<br>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):

**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

**16. Trees and Hedges**Are there trees or hedges on the proposed development site? ☐ Yes ☒ NoAnd/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'.

**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 ☒ NoHow will surface water be disposed of? **N/A**

- ☐ Sustainable drainage system
 ☐ Existing watercourse  
☐ Soakaway
 ☐ Pond/lake  
☐ Main sewer

**15. Existing Use**

Please describe the current use of the site:

**PUBLIC HOUSE**

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 ☒ NoLand where contamination is suspected for all or part of the site? ☐ Yes ☒ NoA 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.

**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

# Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
If yes, please complete details of the changes in the tables below:

☐ Yes

☒ No

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## Proposed Housing

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

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

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

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

## Existing Housing

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

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

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

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

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

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

## Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☒ No

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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 Shops                               | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| Net tradable area:                     | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A2 Financial and professional services | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A3 Restaurants and cafes               | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A4 Drinking establishments             | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| A5 Hot food takeaways                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (a) Office (other than A2)          | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (b) Research and development        | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B1 (c) Light industrial                | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B2 General industrial                  | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| B8 Storage or distribution             | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C1 Hotels and halls of residence       | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| C2 Residential institutions            | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D1 Non-residential institutions        | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| D2 Assembly and leisure                | <input type="checkbox"/> |                                                    |                                                                                     |                                                                                   |                                                                                |
| OTHER 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 |           |           |                            | <input checked="" type="checkbox"/> |
| Proposed employees |           |           |                            |                                     |

## 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                           |
|-----|------------------|----------|--------------------------|-------------------------------------|
|     |                  |          |                          | <input checked="" type="checkbox"/> |
|     |                  |          |                          |                                     |
|     |                  |          |                          |                                     |

## 22. Site Area

Please state the site area in hectares (ha)

0.09

## 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:

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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) | Ethylene oxide (tonnes)       | Phosgene (tonnes)            |
| Ammonia (tonnes)       | Hydrogen cyanide (tonnes)     | Sulphur dioxide (tonnes)     |
| Bromine (tonnes)       | Liquid oxygen (tonnes)        | Flour (tonnes)               |
| Chlorine (tonnes)      | Liquid petroleum gas (tonnes) | Refined white sugar (tonnes) |

Other:

Other:

Amount (tonnes):

Amount (tonnes):

Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

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**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:

Or signed - Agent:

Date (DD/MM/YYYY):




**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):

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

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

320120681P

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:

|  |
|--|
|  |
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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):

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|--|
|  |
|--|

Signed - Applicant:

|  |
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|  |
|--|

Or signed - Agent:

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|  |
|--|

Date (DD/MM/YYYY):

|  |
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|  |
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**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:

|  |
|--|
|  |
|--|

Or signed - Agent:

|                   |
|-------------------|
| PP ABBOTT & LOMAX |
|-------------------|

Date (DD/MM/YYYY):

|            |
|------------|
| 25/07/2012 |
|------------|

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:

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Or signed - Agent:

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|--|

Date (DD/MM/YYYY):

|  |
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|  |
|--|

**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:



The correct fee:



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:



3 copies of a design and access statement:



3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings):



3 copies of other plans and drawings or information necessary to describe the subject of the application:



3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable):



**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:

|  |
|--|
|  |
|--|

Or signed - Agent:

|                   |
|-------------------|
| PP ABBOTT & LOMAX |
|-------------------|

Date (DD/MM/YYYY):

|            |
|------------|
| 25/07/2012 |
|------------|

(date cannot be pre-application)

### 28. Significant Contact Details

Telephone numbers

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

### 29. Agent Contact Details

Telephone numbers

3201206818

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

abbott\_lomax@talktalk.net

### 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:

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July 2012

## PLANNING / HERITAGE STATEMENT

FOR

### RECONSTRUCTION OF THE STONE BOUNDARY WALL AT THE COACH AND HORSES PUBLIC HOUSE MAIN STREET BOLTON-BY-BOWLAND

#### 1.0 Site Location

The Coach and Horses Public House is located to the south side of Main Street in the village of Bolton-By-Bowland

#### 2.0 Use / Description

The Public House is late 18<sup>th</sup> century, constructed of squared watershot limestone walling with a hipped slated roof. The main part of the façade is a symmetrical composition of 2 storeys with 3 Bays having chamfered quoins. The windows are sashed with glazing bars in plain stone surrounds. The central door has 6 raised and fielded panels and a plain stone surround with semi-circular head and a fanlight with radiating glazing bars. Set back to the right is a further bay, with similar window details and with punched stone quoins.

To the rear of the building is a car park and beer garden with a stone boundary wall that has partially collapsed into the adjacent Kirk Beck with temporary support given by the introduction of stone gabion retaining baskets.

#### 3.0 Amount of Development

It is proposed to remove the gabion baskets and take down a section of the existing defective stone wall up to the corner of the building and reconstruct the wall using a reinforced concrete retaining wall taken down below the stream bed and clad in natural stone reusing the existing stone with new stone as necessary to match the existing pointed in sand cement mortar to prolong its integrity.

The wall will be constructed to a height of 1m above the upper ground level and finished with a flat stone coping.

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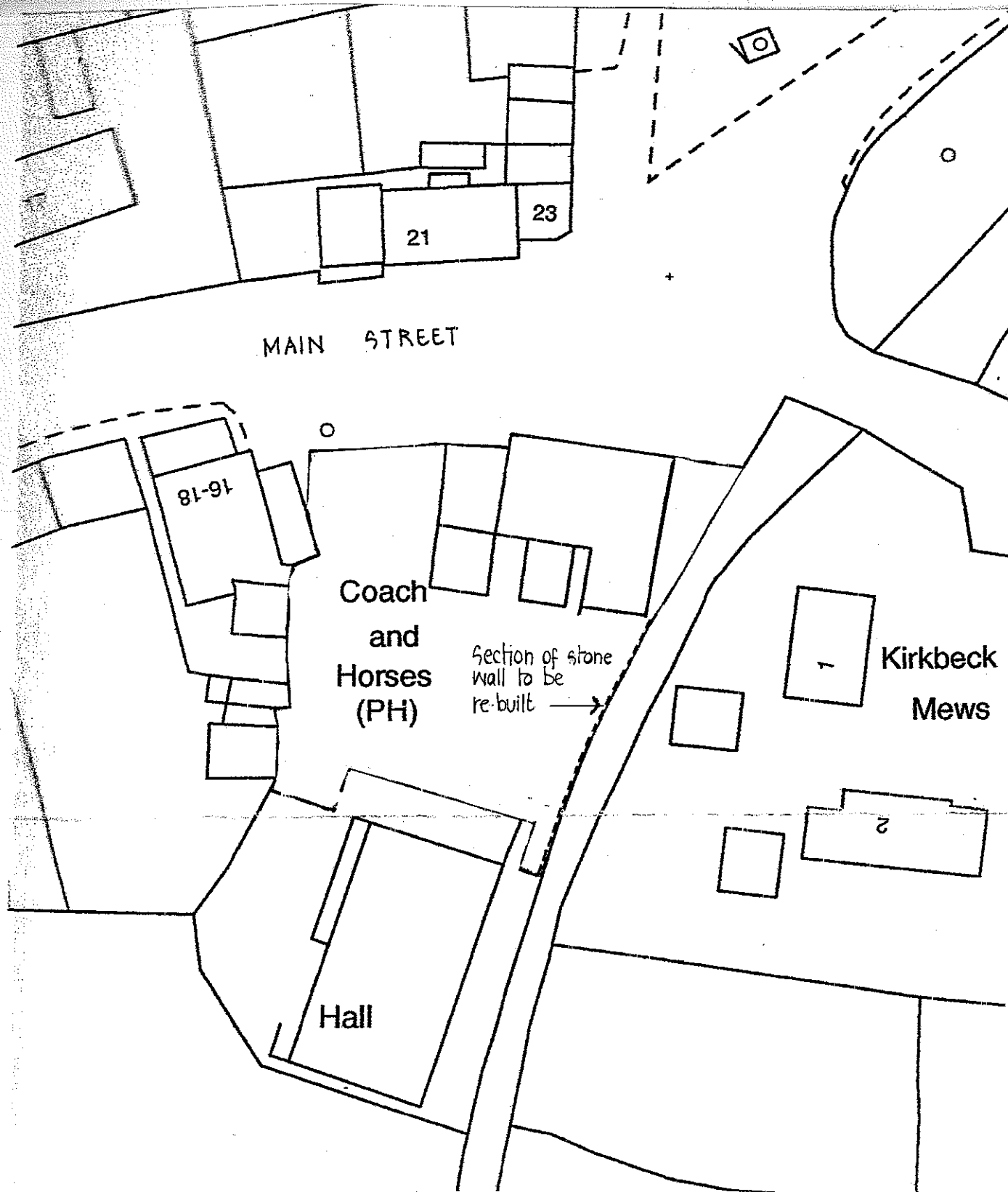
#### 4.0 Layout Scale and Appearance

To safeguard the historic integrity of the building it is proposed to position the wall on the line of the existing to a height and appearance matching, in natural stone.

The remedial / repair work will therefore have no detrimental impact on the character and appearance of the listed building.

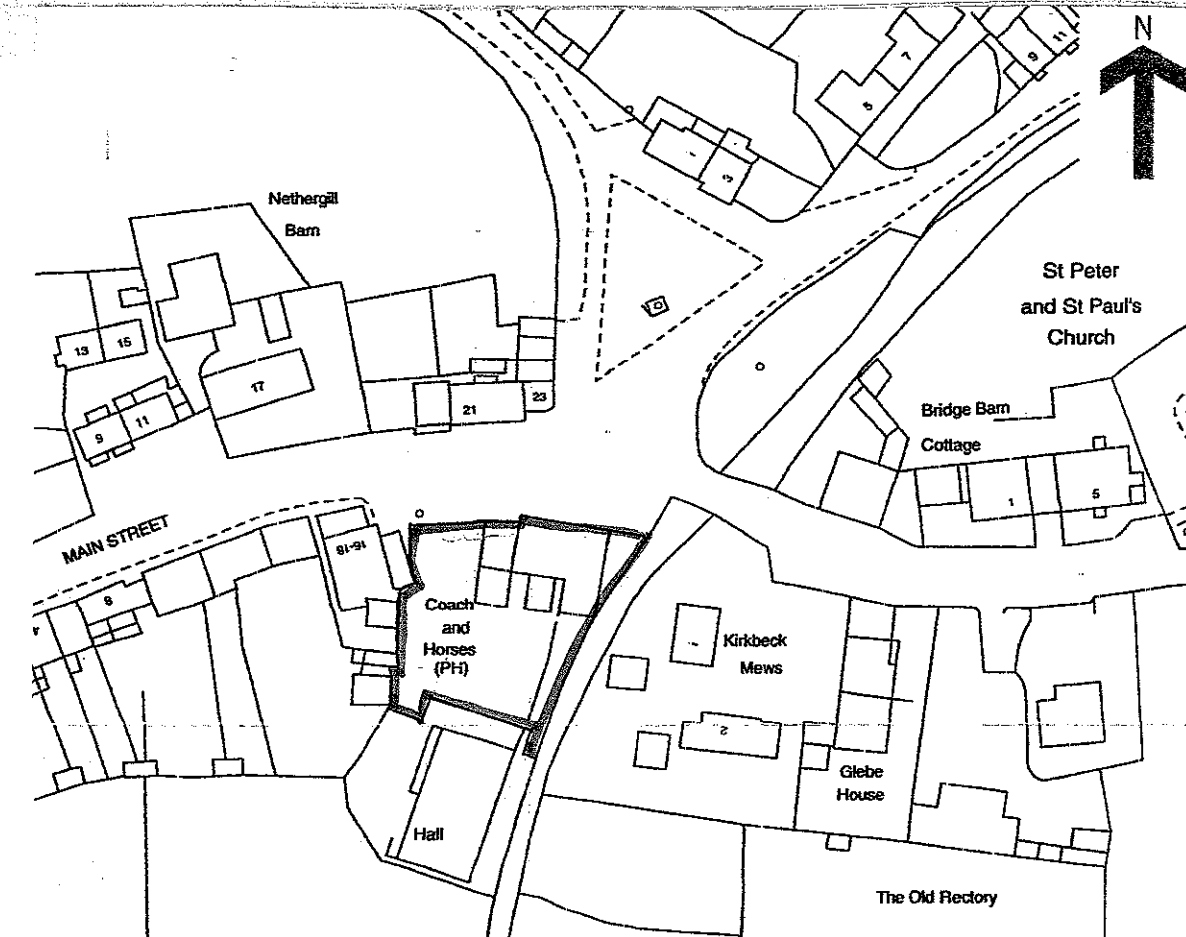
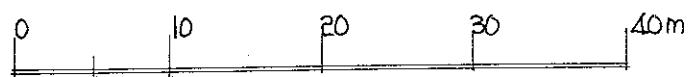
#### 5.0 Access and Landscaping

Access and landscaping will be unaffected.



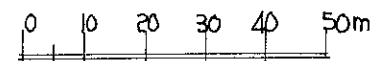
SITE PLAN

SCALE 1:500



LOCATION PLAN

SCALE 1:1250



| REVISION | DATE | DR | CH |
|----------|------|----|----|
|----------|------|----|----|

**Abbott  
&  
Lomax**

Unit 136 Glenfield  
Park Business Centre  
Philips Road  
Blackburn  
Lancashire BB1 5PF  
Tel 01254 278495

320120681P

PROJECT  
PROPOSED RE-CONSTRUCTION OF  
STONE BOUNDARY WALL AT  
THE COACH & HORSES  
BOLTON-BY-BOWLAND

DRAWING TITLE

LOCATION AND SITE PLAN

THIS DRAWING IS COPYRIGHT  
THIS DRAWING IS NOT TO BE SCALED  
ALL DIMENSIONS TO BE CHECKED ON SITE  
BEFORE COMMENCEMENT OF WORK  
ADP TO BE NOTIFIED OF ANY ERRORS

| DRAWN     | DATE      |
|-----------|-----------|
| K J NOLAN | JULY 2012 |

| CHECKED | SCALE          |
|---------|----------------|
|         | 1:1250 & 1:500 |

| DRAWING NO      |
|-----------------|
| <b>B/1796/2</b> |