



RIBBLE VALLEY  
BOROUGH COUNCIL

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

For office use only

Application No

Date received

Fee paid £

Receipt No:

## Application for Outline Planning Permission with all matters reserved. 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	2. Agent Name and Address
Title: <input type="text"/> First name: JACKIE	Title: <input type="text"/> First name: NICK
Last name: HADWEN	Last name: PROGE
Company (optional): EAST LANCASHIRE BUILDING P'SHIP NHS EAST LANCASHIRE	Company (optional): NIGHTINGALE ASSOCIATES
Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>	Unit: <input type="text"/> House number: <input type="text"/> House suffix: <input type="text"/>
House name: WALSHAW HOUSE	House name: THE PLAZA
Address 1: REGENT STREET	Address 1: 100 OLD HALL STREET
Address 2: <input type="text"/>	Address 2: <input type="text"/>
Address 3: <input type="text"/>	Address 3: <input type="text"/>
Town: NELSON	Town: LIVERPOOL
County: LANCASHIRE	County: MERSEYSIDE
Country: UK	Country: UK
Postcode: BB9 8SQ	Postcode: L3 9QJ

### 3. Description of the Proposal

Please describe the proposal:

DEMOLITION / PART DEMOLITION OF EXISTING HOSPITAL  
AND ENABLING RESIDENTIAL REDEVELOPMENT  
INCLUDING ASSOCIATED ACCESS, PARKING, OPEN SPACE  
AND RELATED INFRASTRUCTURE WORKS.

### 3. Description of the Proposal (continued)

Has building or works already been carried out?  Yes  No

If Yes, please state the date when building or works were started (DD/MM/YYYY):

(date must be pre-application submission)

Have the works been completed?  Yes  No

If Yes, please state when the works were 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. 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

### 6. 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?

### 7. 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  
(d) related to an elected member

Do any of these statements apply to you?  Yes  No

If Yes, please provide details of the name, relationship and role

### 8. Site Area

Please state the site area in hectares (ha)



### 9. 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

#### Proposed Housing *ILLUSTRATIVE*

#### Existing Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>					✓	39
Flats and maisonettes	<input type="checkbox"/>					✓	18
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>							<b>57</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>							

#### *UNDER DISCUSSION WITH LPA*

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>							

#### *UNDER DISCUSSION WITH LPA.*

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) = 57**

**Total existing residential units (E+F+G+H) = 0**

*ILLUSTRATIVE*

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total): +57**

*ILLUSTRATIVE*

### 10. All Types of Development: Non-residential Floorspace

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

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)	Unknown	Total gross internal floorspace proposed (including change of use)(square metres)	Unknown	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Shops	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Net tradable area:	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Financial and professional services	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A3	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Restaurants and cafes	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A4	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drinking establishments	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A5	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Hot food takeaways	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (a)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Office (other than A2)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (b)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Research and development	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (c)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Light industrial	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
General industrial	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B8	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Storage or distribution	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
C1	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Hotels and halls of residence	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
C2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Residential institutions	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D1	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Non-residential institutions	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Assembly and leisure	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
OTHER	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Please Specify	<input type="checkbox"/>			<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	Unknown	Total rooms proposed (including changes of use)	Unknown	Net additional rooms
C1	Hotels	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C2	Residential Institutions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OTHER		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Please Specify		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

### 11. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

### 12. 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



### 13. 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:

Is the proposal a waste management development?  Yes  No  Unknown

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)	Unknown	Maximum annual operational throughput in tonnes (or litres if liquid waste)	Unknown
Inert landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Non-hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Energy from waste incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Landfill gas generation plant	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pyrolysis/gasification	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal recycling site	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Transfer stations	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Household civic amenity sites	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Open windrow composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
In-vessel composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Anaerobic digestion	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Sewage treatment works	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other treatment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Storage of waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other waste management	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other developments	<input type="checkbox"/>		<input type="checkbox"/>		<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.

### 14. Existing Use

Please describe the current use of the site:

HOSPITAL

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?

If yes, you will need to submit an appropriate contamination assessment with your application.

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

**15. Ownership 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 (Development Management Procedure) (England) Order 2010 Certificate under Article 12**

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):

T. Wipolera Nightingale Area

09.08.2012

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

**Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12**

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 (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 (*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):



**15. Ownership Certificates (continued)**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

**Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12**

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):

**16. Agricultural Land Declaration**

**AGRICULTURAL LAND DECLARATION**

**Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12**

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:

*T. Ludwig* *Nightingale*  
*Asunder*

Date (DD/MM/YYYY):

09.08.2012

(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:

Or signed - Agent:

Date (DD/MM/YYYY):

**17. 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.

The original and 3 copies of a completed and dated application form:



The correct fee:



The original and 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:



The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):



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



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



The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):



**18. 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:

T. Lyden *Nightingale Assoc*

Date (DD/MM/YYYY):

09.08.2012

(date cannot be pre-application)

**19. Applicant Contact Details**

Telephone numbers

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

jackie.hadwen@eastlancspct.nhs.uk

**20. Agent Contact Details**

Telephone numbers

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

wick.prole@nightingaleassociates.com

**21. 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: