

For office use only
Application No 31301310164

Date received 8.2.13

Fee paid £97.00 Receipt No:17604

Council Offices, Church Walk, Clitheroe, Lancashire. BB7 2RA

Tel: 01200 425111

www.ribblevalley.gov.uk

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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.
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applic	ant Name and Address	2. Agent Name and Address
Title:	WE First name: SONN	Titie: ULSS First name: GAYLE
Last name:	WESTERSIDE	Last name: BARBER
Company (optional):	LIVERPOOL NOUSING TRUST	Company (optional): CEDFT GOODE LTO
Unit:	House House suffix:	Unit: House number: House suffix:
House name:		House name:
Address 1:	LIVERPOOL NOUSING TRUST	Address 1: THE CROSSICOPIOS
Address 2:	ક્યાં 8	Address 2: FRECKLETON STREET
Address 3:	10 DUKE STREET LIVERPOOL	Address 3:
Town:		Town: KIEKHAM
County:	HERSEY81DE	County: LANCASTURE
Country:		Country:
Postcode:	LI SAS	Postcode: PRL4 2SM

3. Site Address Details	4. Pre-application Advice			
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?			
Unit: House House suffix:	authority about this application? Yes No			
House name:	If Yes, please complete the following information about the advice you were given (This will help the authority to deal with this			
Address 1: LAND NEXT TO 14 CHURCH RAKE	application more efficiently) Please tick if the full contact details are not			
Address 2:	known, and then complete as much as possible:			
Address 3:	Officer name:			
Town: CRIPPING	Reference:			
County: LANCASMIRE				
Postcode (optional): PR3 2Q1	Date (DD/MM/YYYY):			
Description of location or a grid reference	(must be pre-application submission)			
(must be completed if postcode is not known):	Details of pre-application advice received?			
Easting: Northing: Description:				
Description:				
5. Description Of Your Proposal Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:				
PROPOSED ELECTION OF 1. NO HOUSES COMPRIMISING 6 NO	SEALL DETACHED HOUSES FOR SOCIAL BENT AND			
ONE DETIACHED PRIVATE MOUSE				
Reference number: 3/2012 [101 Date of decision: 18 01 2013 (Date must be pre-application submission) (DD/MM/YYYY) Please state the condition number(s) to which this application relates:				
1. NO.7 PHASE II INTRUSIVE SITE IMPESTIGATION REPORT	6			
2. NO . 10 FOUL AND SWEFFICE WATER DEMINIFIED DEAWING	7.			
3	8.			
4	9			
5.	10.			
Has the development already started?	Yes No			
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application submission)			
Has the development been completed?				
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details that are being submitted for approval:				
INTERIM PHASE II GEOTECHNICAL & EMMERNIMENTAL ASSESSMENT - REF 2619219 PRIVATE DRAINAGE LAMOST - 26192-620				
Partie Formation College Colle				
7. Part Discharge Of Condition(s)				
Are you seeking to discharge only part of a condition?				
If Yes, please indicate which part of the condition your application relates to:				
•				

8. 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 original and 3 copies of a completed and dated application form:	original and 3 copies of other plans and drawings iformation necessary to describe the subject of the application:		
The correct fee:			
9. 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): Ob 02 20 3 (date cannot be pre-application)			
10. Applicant Contact Details	11. Agent Contact Details		
Telephone numbers	Telephone numbers		
Country code: National number: Extension number: number:	Country code: National number: Extension number:		
	0172 686030		
Country code: Mobile number (optional):	Country code: Mobile number (optional):		
Country code: Fax number (optional):	Country code: Fax number (optional):		
Email address (optional):	Email address (optional):		
12. 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: