

## 320140022P

For office use only Application No.

Date received

Fee paid £

Receipt No:

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

2. Agent Name and Address

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.

Title: MK First name: WWAW	Title: First name: AU
Last name: MSMGR	Last name: OLSUNE
Company (optional):	Company (optional):
Unit: House number: 12 House suffix:	Unit: House number: 12 House suffix:
House name:	House name: ASTONIMOT)
Address 1: Milliands.	Address 1: BloADWAY
Address 2:	Address 2:
Address 3: CallANG	Address 3:
Town: PRESTON	Town: LOTIAND
County: ANASHILE	County: UNCASUIRE
Country: [ENGIAND.	Country: ONGIAND
Postcode: PC3 2GN	Postcode: PLZS 3D1.

## 3. Description of Proposed Works

Please describe the proposed works:

EXTERNAL WALL INSULATION - RENDERING TO MATCH EXISTING. DEVELOPMENT HIMISHED IN A WEBER RENDER (COTOURDIZDARTH) OVER WHICH A DOLBYSHIRE SPAR AGGREGATE DASH WILL BE APPLIED

3. Description of Proposed Works (continued)	it.
Has the work already started?	<b>4</b> <b>c</b> , .
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	t application satisfies
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House number: 12 House suffix:	proposed to or from the public highway? Yes No
House name:	Is a new or altered pedestrian access proposed to or from the public highway? Yes No
Address 1: WCKANDS	Do the proposals require any diversions, extinguishments and/or creation of public
Address 2:	rights of way?  If Yes to any questions, please show details on your plans or
Address 3: Cuilling	drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town: PLESTON	WIA -
County: UN CASULCE	
Postcode (optional): R3 ZGN.	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local authority about this application?	Are there any trees or hedges on your own property or on adjoining properties which
	are within falling distance of your proposed
If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this	development? Yes No
application more efficiently).  Please tick if the full contact details are not	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
known, and then complete as much possible:	NIA
Officer name:	
MR MARK BADAS	[]
Reference:	
	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY):	order to carry out your proposal?
(must be pre-application submission)  Details of the pre-application advice received:	If Yes, please show on your plans which trees by giving them
because of the pre-application advice received:	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale.
	N/A
8 Parking	
8. Parking Will the proposed works affect	9. Authority Employee / Member With respect to the Authority, I am:
existing car parking arrangements? Yes No	(a) a member of staff Do any of these
If Yes, please describe:	(b) an elected member statements apply to you? (c) related to a member of staff
NA	(d) related to an elected member
	If Yes, please provide details of the name, relationship and role
	NA

	Existing (where applicable)	Proposed	Not applicable	Don'i Knov
Walls	READER HIMSH	RONDER KINISM TO MATCH EXISTING		
Roof				
Windows				
Doors				
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				
Lighting				
Others (please specify)				
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?  Yes  Yes  Yes				

				30
11. Ownership Certificates and	Agricultural l	Land Declaration	X	
One Certif		D, must be completed TE OF OWNERSHIP - CE	with this application form RTIFICATE A	'n
Town and Country Planning (De I certify/The applicant certifies that on the owner* of any part of the land or building is part of, an agricultural holding**	e dav 21 davs be	fore the date of this app	lication nobody except myself/the	e applicant was the
NOTE: You should sign Certificate B, C application relates but the land is, or is	or D, as approp s part of, an agr	riate, if you are the solo icultural holding.	e owner of the land or building t	o which the
* "owner" is a person with a freehold intere. ** "agricultural holding" has the meaning o	st or leasehold int given by reference	terest with at least 7 years e to the definition of "agrid	left to run. cultural tenant" in section 65(8) of tl	ne Act.
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
ROBRODO				31-12-2013
I certify/ The applicant certifies that I had 21 days before the date of this application relates.  * "owner" is a person with a freehold interes.  ** "agricultural tenant" has the meaning given the second of the	on, was the own st or leasehold in	er* and/or agricultural t terest with at least 7 years	tenant** of any part of the land o left to run.	oelow) who, on the day r building to which this
Name of Owner / Agricultural Tenant		Address	· · · · · · · · · · · · · · · · · · ·	Date Notice Served
	<u> </u>	M		
		NII,	D-	
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):

the land or building, or of a part of i *"owner" is a person with a freehold interest o **"agricultural tenant" has the meaning giver	CERTIFICATE OF OWNERSHIP - CE opment Management Procedure) (I ued for this application en to find out the names and addresse it, but I have/ the applicant has been ur leasehold interest with at least 7 years	RTIFICATE C England) Order 2010 Certificate es of the other owners* and/or a unable to do so, teleft to run,	
The steps taken were:			
Name of Owner / Agricultural Tenant	Address		Date Notice Served
-			,
	1/4		
	MI		
		•	
	-		
Notice of the application has been published (circulating in the area where the land is situ	d in the following newspaper ated):	On the following date (whice than 21 days before the date	h must not be earlier
		7	a or are approacion,
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY)
эдпест-дррпсанс	Or signed - Agent.		
Town and Country Planning (Develor certify/ The applicant certifies that:  Certificate A cannot be issued for this All reasonable steps have been taken date of this application, was the owner have/ the applicant has been unable "owner" is a person with a freehold interest or letter applicant the meaning given in the steps taken were:	application to find out the names and addresses er* and/or agricultural tenant** of any to do so. easehold interest with at least 7 years le	of everyone else who, on the day part of the land to which this a	y 21 days before the
	NA		
lotice of the application has been published circulating in the area where the land is situa	in the following newspaper ted):	On the following date (which than 21 days before the date	
gned - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
2. Planning Application Requirem			
lease read the following checklist to make su Iformation required will result in your applica ne Local Planning Authority has been submit	ation being deemed invalid. It will not	n support of your proposal. Falli t be considered valid until all inf	ure to submit all formation required by
ne original and 3 copies of a completed and dated application form:	The original and 3 copies of a design and access statement if proposed works fall within a conservation area or	The correct fee:  The original and 3 co	Dies of the
lentifies the land to which the application leates drawn to an identified scale and showing the direction of North:  ne original and 3 copies of other plans and drawings or information necessary to escribe the subject of the application:	World Heritage Site, or relate to a Listed Building:	completed, dated Ow Certificate (A, B, C or ( applicable) and Articl Certificate (Agricultur	nership ) – as e 12

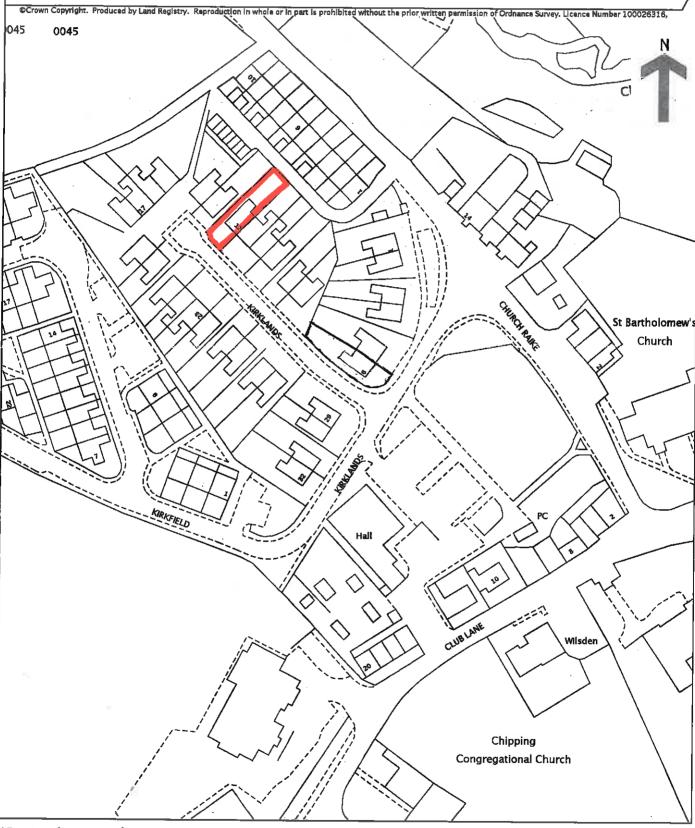
13. Declaration  I/we hereby apply for planning permission/consent as described in thinformation. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.  Signed - Applicant:  Or signed - Agent:	facts stated are true and accurate and any opinions given are the
Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	15. Agent Contact Details  Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Faulers (@) 9559   em ail- Com
Can the site be seen from a public road, public footpath, bridleway or if the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) if Other has been selected, please provide:  Contact name:  Email address:	rother public land? Yes No  Applicant Other (if different from the agent/applicant's details)  Telephone number:

## Land Registry Official copy of title plan

Title number LAN7494
Ordnance Survey map reference SD6243SW
Scale 1:1250

Administrative area Lancashire: Ribble Valley





12, KILKVANDS, CHIPPING, PRESTON VAN CASURE PRS 26N

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