

320140048

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

First name:

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

First name:

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

Title:

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title:

Last name: FOALSON		Last name	: OLSHINE
Company (optional): LIBBLE VAL	LEA HOME? (1)	Company (optional):	
Unit: House numb		Unit:	House number: 12 House suffix:
House DEVAM V	10USE	House name:	ASTONWOOD
Address 1: STATION	loATS	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town: UITHELOE		Town:	LEYLAND
County: UNCASHIA	le	County:	LANCASUICE
Country: OGAD.		Country:	ENG LAND
Postcode: BB7 251		Postcode:	PL25 301.
3. Description of Propo	sed Works		
Please describe the proposed			
EXTERNAL WALL	INJULATION - RENDERLI	inst to w	NATON EXISTING
DEVELOPMENT H	INISUED IN A WOBEL	lender	(LOTAL DIZ OAGA) OUBL
WHICH A DELEUSUIRE SPAR AGGREGATE DASH WILL BE APPLIED.			
TO VOLUMINE SPAIL PHYTICATIE DEIN WILL IST APPUID.			

3. Description of Proposed Works (continued)	1 10
Has the work already started? Yes No	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed? Yes No	
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. House 16	Is a new or altered vehicle access proposed to or from the public highway? Yes No
Unit: number: L> suffix:	Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes You No Do the proposals require any diversions,
Address 1: WLK VIDS	extinguishments and/or creation of public rights of way?
Address 2:	If Yes to any questions, please show details on your plans or
Address 3: CUIPANG	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town: PRESTUN	NIA -
County: LANUSHIRE	
Postcode (optional): PLS 2GN-	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local	Are there any trees or hedges on your own
authority about this application? Yes No	property or on adjoining properties which are within falling distance of your proposed
If Yes, please complete the following information about the advice	development? Yes No
you were given. (This will help the authority to deal with this application more efficiently).	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not known, and then complete as much possible:	
Officer name:	N/A
MI WALK BADEN	
Reference:	Will any trees or hedges need
	to be removed or pruned in
Date (DD MM YYYY): (must be pre-application submission)	order to carry out your proposal? Yes No
Details of the pre-application advice received:	If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
	NIA
	. 4
8. Parking	9. Authority Employee / Member
Will the proposed works affect existing car parking arrangements?	With respect to the Authority, I am: (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	(c) related to a member of staff Yes No (d) related to an elected member
	If Yes, please provide details of the name, relationship and role
	NIA

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	RENDEL KNIG	LEMPOR FINISH TO WATCH		
Roof				
Windows				
Doors				
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing				
Lighting				
Others (please specify)				
	tional information on submitted plan(s)/drawi		es [] 1 6

11. Ownership Certificates and	-	
One Certif	ficate A, B, C, or D, must be completed with this application fo	rm ,
Town and Country Planning (Do	CERTIFICATE OF OWNERSHIP - CERTIFICATE A	
I certify/ The applicant certifies that on the	evelopment Management Procedure) (England) Order 2010 Ce e day 21 days before the date of this application nobody except m g to which the application relates, and that none of the land to wh	ovself/ the applicant was the
NOTE: You should sign Certificate B, C application relates but the land is, or is	or D, as appropriate, if you are the sole owner of the land or b s part of, an agricultural holding.	uilding to which the
* "owner" is a person with a freehold intere** "agricultural holding" has the meaning of	st or leasehold interest with at least 7 years left to run. given by reference to the definition of "agricultural tenant" in section (65(8) of the Act.
Signed - Applicant:	Oragned - Agent:	Date (DD/MM/YYYY):
		31-12-203
21 days before the date of this application application relates. * "owner" is a person with a freehold interest	ve/the applicant has given the requisite notice to everyone else (on, was the owner* and/or agricultural tenant** of any part of the story of the second interest with at least 7 years left to run. It is not the second from	as listed below) who, on the day ne land or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served
·		
	NA	
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

Neither Certificate A or B can be is All reasonable steps have been tal	CERTIFICATE OF OWNERSHIP - CEL elopment Management Procedure) (E sued for this application ken to find out the names and addresse fit, but I have/ the applicant has been u or leasehold interest with at least 7 years	RTIFICATE C ingland) Order 2010 Certificat s of the other owners* and/or a mable to do so.	
Name of Owner / Agricultural Tenant	Address		Date Notice Served
reality of owner / Agricultural Fertality	Address		Date Notice Served
	. (\		
	Ma	. A	
			-
Notice of the application has been publish (circulating in the area where the land is sit	ed in the following newspaper :uated):	On the following date (whice than 21 days before the date	h must not be earlier e of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
I certify/ The applicant certifies that: Certificate A cannot be issued for the All reasonable steps have been take	en to find out the names and addresses ner* and/or agricultural tenant** of an e to do so. r leasehold 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
	NIA		
Notice of the application has been publishe (circulating in the area where the land is situ	d in the following newspaper lated):	On the following date (which than 21 days before the date	n must not be earlier of the application):
			·
Signed - Applicant:	Or signed - Agent:	J	Date (DD/MM/YYYY):
12. Planning Application Requirer	ments - Chacklist		
Please read the following checklist to make information required will result in your application been submitted.	sure you have sent all the information is Ication being deemed invalid. It will no	n support of your proposal. Fail t be considered valid until all in	ure to submit all formation required by
The original and 3 copies of a completed and dated application form: The original and 3 copies of a 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 other plans	The original and 3 copies of a design and access statement if proposed works fall within a conservation area or World Heritage Site, or relate to a Listed Building:	The correct fee: The original and 3 co completed, dated Ov Certificate (A, B, C or applicable) and Articl Certificate (Agricultus	vnership D – as e 12
and drawings or information necessary to describe the subject of the application:		ceranicate (Agricultus	.ai i loidii 193).

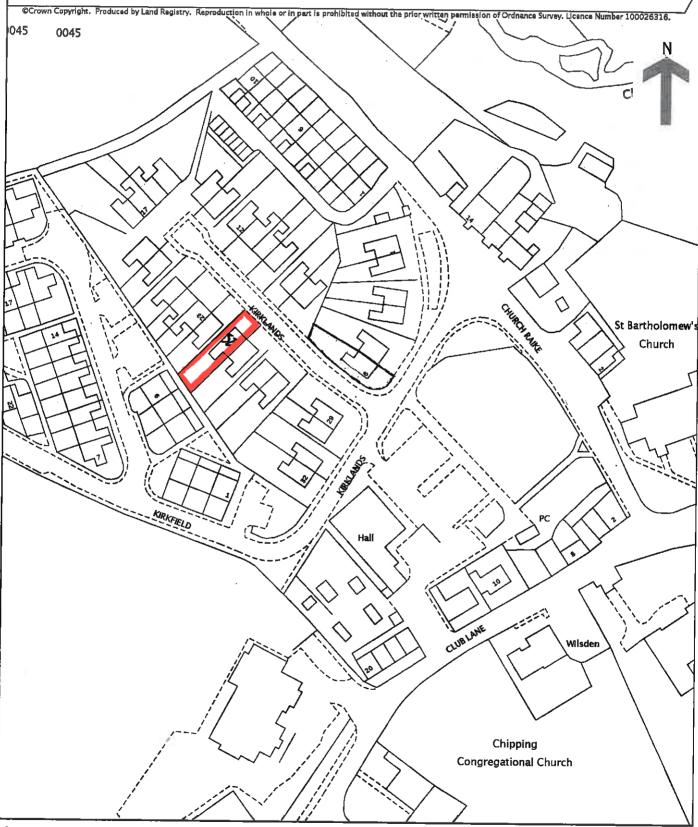
13. Declaration	
I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):
	31-12-2013 (date cannot be pre-application)
14. Applicant Contact Details ×	15. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: ONO- (- UU & - Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Avles We avalend 1- Con
16. 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:	agent applicant 3 actuals)
Contact name:	Telephone number:
Email address:	

Land Registry Official copy of title plan

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







25. KURKANOS, CHIPPING, PRÉSTIN, VANCASHILÉ. PR3 ZGN.

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