

For office use only
Application No.

Date received

Fee paid £ Receipt No:

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

Application for removal or variation of a condition following grant of planning permission. Town and Country Planning Act 1990.
Planning (Listed Buildings and Conservation Areas) Act 1990

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.

1. Applicant N	lame, Address and	Contact Details					
Title: Mr	First name: T			Surname: (Gornall		
Company name							
Street address:	c/o Agent				Country Code	National Number	Extension Number
				Telephone number:			
				Mobile number:			
Town/City				Fax number:			
County:	United Kingdom			Email address:			
Postcode:							
	e, Address and Co		• Yes (No			
Title:		an		Surname: k	Kinder		
Company name:	Avalon Town Planning	J Ltd					
Street address:	2 Reedley Business Ce	ntre			Country Code	National Number	Extension Number
	Redman Road			Telephone number:		01282 834834	
	Reedley			Mobile number:			
Town/City	Burnley			Fax number:			
County:	Lancashire			Tux Humbon			
Country:				Email address:			
Postcode:	BB10 2TY			planning@avalontp.	co.uk		

3. Site Address		
·	s of the site (including full postcode where available) Description:	
House:	Suffix:	
	Former garage adjacent to 1 Swinglehurst Cottage	
Street address:	Garstang Road	
	Chipping	
Town/City:	Preston	
County:		
Postcode:	PR3 2QW	
	ation or a grid reference ed if postcode is not known):	
Easting:	362131	
Northing:	443067	
4. Pre-applicati	tion Advice	
Has assistance or pri	orior advice been sought from the local authority about this application?	Yes No
If Yes, please comple	plete the following information about the advice you were given (this will help the ac	thority to deal with this application more efficiently):
Officer name:		
Title: Mr	First name: Colin Surnam	e: Sharpe
Reference:		
Date (DD/MM/YYYY)	Y): (Must be pre-application submission)	
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Details of the pre-ap	application advice received:	
. Description o	of Proposal	
Please provide a des	escription of the approved development as shown on the decision letter:	
	of use of domestic garaging to one 1 bed holiday let and erection of a single storey si	ructure to form one 2-bed holiday let to form a total of 3 holiday lets
Application reference	nce number: 3/2012/1099	Date of decision: 19/03/2012
	ondition number(s) to which this application relates:	
Condition number(s		
Condition No.3		
Has the developmen	ent already started? Yes O No If Yes, please state when the	development was started: 01/07/2013
Has the developmen	ent been completed? Yes No	
6. Condition(s)) - Removal	
Please state why you	ou wish the condition(s) to be removed or changed:	
	modify condition No.3 to allow the 2 bed holiday cottage to be occupied as a perma	nent dwelling with restricted occupation as a social low cost unit
	sting condition to be changed, please state how you wish the condition to be varied:	
months in any one y	The two 1-bed units of accomodation shall not be let to or occupied by any one perse year and in any event shall not be used as a permanent accommodation. A register oct on an annual basis.	on or group of persons for a continupus period of longer than 3 of such lettings shall be kept and made available to Local Planning
	the two bed unit of accommodation shall be limited to a person(s) who can satisfy the control of the Local Planning Authority. The residential unit hereby permitted shall only be control.	
purposes of providir	ding affordable housing accommodation as defined in Annex 2 of the National Planni	
(ii) The arrangemen	tenure of affordable housing provision nents for the transfer of affordable housing to an affordable housing provider (or the l	
	nents to ensure that such provision is affordable for both the first and subsequent occ by criteria to be used for determining the identity of the occupiers of affordable housi	
enforced		Silver Sayor saor socaparity officing shall be
a) A mortgagee or	ll not be binding upon any of the following: or chargee (or any receiver appointed by such mortgagee or chargee) of the developi	nent or any part thereof (including any individual residential unit or
group of residential	al units) together with the successors in title to such mortgagee, chargee or receiver	
chargee (or any rece	esidential unit who exercises any statutory right to buy or right to acquire (or equival ceiver appointed by such mortgagee or chargee) of such tenant and successors in tit	е
	sidential unit held under a shared ownership lease who acquires 100% of the interest inted by such mortgagee or chargee) of such lessee and successors in title.	held under that lease together with the mortgagee or chargee (or
	,	

7. Site Visi	t									
Can the site b	oe seen from a pub	olic road, pu	blic footpath, bridleway or other	public land?		Yes	N	lo		
If the plannin	g authority needs	to make an	appointment to carry out a site	visit, whom should	they contact	t? (Please sele	ect only	one)		
• The ager	nt C Th	e applicant	Other person							
8. Certifica	ates (Certificat	te A)								
	Tourn	nd Country		e of Ownership			Contifi		m Amtiala	12
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 to which the application relates, and that none of the land to which the application										
relates is, or is	s part of, an agricul	tural holdir	g ("agricultural holding" has the r	meaning given by re	eference to the	e definition of	"agricul	tural tenar	nt" in secti	ion 65(8) of the Act).
Title: Mr First name:		ame: Ala	Alan		Surname:	Kinder				
Person role:	Agent	Declaration date: 30/10/2		30/10/2014			Declaration made			
9. Declara	tion									
,			consent as described in this form		5 0 1					
			the best of my/our knowledge, the person(s) giving them.	any facts stated ar	e true and ac	ccurate and ar	าy			20/40/004
opinions give	maic the genuine	opinions or	the person(s) giving them.					\triangle	Date	30/10/2014