



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

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: CHRIS

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.

2. Agent Name and Address

First name: CHRIS	Title: M2 First name: MATTHEW
Last name: STAUSFIELD	Last name: ħsk
Company (optional):	Company (optional): SUNDERLAND REACOCK AND ASSOCIATES LTD.
Unit: House House suffix:	Unit: House House number: suffix:
House name: FoxGLoves	House HAZEUNELE
Address 1: BACK LANE	Address 1: PIMCICO ROAD
Address 2:	Address 2:
Address 3:	Address 3:
Town: GRINDLETON	Town: CLITHEROS
County: LANCASHILE	County: LAUCASHIRE
Country: UK	Country: UK
Postcode: BB7 4LW	Postcode: BB7 2AG-
3. Description of Proposed Works	
Please describe the proposed works:	
PROPOSED NEW SINGLE STOREY SIDE	EXTENSION INCLUDING NEW CHIMNEY
STACK.	
PROPOSED NEW FRONT PORCH TO FRONT	T ECEVATION.
MINOR INTERNAL ALTERATIONS.	
	\$Date:: 2013-04-30 #\$ \$Revision: 5504 \$



3. Description of Proposed Works (continued)	
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?	(dute must be pie-application submission)
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 House suffix:	proposed to or from the public highway? Yes No
House name: FoxGLOVES	proposed to or from the public highway? Yes No
Address 1: BACK LANE	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes No
Address 2:	rights of way? Yes No If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town: GILINDLETON	
County: LANCASHRE	
Postcode (optional): BB7 4LW	
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 possible: Officer name: Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? 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.
8. Parking Will the proposed works affect existing car parking arrangements? Yes No If Yes, please describe:	9. 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 If Yes, please provide details of the name, relationship and role



	Existing (where applicable)	Proposed	Not applicable	Don' Knov
Walls	STONE	STONE TO MATCH EXISTING		
Roof	NATURAL SLATE	NATURAL SLATE TO MATCH EXISTING		
Vindows	BROWN UPUC DOUBLE GLAZING WITH STONE SULLOWNS	ALL TO MATCH EXISTING		
Doors	TIMBER	TIMBER TO MATCH EXISTING	-	
Boundary treatments e.g. fences, walls)			Z	
/ehicle access and nard-standing	TARMAC		Ø	
<u>lighting</u>			Z	
Others please specify)			Z	
	ditional information on submitted plan(s)/drawing(s erences for the plan(s)/drawing(s)/design and acces	<u> </u>	s [No.

		71 8.0

11. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed 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* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

is part of, an agricultural holding** NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Signed - Applicant: Or signed - Agenta Date (DD/MM/YYYY): **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* and/or agricultural tenant** of any part of the land or building to which this application relates. st "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. ** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 Name of Owner / Agricultural Tenant Date Notice Served Address Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY):



Town and Country Planning (De I certify/ The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been the land or building, or of a part * "owner" is a person with a freehold intere	Agricultural Land Declaration (continu CERTIFICATE OF OWNERSHIP - CERTIFICA evelopment Management Procedure) (England issued for this application taken to find out the names and addresses of the fof it, but I have/ the applicant has been unable to test or leasehold interest with at least 7 years left to re liven in section 65(8) of the Town and Country Plant	other owners* and/or agricultural tenants** of o do so.
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Notice of the application has been publi (circulating in the area where the land is		the following date (which must not be earlier n 21 days before the date of the application):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
 Certify/ The applicant certifies that: Certificate A cannot be issued for All reasonable steps have been to date of this application, was the chave/ the applicant has been una * "owner" is a person with a freehold interes 	iken to find out the names and addresses of ever	Order 2010 Certificate under Article 12 yone else who, on the day 21 days before the of the land to which this application relates, but I
Notice of the application has been publis (circulating in the area where the land is s		the following date (which must not be earlier n 21 days before the date of the application):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
12. Planning Application Requir	ements - Checklist	
Please read the following checklist to mal	ce sure you have sent all the information in suppoplication being deemed invalid. It will not be co	ort of your proposal. Failure to submit all nsidered valid until all information required by
The original and 3 copies of a completed and dated application form: The original and 3 copies of a plan which	The original and 3 copies of a design and access statement if proposed works fall within a	The correct fee:
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 and drawings or information necessary to	Listed Building:	The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D – as applicable) and Article 12 Certificate (Agricultural Holdings):



13. Declaration I/we hereby apply for planning permission/consent as described in information. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them. Signed - Applicant: Or signed, - Applicant:	y facts stated are true and accurate and any opinions given are the
14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number:
Haddharrianser.	Transfer Transfer
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Mobile Mariber (optional).	Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Tox Harriset (Optional).	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
and doubles (obtionar).	
BEIEGE WAY	MATTHEW. FISH @ SULDEDLAND PEACOCK. COM
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	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:
140	Telephone number:
MR CHRIS STAUSFIELD	
Fmail address:	

		at a