

1 4 MAY 2015
FOR THE
ATTENTION OF

For office use only
Application No.

Date received
Fee paid £ Receipt No:

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

l: 01200 425111 www.r

/ww.ribblevalley.gov.uk

320150422P

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.

| Applicant Name and Address | | 2. Agent Name and Address |
|----------------------------|--|---------------------------|
| Title: | MR First name: LEE | Title: First name: |
| Last name: | YEWLETT | Last name: |
| Company (optional): | | Company (optional): |
| Unit: | House number: 21 House suffix: | Unit: House House suffix: |
| House name: | , | House name: |
| Address 1: | DARLAWOOD CRECENT | Address 1: |
| Address 2: | CHATBURN | Address 2: |
| Address 3: | | Address 3: |
| Town: | CLITHEROB | Town: |
| County: | LANCASHIRE | County: |
| Country: | ENGLAND | Country: |
| Postcode: | BB7 4A | Postcode: |
| | the state of the s | |

| 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 suffix: 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: DARKWOOD CRESCENT | application more efficiently). Please tick if the full contact details are not | | | |
| Address 2: CHATRUEN | known, and then complete as much as possible: | | | |
| Address 3: | Officer name: | | | |
| TOWN: CLITHBLOE | Reference: | | | |
| County: UNCASHICE | | | | |
| Postcode (optional): SC7 4AC Description of location or a grid reference. | Date (DD/MM/YYYY): (must be pre-application submission) | | | |
| (must be completed if postcode is not known): | Details of pre-application advice received? | | | |
| Easting: Northing: | | | | |
| Description: | | | | |
| | | | | |
| | | | | |
| 5. Description Of Your Proposal | | | | |
| Land date of decision in the sections below: | n on the decision letter, including the application reference number | | | |
| TWO STOREY EXTENSION TO SIDE AND SIM | ngce storey extension to refr | | | |
| | | | | |
| | (Date must be pre-application | | | |
| Reference number: 3/2015/0075 Date of decision: | 23/64/2015 (Date must be pre-application submission) (DD/MM/YYYY) | | | |
| Please state the condition number(s) to which this application relate | es: | | | |
| 1. | 6. | | | |
| 2. | 7. | | | |
| 3. | 8. | | | |
| 4. | 9. | | | |
| 5. SPARROW NESTING AND BATROXING | 10. | | | |
| Has the development already started? | Yes No | | | |
| If Yes, please state when the development started (DD/MM/YYYY): | | | | |
| Has the development been completed? | Yes No | | | |
| If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission) | | | | |
| 6. Discharge Of Condition | | | | |
| Diago provide a full description and/or list of the materials/details: | that are being submitted for approval: | | | |
| NORTH EAST ELEVATION IS NOT POSSIBLE. | | | | |
| INORTH ETT CONTINUED A CAT ROOKINGBOX ON THE SO | WITH WEST ELEVATION. DRAWINGAND OFTAILS ATTACHED. | | | |
| | | | | |
| 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: | | | | |
| ii res, piease indicate writeri partor trie condition your application rolates to: | | | | |
| | | | | |
| | \$Date:: 2012-07-17 #\$ \$Revision: 4636 \$ | | | |

| 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: | original and 3 copies of other plans and drawings offormation 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. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. | | | | |
| Signed - Applicant: | Or signed - Agent: | | | |
| 以 4000 | | | | |
| Date (DD/MM/YYYY): | | | | |
| (date cannot be pre-application) | | | | |
| 10. Applicant Contact Details | | | | |
| | 11. Agent Contact Details | | | |
| Telephone numbers | Telephone numbers | | | |
| Country code: National number: Extension number: | Country code: National number: Extension | | | |
| Tidiliber: | Country code: National number: number: | | | |
| | | | | |
| | Country code: Mobile number (optional): | | | |
| | | | | |
| Country code: Fax number (optional): | Country code: Fax number (optional): | | | |
| Email address (optional): | Emall address (optional): | | | |
| SECONOMIC TO SECON | Email address (optional): | | | |
| | | | | |
| 12. Site Visit | | | | |
| Can the site be seen from a public road, public footpath, bridleway or | other public land? | | | |
| If the planning authority needs to make an appointment to carry | | | | |
| If Other has been selected, please provide: | | | | |
| Contact name: Telephone number: | | | | |
| | | | | |
| Email address: | | | | |

