



RIBBLE VALLEY
BOROUGH COUNCIL

320160670P

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 listed building consent for alterations, extension or demolition of a listed building.
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.

1. Applicant Name and Address

Title:	DR	First name:	JULIE
Last name:	MACFARLANE		
Company (optional):	MACFARLANE DENTAL PRACTICE		
Unit:	House number:	330	House suffix:
House name:			
Address 1:	KING ST		
Address 2:	WHALLEY		
Address 3:			
Town:	CLITHEROE		
County:	LANCASHIRE		
Country:	UK		
Postcode:	BB7 9SP		

2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):			
Unit:	House number:		House suffix:
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

3. Description of Proposed Work

Please describe the proposals to alter, extend or demolish the listed building(s):

To fit wood flood door to front of property.

3. Details of Proposed Work (continued)

Has the work already been completed without consent?

☐ Yes ☒ No

If Yes, please state when the work was started (DD/MM/YYYY):

(date must be pre-application submission)

Has the work been completed without consent?

☐ Yes ☒ No

If Yes, please state the date when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: 33a House suffix:
 House name: MACFARLANE DENTAL PRACTICE
 Address 1: KING STREET
 Address 2: WHALLEY
 Address 3:
 Town: CLITHEROE
 County: LANCASHIRE
 Postcode (optional): BB7 9SP
 Description of location or a grid reference. (must be completed if postcode is not known):
 Easting: 373323 Northing: 436085
 Description:

5. Related Proposals

Are there any current applications, previous proposals or demolitions for the site?

☐ Yes ☒ No

If Yes please describe and include the planning application reference number(s), if known:

Description	Reference number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☐ Yes ☒ No

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 as possible: ☐

Officer name:

Reference:

Date (DD/MM/YYYY):
 (must be pre-application submission)

Details of pre-application advice received?

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal?

☐ Yes ☒ No

If Yes, please provide details:

8. 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

Do any of these statements apply to you?

☒ Yes ☒ No

If Yes, please provide details of the name, relationship and role

7. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			<input type="checkbox"/>	<input type="checkbox"/>
Roof covering			<input type="checkbox"/>	<input type="checkbox"/>
Chimney			<input type="checkbox"/>	<input type="checkbox"/>
Windows			<input type="checkbox"/>	<input type="checkbox"/>
External doors	wood front door	wood flood door	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings			<input type="checkbox"/>	<input type="checkbox"/>
Internal walls			<input type="checkbox"/>	<input type="checkbox"/>
Floors			<input type="checkbox"/>	<input type="checkbox"/>
Internal doors			<input type="checkbox"/>	<input type="checkbox"/>
Rainwater goods			<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input type="checkbox"/>	<input type="checkbox"/>
Lighting			<input type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted drawings or plans? ☒ Yes ☐ No
If Yes, please state plan(s)/drawing(s) references:

drawings & information specification of the door
size, materials used etc.

10. Demolition

Does the proposal include the partial or total demolition of a listed building? ☐ Yes ☒ No

If Yes, which of the following does the proposal involve?

- a) Total demolition of the listed building: ☐ Yes ☒ No
- b) Demolition of a building within the curtilage of the listed building: ☐ Yes ☒ No
- c) Demolition of a part of the listed building: ☐ Yes ☒ No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)	
ii) What is the volume of the part to be demolished?(cubic metres)	
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	

Please provide a brief description of the building or part of the building you are proposing to demolish:

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

12. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic Interest? (Note: only one box must be ticked)

Grade I <input type="checkbox"/>	Ecclesiastical Grade I <input type="checkbox"/>
Grade II* <input type="checkbox"/>	Ecclesiastical Grade II* <input type="checkbox"/>
Grade II <input checked="" type="checkbox"/>	Ecclesiastical Grade II <input type="checkbox"/>
Don't know <input type="checkbox"/>	

11. Listed Building Alterations

Do the proposed works include alterations to a listed building? ☒ Yes ☒ No

If Yes, do the proposed works include: (you must answer each of the questions)

- a) Works to the interior of the building? ☐ Yes ☒ No
- b) Works to the exterior of the building? ☒ Yes ☐ No
- c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally? ☒ Yes ☐ No
- d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? ☐ Yes ☒ No

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

13. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

☐ Yes ☐ No ☒ Don't know

If Yes, please provide the result of the application:

14. Ownership Certificates

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

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.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY

X 

13-1-16

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that I have/ the applicant has given the requisite notice to everyone else (as listed below) who, on the 21 days before the date of this application, was the owner* of any part of the land or building to which this application relates.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

Name of Owner	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

The steps taken were:

Name of Owner	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY

14. Ownership Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY

15. 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: ☐

The original and 3 copies of a plan which identifies the land to which the application relates and 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 describe the subject of the application: ☐

The original and 3 copies of the completed dated Ownership Certificate (A, B, C, or D - as applicable): ☐

The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details): ☐

16. 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:

Date (DD/MM/YYYY):

13/7/16

(date cannot be earlier than 21 days before the date of the application)

17. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

~~info@morpeiansland.com~~

18. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

19. 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:

Contact name:

Telephone number:

Helen Heywood

Email address:

~~helen@morpeiansland.com~~