

g 2 AUG 2016

For office use only

Application No.

Date received 2 8 .16

Fee paid £ 28.50 Receipt No: 25926

1200 425111 www.ribblevalley.gov.uk

Application for a non-material amendment following a grant of planning permission. Town and Country Planning Act 1990

320160736P

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. Applic	ant Name and Address	2. Agent Name and Address	
Title:	MA First name: MALCOLM	Title: MR First name: STERMEN	
Last name:	VAUCHAH.	Last name: BIALECK!	
Company (optional):		Company (optional):	
Unit:	House House suffix:	Unit: House number: House suffix:	
House - name:	LUSTIH HOUSE	House name: ROSEDALC	
Address 1:	MALT KILL LAHE	Address 1: BACK LAHE.	
Address 2:		Address 2: C. 2140 Leta	
Address 3:		Address 3:	
Town:	CHIPPINC	Town: CLITHEROR	
County:	LAHER	County:	
Country:		Country:	
Postcode:	PR3 ZC.?.	Postcode: RET LIRZ	

3. Site Address Details		4. Pre-application Advice	
Please provide the full postal addres	s of the application site.	Has assistance or prior advice been sou	and the second s
Unit: House number:	House suffix:	authority about this application?	Yes No
House name: Austin Ha	me	If Yes, please complete the following in you were given. (This will help the author)	formation about the advice ority to deal with this
Address 1: MALT KIL	h lane	application more efficiently). Please tick if the full contact details are	
Address 2:		known, and then complete as much as	oossible:
Address 3:	The state of the s	Officer name:	
Town: < KiPPINE			
County:		Reference:	
Postcode 222 - 22		D (DD /444 00/00/)	
(optional): PR3 Z = PR	rence.	Date of advice (DD/MM/YYYY):	
(must be completed if postcode is no	ot known):	Details of pre-application advice received	ea:
Easting: N Description:	orthing:	⅃ ┃┃	
		7	
100			
5. Eligibility			
Do you, or the person on whose beha	olf you are making this applic	ation.	_
bo you, or the person on miose och	d to which this amendment r	ation, relates?)
have an interest in the part of the lan	a co willer and according to		
		ot apply to make a non-material am	endment.
If you have answered No to the	nis question, you canno	ot apply to make a non-material am	
If you have answered No to the sole owner, has not	nis question, you canno ification under article 4F(3) o	ot apply to make a non-material am	Not Applicable
If you have answered No to the sole owner, has not if you have answered No to the sole owner.	nis question, you canno ification under article 4F(3) on his question, you canno	ot apply to make a non-material am f the GDPO been given? Yes No ot apply to make a non-material am	Not Applicable
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7. Description Of Your Proposal	the decision letter including application reference number and
Please provide a description of the approved development as show date of decision in the sections below. Please also provide the original control of the provide t	vn on the decision letter, including application reference number and inal application type:
	REY REAR EXTENSION AND
GABLET DOZUM WINDOW	TO MATCH EXISTING TO FORM
FEXTERIORS) PRESONEHITIAL	
and a	
11	
	Date of decision (DD/MM/YYYY):
Reference number:	
3/2016/0412	
What was the original application type?: (e.g. 'Full', 'Householder and Listed Building', 'Outline')	CHOCDER
For the purpose of calculating fees, which of the following best des	scribes the original application type?
Householder development: development to an existing dwelling	n-house or development within its curtilage
Other: anything not covered by the above category	
8. Non-Material Amendment(s) Sought	
Please describe the non-material amendment(s) you are seeking to	make:
MESSEGESCHIDE THE MESOULA FLOOR	
WITHIN The INTERHAL GARDEN	AREA TO Allow A NTILITY HREA
>21	
10	
i [-	
Are you intending to substitute amended plans or drawings?	Yes No
If Yes, please complete the following:	
Old plan/drawing number(s):	
60069 4 60079	
New plan/drawing number(s):	
6006/6 4 6007/6, 1-) 6008	
Please state why you wish to make this amendment:	
Willigg ROOM PROVISION	1.
	•

9. 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 not being accepted. It will not be accepted until all information required by the Local Planning Authority has been submitted.						
The original and copies of a completed and dated application form:						
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:						
The correct fee:	Z - 2G					
10. Declaration I/we hereby apply for planning permission/cons information. Signed - Applicant:	ent as described in the Or signed - Agent:	Date (DD/MM/YYYY):				
11. Applicant Contact Details		12. Agent Contact Details				
Telephone numbers	9	Telephone numbers				
Country code: National number:	Extension number:	Country code: National number: Extension number: Country code: Hobile number (optional):				
	h, bridler nt to can ct only on	(if different from the /applicant's details)				