

0 % NUV 2016

For office use only
Application No. 3/20/6/1050

Date received 08/11/16

Fee paid £ 28.00 Receipt No: 02/66/1

Council Offices, Church Walk, Clitheroe, Lancashire, BB/ 2RA

el: 01200 425111 www.ribblevalley.gov.uk

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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: Ms First name: KAY	Title: First name:
Last name: GIBSON	Last name:
Company (optional):	Company (optional):
Unit: House number: 8 House suffix:	Unit: House House suffix:
House name:	House name:
Address 1: CHATBURN AVE	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
TOWN: CLITHERDE	Town:
County: LANCASHIRE	County:
Country: ENQLAND	Country:
Postcode: BB7	Postcode

32016165

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? Yes No				
Unit: House number: House suffix:	Is we also semple to the following information about the advice				
House name:	you were given. (This will help the authority to deal with this				
Address 1: CHATBURN AVE	application more efficiently). Please tick if the full contact details are not				
Address 2:	known, and then complete as much as possible:				
	Officer name:				
Address 3:					
Town: CLITHEROS	Reference:				
County: LANCASMIRE	Date (DD/MM/YYYY):				
Postcode (optional): 83 7	(must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Morthing	3				
Easting: Northing. Description:					
- Exercity Parcet					
Of Value Proposal					
Description Of Your Proposal Description Of Your Proposal Description of the approved development as shown	wn on the decision letter, including the application reference number				
and date of decision in the sections below					
Single stoney side + reas	extension				
single stored	liention				
Reference number: 3/2016/0793 Date of decision	(Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application rela	ates:				
1.	6.				
	7.				
2.	8.				
13. Material 8	9.				
4.	10.				
5.					
Has the development already started?	Yes No (date must be pre-application				
If Yes, please state when the development started (DD/MM/YYY)	(date must be pro applied submission)				
1	Yes 🔀 No				
Has the development been completed?	(date must be pre-application submission)				
If Yes, please state when the development was completed (DD/I	Submission				
6. Discharge Of Condition					
6. Discharge Of Condition Please provide a full description and/or list of the materials/deta	ils that are being submitted for approval:				
Reaf tile pampule	A. 05.45. Miresoool as				
Back					
7. Part Discharge Of Condition(s)	☐ Yes 🔀 No				
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your applicati	on relates to:				
ii 163, piodao ii aras i					
	\$Data; 2007/08/22 16:20:09 \$ \$Revision: 1.20 \$				

8. Planning Application Requirements - C	hecklist	5 CT 24 E.O	5-10-50	ST. STEPHEN STATE
Please read the following checklist to make sure your	have sent all t	the information in s	Upport of your or	onosal Failure to submit all
Lynoniagonica will result in Application De	ing deemed	invalid. It will not b	e considered valid	d until all information required t
the Local Planning Authority has been submitted.		·		
3 copies of a completed and dated application form:		3 copies of	fother plans and o	drawings or information
		necessary t	to describe the su	bject of the application:
-9. Declaration	THE REAL PROPERTY.	A STATE OF THE STA		
I/we hereby apply for planning permission/consent as information.	described in	this form and the a	ccompanying pla	ns/drawings and additional
Sign and Signature	72			
	-	Or signed - Ager	10: -	
.[_		.		
D _i	1			
	Ų.			2,
	lication)			
	TO BEEN	11. Agent Co	ontact Details	
Tr		Telephone num		
	Extension	I stophone nam	Dels	Extension
F	number:	Country code:	National numbe	rice is to
	1	III - I		
()		Country code:	Mobile number	(optional):
i		Country code:	Eav pumber (and	tio and
		Country code.	Fax number (opt	ional):
Email address (optional):	<u> </u>			
Litian address (optional):		Email address (o	ptional):	
	<u> </u>			
12. Site Visit			(f) (S))= -	
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		CF-24	
out a site visit, whom should they contact? (Please select	only one)	Agent	X Applicant	Other (if different from the agent/applicant's details)
If Other has been selected, please provide:				agent applicants details)
Contact name:		Telephone number	er:	
Email address:				

-

