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For office use only

Application No.

12. Agent Name and Address

Date received 19.6.19

Fee paid £ i 7 2 . 00 Receipt No: 0270 24-

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

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

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title:	MR First name: THOMAS	Title:	ML First name: TOWY	
Last name:	FLANAGAM.	Last name:	HARGANI.	
Company (optional):		Company (optional):	ATH ASSOCIATES.	
Unit:	House number: House suffix:	Unit:	House number: House suffix:	
House name:	MIDDLEWOOD	House name:	DEADHELD COURT	
Address 1:	WORS TON ROAD	Address 1:	CLITHEROE	
Address 2:	CHATGURA	Address 2:		
Address 3:	LANCS	Address 3:		
Town:		Town:		
County:		County:		
Country:	Utilis kingdom .	Country:		
Postcode:	B137 44R	Postcode:	B67 108	
3. Descri	ption of Proposed Works			
Please desc	ribe the proposed works:			
ORANGERY SIDE EXTENSION TO MIDDLEWOOD LOOGE				
PLANDING				
1 > JAN 2017				
		ATTENTS	ora Ost	
			\$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?					
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. House House	Is a new or altered vehicle access proposed to or from the public highway? Yes No				
Unit: House House suffix:	Is a new or altered pedestrian access				
House name: MIDOLEWOOD	proposed to or from the public highway? Yes No Do the proposals require any diversions,				
Address 1: WORLSTON ROAD	extinguishments and/or creation of public rights of way?				
Address 2: Chatborn	If Yes to any questions, please show details on your plans or				
Address 3: LANCS.	drawings and state the reference number(s) of the plan(s)/ drawing(s):				
Town:					
County:					
Postcode (optional): BS7 4GAL					
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 possible: Officer name: Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Are there any trees or hedges on your own 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? 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'	
Walls		STONEWAY OF HOUSE.			
Roof		Ultrafagnet Floor Noof SPEC.			
Windows		UPVC WARDOUS			
Doors		UPUC DOORS			
Boundary treatments (e.g. fences, walls)		EXISTING CHAPE AND STONE QUOINS TO BE NEMOVED . OPENING BUILT UP USING ENSTRUM BUDINS AND MATCHING STONE WORK.			
Vehicle access and nard-standing	AS EXISTING.				
ighting					
Others please specify)					
Yes No Yes, please state references for the plan(s)/drawing(s)/design and access statement: PLEAS & NOTEN TO PLAN DANNING 3278 / 104a					

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* 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. Date (DD/MM/YYYY): Or signed Agent: Signed - Applicant: 2017 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. "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 **Date Notice Served** Name of Owner / Agricultural Tenant Address Date (DD/MM/YYYY): Or signed - Agent: Signed - Applicant:

Neither Certificate A or B can be issessed and the land or building, or of a part of it "owner" is a person with a freehold interest of the land the land or building. "owner" is a person with a freehold interest of the land or building.	CERTIFICATE OF OWNERSHIP - CEI lopment Management Procedure) (I sued for this application (en to find out the names and address it, but I have/ the applicant has been united sphold interest with at least 7 years	RTIFICATE C England) Order 2010 Certific tes of the other owners* and/c unable to do so.	
The steps taken were:			
Name of Owner / Agricultural Tenant	Address		Date Notice Served
}			
			
Nation of the Production of th			
Notice of the application has been published (circulating in the area where the land is situ	d in the following newspaper ated):	On the following date (whathan 21 days before the d	ich must not be earlier
		Tion 21 days before the d	ate of the application):
Signed - Applicant:			
oigned - Applicant.	Or signed - Agent:		Date (DD/MM/YYYY):
I certify/ The applicant certifies that: Certificate A cannot be issued for this All reasonable steps have been taken	s application to find out the names and addresses of and/or agricultural tenant** of any to do so.	of everyone else who, on the or part of the land to which this	day 24 days bafaar ib
Notice of the application has been published (circulating in the area where the land is situated	in the following newspaper	On the following date (whi	ch must not be earlier
An outsting in the area where the land is situal	.eu):	than 21 days before the da	ite of the application):
		<u> </u>	
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
			<u> </u>
12. Planning Application Requireme	nts - Checklist		
Please read the following checklist to make sunformation required will result in your applicate he Local Planning Authority has been submit		n support of your proposal. Fa be considered valid until all i	nilure to submit all nformation required by
The original and 3 copies of a completed and dated application form:	The original and 3 copies of a design and access statement if	The correct fee:	
The original and 3 copies of a plan which	proposed works fall within a		\$ —
dentifies the land to which the application elates drawn to an identified scale	conservation area or World Heritage Site, or relate to a	The original and 3 c	opies of the
and showing the direction of North:	Listed Building:	☐ Certificate (A, B, C or	·D – as '
The original and 3 copies of other plans and drawings or information necessary to escribe the subject of the application:		applicable) and Artic Certificate (Agricultu	ural Holdings):

13. Declaration					
I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any frequence opinions of the person(s) giving them.	acts stated are true and accurate and any opinions given are				
Signed - Applicant: Or signed/ Agent:	Date (DD/MM/YYYY):				
	19/1/20:7 (date cannot be pre-application)				
14. Applicant Contact Details	15. Agent Contact Details				
Telephone numbers	Telephone numbers				
Country code: National number: Extension number:	Country code: National number: Extension number:				
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
Country code: Fax number (optional):	Country code: Fax number (optional):				
Email address (optional):	Email address (optional):				
	tony@ajh-associates.co.uk				
16. 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:				
Email address:					