

For office use only Application No. 3/2017/0169 Date received 22/2/17 Fee paid £ 97 OReceipt No: 027 2

Tel: 01200 425111 www.ribbievalley.gov.uk

## 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: A ·	Title:	First name:
Last name:	JACICSON	Last name:	
Company (optional):	C/O AGENT	Company (optional):	SUNDERLAND PEACOCK & ASSUCTATES
Unit:	House number: House suffix:	Unit:	House House suffix:
House name:		House name:	HAZELMERE
Address 1:		Address 1:	PIMCICO ROAD
Address 2:	The second secon	Address 2:	
Address 3:		Address 3:	
Town:	2 2 FEB 2017	Town:	CLITHEROE
County:	ATTENTION OF	County:	LANCS
Country:	September 1990 Annual Control of	Country:	
Postcode:		Postcode:	BB7 2AG.

320170169P

3. Site Address Details			re-application Advice			
Please provide the full postal address of the application site.			ssistance or prior advice been sought from the local prity about this application?			
Unit:	House number: 9 House suffix:		rity about this application? Yes No			
			, please complete the following information about the advice vere given. (This will help the authority to deal with this			
Address 1: DOWNHAM ROAD			application more efficiently).  Please tick if the full contact details are not			
Address 2:	CHATBURN	know	n, and then complete as much as possible:			
Address 3:		Office	er name:			
Town:		Refer	rence:			
County:	LANCS		CHOO.			
Postcode (optional):	BB7 4AU.	/may set	Date (DD/MM/YYYY):			
Description of location or a grid reference. (must be completed if postcode is not known):			be pre-application submission)  Is of pre-application advice received?			
Easting:	Northing:					
Description:		- <b>     </b>				
	tion Of Your Proposal	> 55				
Please provio	de a description of the approved development as show decision in the sections below:	wn on the	decision letter, including the application reference number			
DEM	CLITION OF AN EXISTING	BULCO	ING AND THE ERECTION OF			
TWO	PETACHED DWELLINGS AND	ANNE	*,			
Reference nu	ımber: 3/2016/0711 Date of decision:	201.1	(Date must be pre-application submission) (DD/MM/0000)			
	the condition number(s) to which this application rela		submission) (DD/MM/YYYY)			
	MATERIALS.	6.	23. NETWORK RAIL.			
2. 5.	BUNDARY TREATMENTS.	7.	9			
3. 7.	PROPOSED LEVELS.	8.				
4. 10 -	DOOR/WINDOW SUPRCUNDS.	9.				
	FOUL DRAINAGE.	10.				
Has the deve	lopment already started?		Yes No			
If Yes, please state when the development started (DD/MM/YYYY):			(date must be pre-application submission)			
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. Dischard	ge Of Condition					
	le a full description and/or list of the materials/details	that are be	eing submitted for approval:			
	DISCHARGE OF CONDITIONS DOCUMENT, EXISTING TOPO SURVEY,					
5203 -	-03 REV D AND NETWORK R	AIC F	APPLICATION / INFORMATION.			
7. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition?						
	indicate which part of the condition your application r		C TO THE PAINTY CONTROCTOR			
THE PA	IRT OF THE CONDITIONS REL S RELATING TO PLOT 2 AND S	2 WILL	G TO THE ANNEX CONVERSION, BE SUBMITTED SEPERATELY.			

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:  The original and 3 copies of a completed and dated application form:	ne original and 3 copies of other plans and drawings information 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:  L Read  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: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):	Country code: National number:  D1200 423178  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):  Iou'is e @ sundefland peacocis - com					
12. Site Visit						
Can the site be seen from a public road, public footpath, bridleway of the planning authority needs to make an appointment to carry out a site visit, whom should they contact?  f Other has been selected, please provide:  Contact name:	or other public land? Yes No  Agent Applicant Other (if different from the agent/applicant's details)  Telephone number:					

Email address: