

For office use only Application No. 3/2017/03 6 4 Date received 10/4/17 (form 21/4/17) Fee paid £ 195.00 Receipt No: 2058

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

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.

	licant Name and Address	2. Agent Name and Address
Title:	MISS First name: MARGALET	Title: MR First name: MATTHEW
Last nam	e: HOWORTH	Last name: TSH
Company (optional)		Company
Unit:	House House suffix:	(optional): SUNDERLAND PEACOCK ASSOCIATES  Unit: House House
House name:	HIGHER BOYCE FARM	House suffix:
Address 1:	STONEYGATE LANE	name: HAZELMERE
ddress 2:		Address 1: PIMLICO ROAD
ddress 3:		Address 2:
own:	0.0	Address 3:
	RIBCHESTER	Town: CLITHERDE
ounty:	LANCASHIRE	County: LANCASHIRE
ountry:	united kingtom	Country: UNITED KINGDOM
stcode:	PR3 3YN	Postcode: 887- 2AG

Site Address Details ase provide the full postal address of the application site.  House number: House suffix:	4. 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
HIGHER BOYCE FARM  Idress 1: STONEY GARE LANE	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:
ddress 2:	Officer name:
idress 3:	
own: RIBCHESTER	Reference:
ounty:  Ostcode optional):  PR3 37N  rescription of location or a grid reference.  must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received?
asting: Northing: Description:	
CONVELSION OF AGRICULTULAL BUILDING	lintion
Reference number: 3/2017/0012 Date of decision Please state the condition number(s) to which this application r	elates:
1. Condition number(s) to when any to the condition number (s) to when any to	6.
4 1 2	7.
2. COUDITION No. 5. 3. COUDITION No. 4.	8.
4.	9.
5.	10.
Has the development already started?  If Yes, please state when the development started (DD/MM/Y)	Yes No (date must be pre-application submission)
Has the development been completed?	Yes No (date must be pre-application
If Yes, please state when the development was completed (DI	D/MM/YYYY): submission)
6. Discharge Of Condition  Please provide a full description and/or list of the materials/de  WENEW SCHEME OF INVESTIGATION  DOALING REC: 4874 -	etails that are being submitted for approval: , OUTCINE SCHEDULE OF WORKS,
7. Part Discharge Of Condition(s)	
7 Part Discharge Of College (5)	☐ Yes
Are you seeking to discharge only part of a condition?  If Yes, please indicate which part of the condition your applic	

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:	original and 3 copies of other plans and drawings formation 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:  Date (DD/MM/YYYY):  O6/04/2017 (date cannot be pre-application)				
10. Applicant Contact Details 11. Agent Contact Details				
Telephone numbers	Telephone numbers			
Country code: National number: Extension number:	Extension Country code: National number: number:			
01200 453118	01200 423178			
Country code: Mobile number (optional):  07854-537545	Country code: Mobile number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
Ms. howorth @ btinternet. Com	Matthew. Fish@sindercond reacock.com			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway or other public land? Yes				
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:				

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