

320170489

For office use only

Application No.

Date received 25 5 13

Fee paid £770.00 Receipt No: 0279

Council Offices, Church Walk, Clitheroe, Lancashire. BB7 2RA Tel: 01200 425111

2. Agent Name and Address

Application for Planning Permission. **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.

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&IYRS First name:		Title:	MR	First name:	PHICIP
Last name:	PCPER.		Last name	e: COT	TIER	
Company (optional):			Company (optional)	SUNDER	LANO PE	ACCOR ASSCRIATES
Unit:	House House sufficient		Unit:		louse number:	House suffix:
House name:	CYME HOUSE FARA	۸.	House name:	HAZE	ECMERE	
Address 1:			Address 1	: PIMC	ICO RI	OAO
Address 2:			Address 2	<u>:</u> :		
Address 3:	THORNCEY-WITH-WHE	ATLEY	Address 3			
Town:	LONGRIDAE		Town:	CCIT	HEROE	
County:	LANCS		County:	LAN	cs	-
Country:			Country:			
Postcode:	PR3 ZTE		Postcode:	887	2 <i>AG</i>	
				<u> </u>		
Please desc	ption of the Proposal ribe the proposed development, including opose of conversion conversion conversion.					
Please desc	ribe the proposed development, including			The second secon	25 MAY 2	
Please desc	ribe the proposed development, including	OF B		FOA 12	25 MAY 2	
Please desc	ribe the proposed development, including OPOSE O CONVERSION ELCIPUES,	OF B	ARNS	FCA 12	25 MAY 2	
Please desc PRO Obs Has the build If Yes, please work or use	ding, work or change of use already started were started (DD/MM/YYYY): ing, work or change of use been completed	0F B	ARNS	FCA 12	25 MAY 2	
Please desc PRO Obs Has the build If Yes, please work or use Has the build If Yes, please	ding, work or change of use already started state the date when building, were started (DD/MM/YYYY):	0F B	Yes	No (date must	2 5 MAY 2	

И	ddress Details	5. Pre-application Advice
Please prov	vide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit:	House House suffix:	authority about this application? Yes No
House name:	LYME HOUSE FARM	If Yes, please complete the following information about the advice
Address 1:	THORNEY-WITH-WHEATLEY	you were given. (This will help the authority to deal with this application more efficiently).
Address 2:	CHIPFING	Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:	LONGRIDGE	Officer name:
Town:	PRESTON	
County:		Reference:
Postcode (optional):	PR3 2TE	
Description (must be co	of location or a grid reference. ompleted if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting:	Northing:	Details of pre-application advice received?
Description	i e	
<u></u>		
6. Pedestri	ian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
is a new or al	Iltered vehicle access proposed ne public highway?	Do the plans incorporate areas to store
ls a new or al	Iltered pedestrian	
	osed to or from	If Yes, please provide details:
	gnway? Yes V No y new public roads to be	
provided wit	thin the site? Yes No	
Are there any	y new public	
	y to be provided acent to the site? Yes No	
Do the propo	osals require any diversions	Have arrangements been made
creation of rig		for the separate storage and collection of recyclable waste? Yes No
details on yo	ered Yes to any of the above questions, please show our plans/drawings and state the reference of the plan	If Yes, please provide details:
(s)/drawings	(s) ·	
8. Authori	ity Employee / Member	
With respect t	to the Authority, I am: (a) a member of staff (b) an elected member	Do any of these statements apply to you? Yes
	(c) related to a member of staff (d) related to an elected member	
If Yes, please	provide details of the name, relationship and role	r
}		

	Existing (where applicable)		Proposed		Not applicable	Don't Know
Walls	Ston E		STONE			
Roof	SCATE / PROFICE SMEET IN	EO VG	SLATE / F	PROFILED		
Windows	TIMBER		TIME	ER		
Doors	TIMBER		TIMBE	ER,		
Boundary treatments (e.g. fences, walls)						
Vehicle access and hard-standing						
Lighting						
Others (please specify)						- 🗆
	tional information on submitted plan ences for the plan(s)/drawing(s)/desig			ent? Yes		 No
0. Vehicle Parking						_
	nation on the existing and proposed	number of on	-site parking spaces:			
Type of Vehicle	Total To Existing		proposed (including spaces retained)	Difference in spaces		
Cars	4		IC	plus 6.		
Light goods vehic public carrier vehic	les/ cles					
Motorcycles						
Disability space	S				-	
Cycle spaces						
Other (e.g. Bus)						
Other (e.g. Bus)						-+

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of: Mains sewer Cess pit	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local
Septic tank Other	planning authority requirements for information as necessary.)
	Yes No If Yes, you will need to submit a Flood Risk Assessment to consider
Package treatment plant	the risk to the proposed site.
Are you proposing to connect to the existing drainage system?	is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere?
	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
11	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.	AGRICULTURAC.
Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved	Is the site currently vacant? Yes No
and enhanced within the application site, or on land adjacent to	If Yes, please describe the last use of the site:
or near the application site? a) Protected and priority species: Yes, on the development site Yes, on land adjacent to or near the proposed development	
☑ No	When did this use end (if known)? DD/MM/YYYY
b) Designated sites, important habitats or other biodiversity features:	(date where known may be approximate)
Yes, on the development site	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site? Yes No
Yes, on the development site Yes, on land adjacent to or near the proposed development	A proposed use that would
No	be particularly vulnerable to the presence of contamination? Yes No
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the proposed development site? Yes No	Does the proposal involve the need to dispose of trade effluents or waste? Yes You
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
development or might be important as part of the local landscape character? Yes No	
If Yes to either or both of the above, you may need to provide a full Tree Survey, at the discretion of your local planning authority. If a	
Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction. Person mendations'	

Houses		Proposed Housing								Existi	ing	Hous	sing			
Houses			 									Num	ber o	f Bedi	rooms	Tota
Flats and malsonettes	<u>-</u>	-	1	2			Unknowr		l———	\pm	1	2	3	4+	Unknowr	1
Live-work units		<u> </u>		-	12	- 1	-	1.2	l 	 _		_	<u> </u>		-	-
Cluster flats				┼—	-		-	 				ļ	ļ			
Sheltered housing				-				1	l				_			<u> </u>
Bedsit/studios		 		-		-			[
Unknown type					<u> </u>	-		 	l 	↓ □						
Not known					<u> </u>	-		-	<u> </u>				-			<u> </u>
Social Rented	Unknown type								Unknown type							
Not Number of Bedrooms Totals T	 	T	otals					2		Te	otals	;				$\Box C$
Houses		Not		Num	her of	Redr	noms	Total		Non		Microsi	hor of	: Dode		Tota
Flats and malsonettes	Social Rented		1	$\overline{}$				_	Social Rented		1					
Live-work units	Houses								Houses						<u> </u>	
Cluster flats	Flats and maisonettes								Flats and maisonettes							
Sheltered housing	Live-work units								Live-work units							
Bedsit/studios	Cluster flats								Cluster flats							_
Unknown type	Sheltered housing								Sheltered housing							
Intermediate	Bedsit/studios								Bedsit/studios							
Totals	Unknown type								Unknown type				-			
Not Not Not Nown 1 2 3 4 + Unknown 1 2 3 4 + U		To	tals			<u>. </u>	1			To	otals					
Not																
Houses	Intermediate					r			Intermediate	1		_	T			Tota
Flats and maisonettes	Houses		<u> </u>		-		OTIKITOWIT		Houses		•		3	4+	OHKHUWH	-
Live-work units	Flats and maisonettes														-	-
Cluster flats	Live-work units															_
Sheltered housing	Cluster flats															
Bedsit/studios	Sheltered housing	$\overline{\Box}$														
Unknown type		$\overline{\Box}$														
Totals Not known Number of Bedrooms Total known 1 2 3 4 + Unknown Houses Houses Houses Houses Live-work units Live-work units Cluster flats Sheltered housing Bedsit/studios Bedsit/studios Bedsit/studios Bedsit/studios Totals Key worker Not known Number of Bedrooms Number	Unknown type															
Key worker Not known Number of Bedrooms Total 1 Key worker Not known Number of Bedrooms Number of Bedrooms Houses Image: Live-work units Image: Live-work units <td< td=""><td>-5/24</td><td>To</td><td>tals</td><td></td><td></td><td></td><td></td><td></td><td>onanown type</td><td></td><td>otals</td><td></td><td></td><td></td><td></td><td></td></td<>	-5/24	To	tals						onanown type		otals					
Key Worker Known 1 2 3 4+ Unknown Houses				_			-									
Houses	Key worker							Total	Key worker							Tota
Flats and maisonettes					J	4+	OTIKITOWIT		Houses		'		3	4+	Unknown	
Live-work units	Flats and maisonettes								Flats and maisonettes	-				-		
Cluster flats Cluster flats Cluster flats Sheltered housing Bedsit/studios Bedsit/studios Bedsit/studios	Live-work units	\exists							· · · · · · · · · · · · · · · · · · ·							
Sheltered housing Sheltered housing Bedsit/studios Bedsit/studios	Cluster flats												_			
Bedsit/studios Bedsit/studios			_					\parallel								
					-											
			\dashv							-=+						
Totals	31-	To	tals					\neg	onknown type		tals					
	Total managed ::		-1 · · ·	-1A -							•					

18. All Types of Development: Non-residential Floorspace								
l ————	Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No							
If yo	If you have answered Yes to the question above please add details in the following table: Use class/type of use Use class/type of use							
U:	Use class/type of use		Existing gross internal floorspace (square metres)	ternal to be lost by change o		Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)	
A1	Shops							
	Net tradable area:							
A2	Financial and professional services							
A3	Restaurants and cafes							
A4	Drinking establishments			_				
A5	Hot food takeaways							
B1 (a)	Office (other than A2)							
B1 (b)	Research and development							
B1 (c)	Light industrial							
B2	General industrial							
B8	Storage or distribution							
C1	Hotels and halls of residence							
C2	Residential institutions				;			
D1	Non-residential institutions							
D2	Assembly and leisure							
OTHER								
Please Specify								
	Total							
In add	dition, for hotels, resident	ial ins	titutions and hos	tels, please ad	ditionally ind	licate the loss or gain of	rooms	
Use	Type of use Not applicable	Existi	ng rooms to be lo	st by change lition	Total room	s proposed (including anges of use)	Net additional rooms	
C1	Hotels				3.1	u.1905 07 200)		
	Residential Institutions							
OTHER		-						
Please Specify				-		-		
	ployment							
Please complete the following information regarding employees:								
			Full-time	I -	time		al full-time quivalent	
Exis	sting employees		^	IA			quivulon	
Prop	osed employees							
20. Hours of Opening								
Please state the hours of opening for each non-residential use proposed:								
}	Use Mo	nday	to Friday	Saturda	/	Sunday and Bank Hofidays	Not known	
				- N	A			
21. Site	Area							
Please state the site area in hectares (ha)								

22. Industrial or Commercial Processes and Machinery								
be carried out on the site and the end produ	Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:							
Is the proposal a waste management develo	pmei	nt? Yes	☐ No					
If the answer is Yes, please complete the foll	owing	g table:	<u> </u>					
	Not applicable	The total capa including engin allowance for o tonnes if solid	city of the void in eering surcharge cover or restoration I waste or litres if	and making no on material (or	Maximum annual operational throughput in tonnes (or litres if liquid waste)			
inert landfill								
Non-hazardous landfill								
Hazardous landfill		-						
Energy from waste incineration								
Other incineration								
Landfill gas generation plant								
Pyrolysis/gasification								
Metal recycling site			٧,					
Transfer stations			ان					
Material recovery/recycling facilities (MRFs)								
Household civic amenity sites								
Open windrow composting								
In-vessel composting								
Anaerobic digestion Any combined mechanical, biological and/ or thermal treatment (MBT)		-/-						
Sewage treatment works								
Other treatment	A							
Recycling facilities construction, demolition and excavation waste								
Storage of waste								
Other waste management								
Other developments								
Please provide the maximum annual operati	onal t	hroughput of the	following waste	streams:				
Municipal								
Construction, demolition and e		tion ——–						
Commercial and industr	ial							
Hazardous If this is a landfill application you will need to planning authority should make clear what i	o prov	ride further inform	nation before you	ur application car	n be determined. Your waste			
								
23. Hazardous Substances Does the proposal involve the use or storage			□ N-	Not applica	LI.			
the following materials in the quantities state If Yes, please provide the amount of each sub-		_	∏ No f:	Not applica	oie			
Acrylonitrile (tonnes)	Et	hylene oxide (tor	nnes)]	Phosgene (tonnes)			
Ammonia (tonnes) Hydrogen cyanide (tonnes) Sulphur dioxide (tonnes)								
Bromine (tonnes)	L	iquid oxygen (tor	nnes)]	Flour (tonnes)			
Chlorine (tonnes) Liq	luid p	etroleum gas (tor	nnes)	Refined	d white sugar (tonnes)			
Other:			Other:					
Amount (tonnes):			Amount (ton	nes):				

\$Date:: 2013-04-30 #\$ \$Revision: 5504 \$

wnership 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.									
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):							
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.									
Name of Owner /-Agricultural Tenant	Address	Date Notice Served							
MR AND MRS COPER	LYME HOUSE FARM, THORNCEY WITH WHEATLEY, CONGRIDGE, PR3 2TE	01/05/17							
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):							
	P.P L head	25/05/17							

24. Ownership Certificates and Agricultural Land Declaration (continued)							
Town and Country Planning (Develor	CERTIFICATE OF OWNER pment Management Pr		er 2010 Certificate un	der Article 12			
Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application							
 All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of 							
the land or building, or of a part of it, but I have/ the applicant has been unable to do so.							
The steps taken were:							
The steps taken were:		<u> </u>		· · ·			
Name of Owner / Agricultural Tenant		Address		Date Notice Served			
				<u> </u>			
Notice of the application has been published	in the following newspa	per On the fo	ollowing date (which m	ust not be earlier			
(circulating in the area where the land is situa	itea):	inan 21 c	days before the date of	the application):			
				Date (DD/MM/YYYY):			
Signed - Applicant:	- Applicant: Or signed - Agent:						
CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 i certify/ The applicant certifies that:							
The steps taken were:							
		. <u> </u>					
Notice of the application has been published i (circulating in the area where the land is situat		oer On the fo	ollowing date (which m days before the date of	ust not be earlier			
Condition of the condit			days bololo illo date of	the applications.			
Clared Applicant	Oneimond			-t- (DD /h # 400000			
Signed - Applicant:	Or signed - /	Agent:	U	ate (DD/MM/YYYY):			
25. Planning Application Requirements - Checklist							
Please read the following checklist to make su information required will result in your application. Planning Authority has been submit	ire you have sent all the i ation being deemed inva	nformation in support o lid. It will not be conside	f your proposal. Failure ered valid until all inforr	to submit all nation required by			
The original and 3 copies of a completed and	dated	The correct fee:		∵			
application form: The original and 3 copies of a design and access state				_			
The original and 3 copies of the plan which ide the land to which the application relates draw	entifies In to an	if required (see help t	ext and guidance notes	for details):			
identified scale and showing the direction of N	North:	The original and 3 cop	pies of the completed, o	dated			
Ownership Certificate (A, B, C or D – as applicable) The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:							

26. 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 genuine opinions of the person(s) giving them.	nis form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the						
Signed - Applicant: Or signed - Agent:	Date (DĐ/MM/YYYY):						
PPLR	ead 12/05/17 (date cannot be pre-application)						
27. Applicant Contact Details	28. Agent Contact Details						
Telephone numbers	Telephone numbers						
Country code: National number: Extension number:	Country code: National number: Extension number:						
	01200 423178						
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):						
29. 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?	Agent Applicant Other (if different from the agent/applicant's details)						
If Other has been selected, please provide:	agent/applicant 3 details)						
Contact name:	Telephone number:						
Email address:							