

For office use or	lly 1
Application No.	3 2017 0838
Date received	1.9.17
Fee paid £ 172	Receipt No: 0286

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.

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

1. Applicant Name and Address	2. Agent Name and Address	
Title: First name: N	Title: First name: R	
Last name: BYRNE	Last name: MAYDSUTY	
Company (optional):	Company (optional): SPA ARCHITECTS	
Unit: House number: 1 House suffix:	Unit: House House suffix:	
House name:	House name: HAZELMERE	
Address 1: BEECH GROVE	Address 1: PMLICO ROAD	
Address 2: CHATBURN	Address 2:	
Address 3:	Address 3:	
TOWN: CLITHEROE	Town: CLITHEROE	
County:	County:	
Country:	Country:	
Postcode: BB7 4AR	Postcode: BB7 2AG	
3. Description of Proposed Works  Please describe the proposed works:  PROPOSED RAISING OF ROOF, INCORPORATION OF EXPERIMAL STORE, PAMENDMENT TO ENTRANCE PORCHEDIANNING  1 SEP 2017  ATTENTION OF		
	\$Date:: 2013-04-30 #\$ \$Revision: 5504 \$	

3. Description of Proposed Works (continued)	
Has the work already started?	0
If Yes, please state when the work was started (DD/MM/YYYY):	
Has the work already been completed?	(date must be pre-application submission o
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 Wa
Please provide the full postal address of the application site.	Is a new or altered vehicle access
Unit: House number: 4 House suffix:	proposed to or from the public highway? Yes No
House name:	Is a new or altered pedestrian access proposed to or from the public highway? Yes No
Address 1: BUTCH GIROVE	Do the proposals require any diversions, extinguishments and/or creation of public
Address 2: CHATBURN	rights of way?
Address 3:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town:	
County: CLITHEROE	
Postcode (optional): BB7 4AR	
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:	7. Trees and Hedges  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:
MR JOHN MACHOLC  Reference:	
Date (DD MM YYYY): must be pre-application submission) Details of the pre-application advice received:  EMAIL SENT TO CHENT CONFIRMING PROPOSAL, FOLLOWING SITE MSIT.	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.
xisting car parking arrangements?  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  9. Authority Employee / Member  Do any of these statements apply to you?  Yes  No
1.1	If Yes, please provide details of the name, relationship and role

	Existing (where applicable)	Proposed	Not	Don't Know
Walls	RANDOM STONE #70SED MAND POINTED WHITE.	TO MATCH BUSTING.		
Roof	SLATE	TO MATCH EXISTING AND RE-USE OF EXISTING		
Windows	TIMBER - STAINED + PAINTED WHITE.	TO MATCH EXISTING.	<b>S</b>	
Doors	STAINTS + PAINTED TIMBER.	TO MATCHEXISTING.		
Boundary treatments (e.g. fences, walls)			×	
Vehicle access and hard-standing			R	
Lighting			A	
Others please specify)	ROOF-LIGHTS SOFTWOOD TIMBER FASCINS WITH BLACK UPVC KAINWATER GOODS.	CONSTRUCTION VELUX. TO MATCH EXISTING.		
re you supplying addi Yes, please state refer	tional information on submitted plan(s)/drawing(s) rences for the plan(s)/drawing(s)/design and access	/design and access statement? Yes statement:		] No

## 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\*\*

is part of all agricultural floraling		
NOTE: You should sign Certificate B, C or D, as application relates but the land is, or is part of	appropriate, if you are the sole owner of the land, an agricultural holding.	d or building to which the
* "owner" is a person with a freehold interest or leas ** "agricultural holding" has the meaning given by	ehold interest with at least 7 years left to run. reference to the definition of "agricultural tenant" in se	ection 65(8) of the Act.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	SUNDARUMD PERCO	
I certify/ The applicant certifies that I have/the applicant certifies that I have/the application, was the application relates.  * "owner" is a person with a freehold interest or least	TIFICATE OF OWNERSHIP - CERTIFICATE Bent Management Procedure) (England) Order 20' oplicant has given the requisite notice to everyone the owner* and/or agricultural tenant** of any particular of any particular interest with at least 7 years left to run. oction 65(8) of the Town and Country Planning Act 1990	else (as listed below) who, on the day t of the land or building to which this
Name of Owner / Agricultural Tenant	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

<ul> <li>Neither Certificate A or B can be</li> <li>All reasonable steps have been</li> </ul>	CERTIFICATE OF OWNERSHIP - Cevelopment Management Procedure e issued for this application taken to find out the names and addre t of it, but I have/ the applicant has bee est or leasehold interest with at least 7 years	CERTIFICATE C ) (England) Order 2010 Ce sses of the other owners* a n unable to do so.	
Name of Owner / Agricultural Tenant	Addre	255	Date Notice Served
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):  On the following date (which must not be earlier than 21 days before the date of the application):			
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
<ul> <li>Certify/ The applicant certifies that:</li> <li>Certificate A cannot be issued for</li> <li>All reasonable steps have been ta</li> </ul>	ken to find out the names and address owner* and/or agricultural tenant** of able to do so. t or leasehold interest with at least 7 year	es of everyone else who, or any part of the land to whice	o the day 21 days before the
Notice of the application has been publisl (circulating in the area where the land is s	hed in the following newspaper ituated):	On the following date than 21 days before t	e (which must not be earlier the date of the application):
Signad Applicant			
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
12 Planning Application Daniel	amounts Charlettet		
12. Planning Application Requir Please read the following checklist to mak information required will result in your ap the Local Planning Authority has been sul	ke sure you have sent all the information plication being deemed invalid. It will	n in support of your propos not be considered valid unt	al. Failure to submit all til all information required by
The original and 3 copies of a completed and dated application form: The original and 3 copies of a plan which identifies the land to which the applicatio relates drawn to an identified scale and showing the direction of North:	The original and 3 copies of a design and access statement if proposed works fall within a	The original ar	nd 3 copies of the ated Ownership

13. Declaration	
I/we hereby apply for planning permission/consent as described in the	det former alaboration of the state of the s
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	and the accompanying plans/grawings and additional vifacts stated are true and accurate and any opinions given are the
genuine opinions of the person(s) giving them.	
Signed - Applicant: Or signed - Agent:	
	ON BEHAUT OF SI 08 2017 (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:
	01200 423 178 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):	Email address (optional):
	richard@sunderlandpeacock.com
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or	r other public land? Yes No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? ( <i>Please select only one</i> )	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	agenty applicant 3 details)
Contact name:	Telephone number:
Email address:	