

For office use only
Application No. 3/2018/04/3

Date received 15-5-18

Fee paid £ 116-10 Receipt No: 030347

Council Offices, Church Walk, Clitheroe, Lancashire, BB7 2RA

Tel: 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

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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: | Title: First name: |
| Last name: | | Last name: |
| Company (optional): | JJ Construction (NW) Ltd | Company (optional): |
| Unit: | House number: House suffix: | Unit: House House suffix: |
| House name: | | House name: |
| Address 1: | POBOX 9442 | Address 1: |
| Address 2: | Sleaford | Address 2: |
| Address 3: | Lmcs | Address 3: |
| Town: | | Town: |
| County: | Lincs | County: |
| Country: | England | Country: |
| Postcode: | NG344DB | Postcode: |

| 3. Site Address Details | 4. Pre-application Advice Has assistance or prior advice been sought from the local |
|---|--|
| Please provide the full postal address of the application site. | Has assistance or prior advice been sought to authority about this application? Yes No |
| Unit: House number: House suffix: | If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this |
| House name: | Language of the second of the |
| Address 1: Hare Hill Croft | Please tick if the full contact details are not known, and then complete as much as possible: |
| Address 2: Old Road | Officer name: |
| Address 3: Chaloum | Officer flame. |
| Town: ditheroe | Reference: |
| County: Lancs | |
| Postcode BB7 4AB | Date (DD/MM/YYYY): (must be pre-application submission) |
| Description of location or a grid reference. | Details of pre-application advice received? |
| (must be completed if postcode is not known): Fasting: Northing: | |
| Description: | |
| Description | |
| | |
| 5. Description Of Your Proposal | |
| Please provide a description of the approved development as sho | wn on the decision letter, including the application reference number |
| and date of decision in the sections below: | |
| | |
| | (Date must be pre-application |
| Reference number: 3/2016/0984 Date of decision | submission) (DD/MM/YYYY) |
| Please state the condition number(s) to which this application rel | ates: |
| 1. Six | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |
| Has the development already started? | Yes No |
| If Yes, please state when the development started (DD/MM/YYY | Y): March 2016 (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) |
| If Yes, please state when the development was some | |
| 6. Discharge Of Condition | that a translation or horistood for approval: |
| Please provide a full description and/or list of the materials/deta | alls that are being submitted for approval. |
| Please see attached druwing | And the second s |
| | |
| 7. Part Discharge Of Condition(s) | TAYON IN NO |
| Are you seeking to discharge only part of a condition? | Yes No |
| If Yes, please indicate which part of the condition your applicant | racperare systems |
| Change of tour to impacible notion | = of installing Sochanay System |
| Combined due to impossible nature As advised enteria as issued by | United Ublifes SDate: 2007/08/22 15:20:09 \$ \$Revision: 1:20 \$ |
| HS gaussea chieving is in | |

| 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. | | | |
|--|--|--|--|
| 3 copies of a completed and dated application form: 3 copies of other plans and drawings or information necessary to describe the subject of the application: | | | |
| 9. Declaration | | | |
| I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. | | | |
| Signed - Applicant: Or signed - Agent: | | | |
| 480 | | | |
| Date (DD/MM/YYYY): | | | |
| (date cannot be pre-application) | | | |
| 10. Applicant Contact Details 11. Agent Contact Details | | | |
| Telephone numbers Extension Telephone numbers | | | |
| Country code: National number: Extension number: 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): | | | |
| E-mail address (optional): | | | |
| 12. Site Visit | | | |
| Can the site be seen from a public road, public footpath, bridleway or other public land? | | | |
| 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 | | | |
| If Other has been selected, please provide: | | | |
| Contact name: Telephone number: | | | |
| | | | |
| Email address: | | | |

