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| For office use only Application No. |                    |
|-------------------------------------|--------------------|
| Date received 76                    | 18<br>pt No: 03048 |

Council Offices & hurch Walk. Clitheroe, Lancashire. BB7 2R/

1: 01200 425111 www.ribblevalle

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.

| i. Applic              | ant Name and Address   | 2. Agent Name and Address                  |
|------------------------|------------------------|--------------------------------------------|
| Title:                 | MR First name:         | Title: MR First name: DAVID                |
| Last name:             | ROPER                  | Last name: WRIGLEY                         |
| Company<br>(optional): |                        | Company (optional): DAVID WRIGLEY PLANNING |
| Unit:                  | House House suffix:    | Unit: House House suffix:                  |
| House<br>name:         |                        | House name:                                |
| Address 1:             | LYME HOUSE FARM        | Address 1: FAIRFIELD BUSINESS PARK         |
| Address 2:             | THORNLEY-WITH-WHEATLEY | Address 2: LONGSIGHT ROAD                  |
| Address 3:             | LONGRIDGE              | Address 3: CLAYTON - LE - DALE             |
| Town:                  | PRESTON                | Town: BLACKBURN                            |
| County:                | LANCASHIRE             | County: LANCASHIRE                         |
| Country:               |                        | Country:                                   |
| Postcode:              | PR3 2TE MANNI          | Postcode: 882 75A                          |
|                        | 0 7 JUN 20             | 18                                         |
|                        | FOR That ATTENTION OF  |                                            |

| S Sito A                                                                                                      | ddress Details                                                                          |           |                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|--|
| Please provide the full postal address of the application site.                                               |                                                                                         |           | Pre-application Advice assistance or prior advice been sought from the local                                              |  |
| Unit:                                                                                                         | House House                                                                             | auti      | nority about this application?                                                                                            |  |
| House                                                                                                         | number: suffix:                                                                         |           |                                                                                                                           |  |
| name:                                                                                                         |                                                                                         | you       | s, please complete the following information about the advice were given. (This will help the authority to deal with this |  |
| Address 1:                                                                                                    | LYME HOUSE FARM                                                                         | app       | lication more efficiently). se tick if the full contact details are not                                                   |  |
| Address 2:                                                                                                    | THORNLEY-WITH-WHEATLEY                                                                  |           | wn, and then complete as much as possible:                                                                                |  |
| Address 3:                                                                                                    | LONGRIDGE                                                                               | Offi      | Cer name:                                                                                                                 |  |
| Town:                                                                                                         | PRESTON                                                                                 | ]  <br>   | erence:                                                                                                                   |  |
| County:                                                                                                       | LANCASHIRE                                                                              |           | reice:                                                                                                                    |  |
| Postcode (optional):                                                                                          | PR3 2TE                                                                                 |           | Date (DD/MM/YYYY):                                                                                                        |  |
| Description                                                                                                   | of location or a grid reference                                                         | 11        | t be pre-application submission)                                                                                          |  |
|                                                                                                               | mpleted if postcode is not known):                                                      | Deta      | ils of pre-application advice received?                                                                                   |  |
| Easting:                                                                                                      | Northing:                                                                               |           |                                                                                                                           |  |
| Description:                                                                                                  |                                                                                         | ,         | ļ                                                                                                                         |  |
|                                                                                                               |                                                                                         |           |                                                                                                                           |  |
|                                                                                                               |                                                                                         |           |                                                                                                                           |  |
| 5. Descrip                                                                                                    | tion Of Your Proposal                                                                   |           |                                                                                                                           |  |
| Please provid                                                                                                 | de a description of the approved development as show<br>decision in the sections below: | vn on the | decision letter, including the application reference number                                                               |  |
| PROPO                                                                                                         |                                                                                         |           |                                                                                                                           |  |
| ,,,,,,,                                                                                                       | SED CONVERSION OF BARNS                                                                 | TO.       | TWO NEW DWELLINGS                                                                                                         |  |
|                                                                                                               |                                                                                         |           |                                                                                                                           |  |
| Reference nu                                                                                                  | imber: 3/2017 / 0489 Date of decision:                                                  | 10/       | 7 /2017 (Date must be pre-application                                                                                     |  |
|                                                                                                               | 10/2011/0484 Date of decision.                                                          |           | submission) (DD/MM/YYYY)                                                                                                  |  |
| 1 1                                                                                                           | the condition number(s) to which this application relat  **DITION 5 - BIRD + BAT BOXES  | es:<br>6. |                                                                                                                           |  |
| 1 3 1                                                                                                         |                                                                                         | 7.        |                                                                                                                           |  |
| 3.                                                                                                            | DITION 18 - ARCHAEOLOGY RECORD                                                          | 8.        |                                                                                                                           |  |
| 4.                                                                                                            |                                                                                         | 9.        |                                                                                                                           |  |
| 5.                                                                                                            |                                                                                         | 10.       |                                                                                                                           |  |
| Has the deve                                                                                                  | lopment already started?                                                                | 10.       |                                                                                                                           |  |
|                                                                                                               |                                                                                         | ł         | Yes No                                                                                                                    |  |
| If Yes, please state when the development started (DD/MM/YYYY): (date must be pre-application submission)     |                                                                                         |           |                                                                                                                           |  |
| Has the development been completed?                                                                           |                                                                                         |           |                                                                                                                           |  |
| If Yes, please                                                                                                | state when the development was completed (DD/MM,                                        | /YYY):    | (date must be pre-application submission)                                                                                 |  |
| 5. Discharge Of Condition                                                                                     |                                                                                         |           |                                                                                                                           |  |
| Please provide a full description and/or list of the materials/details that are being submitted for approval: |                                                                                         |           |                                                                                                                           |  |
| PLEASE SEE ATTACHED STATEMENT                                                                                 |                                                                                         |           |                                                                                                                           |  |
|                                                                                                               |                                                                                         |           |                                                                                                                           |  |
| . Part Discharge Of Condition(s)                                                                              |                                                                                         |           |                                                                                                                           |  |
| Are you seeking to discharge only part of a condition?  Yes Vo                                                |                                                                                         |           |                                                                                                                           |  |
| t Yes, please i                                                                                               | ndicate which part of the condition your application re                                 | lates to: |                                                                                                                           |  |
|                                                                                                               |                                                                                         |           |                                                                                                                           |  |
|                                                                                                               |                                                                                         |           |                                                                                                                           |  |

| 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 \$ copies of a completed and dated application form:  The original and \$ copies of a completed and dated application form:                                                                                                                                                                                        | original and \$ copies of other plans and drawings  of ormation 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 Signed - Applicant:  Or signed - Agent:       |                                                                                                                                                                                                                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     | P.J Wrighey                                                                                                                                                                                                              |  |  |  |
| Date (DD/MM/YYYY):  28/05/2018 (date cannot be pre-application)                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          |  |  |  |
| 10. Applicant Contact Details                                                                                                                                                                                                                                                                                                       | 11. Agent Contact Details                                                                                                                                                                                                |  |  |  |
| Country code: National number: Extension number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):                                                                                                                                                                          | Telephone numbers  Country code: National number: Extension number:  Country code: Mobile number (optional):  O7 9 76 780641  Country code: Fax number (optional):  Email address (optional):  david @ dw planning.co.uk |  |  |  |
| 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)  If Other has been selected, please provide:  Contact page 1.                                       |                                                                                                                                                                                                                          |  |  |  |
| Contact name:                                                                                                                                                                                                                                                                                                                       | Telephone number:                                                                                                                                                                                                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                          |  |  |  |
| Email address:                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          |  |  |  |