|                                  |                              | For office use<br>Application No<br>Date received | D.                      |
|----------------------------------|------------------------------|---|-------------------------|
| RIBBLE VALLEY<br>BOROUGH COUNCIL |                              | Fee paid £  | Receipt No:             |
| Council Offices Church Walk      | Clitheroe Lancashire BB7 2RA | Tel: 01200 425111                                 | www.ribblevallev.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 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.

| 1. Applicant N   | ame, Address ar        | nd Contact Details |                |          |        |
|------------------|------------------------|--------------------|----------------|----------|--------|
| Title: Mrs       | First Name:            | Amanda             |                | Surname: | Oakden |
| Company name:    | c/o Chipping Home      | es Ltd             |                |          |        |
| Street address:  | Units A2-A6Edge F      | old Ind Estate     |                |          |        |
|                  | Plodder Lane           |                    | Telephone numb | oer:     |        |
|                  | Farnworth              |                    | Mobile number: |          |        |
| Town/City:       | Bolton                 |                    | Fax number:    |          |        |
| Country:         | United Kingdom         |                    | Email address: |          |        |
| Postcode:        | BL4 0LR                |                    |                |          |        |
| Are you an agent | acting on behalf of th | ne applicant?      | 💿 Yes 🔾 N      | 10       |        |

| 2. Agent Name   | e, Address and C  | Contact Details |                |                |         |  |
|-----------------|-------------------|-----------------|----------------|----------------|---------|--|
| Title: Mrs      | First Name:       | Amanda          |                | Surname:       | Oakden  |  |
| Company name:   | c/o Chipping Home | s Ltd           |                |                |         |  |
| Street address: | Units A2-A6Edge F | old Ind Estate  |                |                |         |  |
|                 | Plodder Lane      |                 | Telephone numb | oer: 0781      | 1132985 |  |
|                 | Farnworth         |                 | Mobile number: |                |         |  |
| Town/City:      | Bolton            |                 | Fax number:    |                |         |  |
| Country:        | United Kingdom    |                 | Email address: |                |         |  |
| Postcode:       | BL4 0LR           |                 | amanda@chad    | kirkconsulting | I.co.uk |  |

| 3. Site Addres                        | s Def                 | tails  |                |   |           |                   |         |             |                  |                  |             |               |
|---------------------------------------|-----------------------|--|----------------|---|-----------|-------------------|---------|-------------|------------------|------------------|-------------|---------------|
|                                       |                       | ans  |                |   |           |                   |         |             |                  |                  |             |               |
| Full postal addre                     | ss of th              | e site (includ                                       | ing full postr | code where availa   | able)     | Description:      |         |             |                  |                  |             |               |
| House:                                |                       |  | Suffix:        |   |           |                   |         |             |                  |                  |             |               |
| House name:                           | Land :                | south of Chur  | ch Raike       |   |           |                   |         |             |                  |                  |             |               |
| Street address:                       | Churc                 | h Raike  |                |   | Ī         |                   |         |             |                  |                  |             |               |
|                                       |                       |  |                |   |           |                   |         |             |                  |                  |             |               |
|                                       |                       |  |                |   | $\exists$ |                   |         |             |                  |                  |             |               |
| Town/City:                            | Chippi                | ing  |                |   |           |                   |         |             |                  |                  |             |               |
| Postcode:                             | PR3 2                 | 2QL  |                |   |           |                   |         |             |                  |                  |             |               |
| Description of lo<br>(must be comple  |                       |  |                |   |           |                   |         |             |                  |                  |             |               |
| Easting:                              | 36214                 | 18   |                |   |           |                   |         |             |                  |                  |             |               |
| Northing:                             | 44337                 | '1   |                |   |           |                   |         |             |                  |                  |             |               |
|                                       |                       |  |                |   |           |                   |         |             |                  |                  |             |               |
|                                       | mplete                | the following First name: 20/06/2018 cation advice r | Robert         | the local authorit<br>about the advice<br>t<br>t<br>t be pre-applicatio | you were  | e given (this wil | ll help | the authori |                  | No<br>his applic | cation more | efficiently): |
|                                       |                       |  |                |   |           |                   |         |             |                  |                  |             |               |
| · · · · · · · · · · · · · · · · · · · | ı descrip<br>rs appli | ption of the ap                                      | pproved dev    | velopment as sho<br>planning permissi                                   |           |                   |         | al developm | tent of 39 dwell | ings inclu       | uding appe  | arance,       |
| Application refere                    | ence ni               | umber:   | 3/2017/        | /0183   |           |                   |         | Dat         | te of decision:  | 22/1;            | 2/2017      |               |
| Please state the<br>Condition numbe   |                       | on number(s)   | to which thi   | is application rela   | ites:     |                   |         |             |                  |                  |             |               |
| 16- drainage                          | 1(3).                 |  |                |   |           |                   |         |             |                  |                  |             |               |
| Has the developr                      | nent al               | ready started  | l? 🔾 Ye        | es 🖲 No   |           |                   |         |             |                  |                  |             |               |

## 6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval: Please see covering letter

| 7. Part Discharge of Condition(s)                      |            |
|--|------------|
| Are you seeking to discharge only part of a condition? | 🔾 Yes 💿 No |

| 8. Site Visit                              |  |                                      |  |
|--|--|--------------------------------------|--|
|  | ublic footpath, bridleway or other public land?        | • Yes O No                           |  |
| If the planning authority needs to make an | appointment to carry out a site visit, whom should the | ey contact? (Please select only one) |  |
| The agent Q The applicant                  | Other person   |                                      |  |
|  |  |                                      |  |
|  |  |                                      |  |

## 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 | 1 | Date | 21/06/2018 |
| true and accurate and any opinions given are the genuine opinions of the person(s) giving them.               | Ţ | Date |            |