



RIBBLE VALLEY
BOROUGH COUNCIL

Council Offices, Church Walk, Clitheroe, Lancashire, BB7 2RA Tel: 01200 425111 www.ribblevalley.gov.uk

For office use only

Application No. 31201870894

Date received 21/01/18

Fee paid £ Receipt No. _____

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.

1. Applicant Name and Address

Title: <input type="text" value="MR"/>	First name: <input type="text" value="FRANCIS"/>	
Last name: <input type="text" value="NOON"/>		
Company (optional): <input type="text"/>		
Unit: <input type="text"/>	House number: <input type="text" value="13-i5"/>	House suffix: <input type="text"/>
House name: <input type="text" value="YEW TREE COTTAGE"/>		
Address 1: <input type="text" value="HELLIFIELD RD,"/>		
Address 2: <input type="text" value="BOLTON BY BONWAND"/>		
Address 3: <input type="text"/>		
Town: <input type="text" value="CLITHEROE"/>		
County: <input type="text" value="LANCASHIRE"/>		
Country: <input type="text" value="ENGLAND"/>		
Postcode: <input type="text" value="BB7 4NS"/>		

2. Agent Name and Address

Title: <input type="text"/>	First name: <input type="text"/>	
Last name: <input type="text"/>		
Company (optional): <input type="text"/>		
Unit: <input type="text"/>	House number: <input type="text"/>	House suffix: <input type="text"/>
House name: <input type="text"/>		
Address 1: <input type="text"/>		
Address 2: <input type="text"/>		
Address 3: <input type="text"/>		
Town: <input type="text"/>		
County: <input type="text"/>		
Country: <input type="text"/>		
Postcode: <input type="text"/>		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: 13-15 House suffix:

House name: YEW TREE COTTAGE

Address 1: HENFIELD RD.

Address 2: BELTON BY BOWARD

Address 3:

Town: CLITHEROE

County: LANCASHIRE

Postcode (optional): BB7 4NS

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description: GRADE II LISTED DWELLING HOUSE

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

REMEDIAL WORK TO BE CONDUCTED ON TO GABLE END WHICH WAS CRACKING
ANY BUILDING AND PRESENTED A HEALTH AND SAFETY RISK TO THE OCCUPANTS
AND THEIR PARTIES.

Reference number: 3/2018/0568 Date of decision: 07/09/2018 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	MUST BEGIN WITHIN 3 YEARS.	6.	WALL TO BE REBUILT WITHIN 12M OF COMPLETION.
2.	MUST BE IN ACCORDANCE WITH PLANS OF 03/7/18	7.	
3.	IF BATS ARE FOUND CONSULT BIOLOGIST	8.	
4.	SAMPLES OF MATERIALS TO BE SUBMITTED.	9.	
5.	PROPOSED SPECIAL WORKS TO BE APPROVED.	10.	

Has the development already started?

Yes No *Health and Safety Notice from RBC*

If Yes, please state when the development started (DD/MM/YYYY): 04/09/2018 (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)

6. Discharge Of Condition

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

DESCRIPTION IN ACCOMPANYING SUMMARY LETTER FROM STRUCTURAL ENGINEER

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition?

Yes No

If Yes, please indicate which part of the condition your application relates to:

Application Requirements - Checklist

following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all required will result in your application being deemed invalid. It will not be considered valid until all information required by Planning Authority has been submitted.

1 and 3 copies of a signed and dated application form:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

Correct fee:

Declaration

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 genuine opinions of the person(s) giving them.

Or signed - Agent:

<input type="checkbox"/>	<input type="checkbox"/>
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cation)

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

bridleway or other public land? Yes No

to carry only one) Agent Applicant Other (if different from the agent/applicant's details)

Telephone number:

Email address:

8. Planning A
Please read the
information re
the Local Pla
The origina
complete
The co

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