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<u>For office use only</u>	
Application No.	
Date received	Card 4.10.18
Fee paid £34	Receipt No: 031236

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

PLANNING	
04 OCT 2018	
FOR THE ATTENTION OF	

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](http://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.

<b>1. Applicant Name and Address</b>			
Title:	MR	First name:	GEORGE + SALLY
Last name:	BLENKINSHIP		
Company (optional):			
Unit:	House number:	House suffix:	
House name:	THE COACH HOUSE		
Address 1:	CLITHEROE ROAD		
Address 2:	WADDINGTON		
Address 3:			
Town:	CLITHEROE		
County:	LANCASHIRE		
Country:			
Postcode:	BB7 3HQ		

<b>2. Agent Name and Address</b>			
Title:	MRS	First name:	JEMA
Last name:	THOMAS		
Company (optional):	THE INTELLIGENT DESIGN CENTRE		
Unit:	House number:	House suffix:	
House name:			
Address 1:	EAGLE STREET		
Address 2:			
Address 3:			
Town:	ACCRINGTON		
County:	LANCASHIRE		
Country:			
Postcode:	BB5 1LN		

**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:

**6. Discharge Of Condition**

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

MATERIALS ARE TO MATCH EXISTING HOUSE AND ARE AVAILABLE FOR INSPECTION ON SITE.  
 ROOF - NATURAL SLATE  
 WALLS - NATURAL STONE

Has the development already started?  Yes  No

If Yes, please state when the development started (DD/MM/YYYY): 01/10/2018 (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)

Reference number: 3/2018/0249 Date of decision: 30/5/2018 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	CONDITION 3 - EXISTING SURFACE DETAILS + SPECIFICATIONS	6.
2.		7.
3.		8.
4.		9.
5.		10.

**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:

SINGLE STOREY SIDE EXTENSION TO FORM A NEW PORCH AND THE CONSTRUCTION OF A CANOPY OVER THE EXISTING SINGLE STOREY EXTENSION TO THE REAR OF THE PROPERTY.

**4. 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 as possible:

Officer name: MRS RACHEL HORTON

Reference: (must be pre-application submission) (DD/MM/YYYY):

Date (DD/MM/YYYY):

Details of pre-application advice received?

**3. Site Address Details**

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name: THE COACH HOUSE

Address 1: CUTCROFT ROAD

Address 2: WADDINGTON

Address 3:

Town: CUTCROFT

County: LAWCASHIRE

Postcode (optional): BB7 3HQ

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

Easting: Northing:

Description:

### 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 3 copies of a completed and dated application form:

The original and 3 copies of other plans and drawings or information 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 genuine opinions of the person(s) giving them.

Signed - Applicant:

Or signed - Agent: FOR + ON BEHALF OF THE WELLERJET CENTRE

*Ll Iwanas.*

Date (DD/MM/YYYY):

04/10/2018

(date cannot be pre-application)

### 10. Applicant Contact Details

Telephone numbers

Country code:  National number:  Extension number:

Country code:  Mobile number (optional):

Country code:  Fax number (optional):

Email address (optional):

### 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):

### 12. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?  Yes  No

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 agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

MR CRAIG BUCK

07415 103576

Email address:  craig.buck@email-idc.co.uk

