

For office use only Application No. 3 /2018 /09 36.

Date received

Fee paid £

Receipt No:

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. Applica	ant Name and Address	2. Agent Name and Address		
Title:	First name: IREAW	Title: W First name: 505E		
Last name:	Amient	Last name: CARRERA		
Company (optional):		Company (optional): Cornera Project-Management-		
Unit:	House House suffix:	Unit: House number: House suffix:		
House name:	KHOWIR TOP	House name:		
Address 1:		Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	Pendlellon.	Town:		
County:		County:		
Country:		Country:		
Postcode:	BB7 IPU.	Postcode: BBIP 6TS		

3. Site Address Details				-application Advice		
Please provide the full postal address of the application site.			Has assi	istance or prior advice been sought from the local ty about this application?		
Unit:	House number:	House suffix:				
House name:	KNOWLE TO	0 P ·	you wer	olease complete the following information about the advice re given. (This will help the authority to deal with this		
Address 1:	# 1		applicat	tion more efficiently). tick if the full contact details are not		
Address 2:			known,	and then complete as much as possible:		
Address 3:			Officer			
Town:			Referer	NOAM BIRKETT.		
County:				3/2017/1093.		
Postcode (optional):	BB7 IPU		(must b	Date (DD/MM/YYYY): De pre-application submission) 18-10-18		
Description	of location or a grid reference. mpleted if postcode is not known):			s of pre-application advice received?		
Easting:	Northing:			a a		
Description						
ll p	HNEX					
<u></u>						
5. Descrip	ption Of Your Proposal			Line and line time traffer and number		
Please prov	ide a description of the approved d	levelopment as shown	on the d	decision letter, including the application reference number		
and date of	SEMUVAL OS EXTERNOE V	Conditi	ONS	Site Visit		
	15-1 TO CAROL 1	in a horizal c		586		
	LX Per rices	1		(Date must be pre-application		
Reference r		Date of decision:	Ĺ	submission) (DD/MM/YYYY)		
Please state	e the condition number(s) to which	this application relate				
1.	ROOF		6.			
2.	WINDOWS:		7.	,		
3.			8.			
4.			9.			
5.	*		10.			
Has the de	velopment already started?		ì	Yes No (date must be pre-application		
If Yes, plea	ase state when the development sta	arted (DD/MM/YYYY):		submission)		
	Has the development been completed?					
If Yes, plea	If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
G. Disale	C. D. Janes Of Condition					
Please pro	6. Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval:					
	1 lease provide a fair deserve					
	(5).					
- D. D. Of Candition(c)						
7. Part Discharge Of Condition(s) Yes No						
Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application relates to:						
1. 1 00/ pio						
			•			

\$Date: 2007/08/22 15:20:09 \$ \$Revision: 1.20 \$

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						
o dobies of a southboard area application form.	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						
	1/ Karres.						
Date (DD/MM/YYYY):							
	•						
10. Applicant Contact Details	11. Agent Contact Details						
Telephone numbers	Telephone numbers						
Country code: National number: Extension number:	Country code: National number: Extension number:						
Country code: Mobile number (optional):	Country code: Mobile number (optional):						
country code. Mobile number (optional).							
	0777134672						
Country code: Fax number (optional):	Country code: Fax number (optional):						
Email address (optional):	Email address (optional):						
	1955 Ju @ gmail - com						
12. Site Visit							
Can the site be seen from a public road, public footpath, bridleway o	r 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:						
Jose	0777 134672						
Email address:							

.