



RIBBLE VALLEY BOROUGH COUNCIL ATTENTION OF

PLANNING

18 MAR 2019

For office use only

Application No.

Date received 18.3.19

Fee paid £116.00 Receipt No: 032243

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

320190246P

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. Applicant Name and Address

Form fields for Applicant Name and Address: Title, First name, Last name (FEAZER DEVELOPMENTS LTD), Company (optional), Unit, House number, House suffix, House name (FEAZER COTTAGE), Address 1 (SLADBURN ROAD), Address 2 (WADDINGTON), Address 3, Town (CLITHEREO), County, Country, Postcode (BB7 3JQ)

2. Agent Name and Address

Form fields for Agent Name and Address: Title (MR), First name (STEPHEN), Last name (BIALECKI), Company (optional), Unit, House number, House suffix, House name (ROSEDALE), Address 1 (BACK LANE), Address 2 (CRINDLETA), Address 3 (CLITHEREO), Town, County, Country, Postcode (BB7 4RZ)

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

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

Easting: Northing:

Description:

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:

Reference:

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

Details of pre-application advice received?

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:

FOUR NEW, TWO STOREY, FOUR BEDROOM DWELLINGS WITH ACCOMMODATION IN THE ROOF SPACE. ATTACHED GARAGES TO THREE OF THE NEW DWELLINGS ONE WITH A DETACHED GARAGE. ALTERATIONS AND IMPROVEMENTS TO THE EXISTING VEHICULAR ACCESS

Reference number: Date of decision: (Date must be pre-application submission) (DD/MM/YYYY)

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

1. <input type="checkbox"/>	CONDITION 4 WINDOWS/DOORS	6. <input type="checkbox"/>	CONDITION 21 MANAGEMENT STATEMENT
2. <input type="checkbox"/>	CONDITION 3 MAT SAMPLES.	7. <input type="checkbox"/>	
3. <input type="checkbox"/>	CONDITION 7. MAT SAMPLE.	8. <input type="checkbox"/>	
4. <input type="checkbox"/>	CONDITION 10. (WHEEL CLEANING)	9. <input type="checkbox"/>	
5. <input type="checkbox"/>	CONDITION 19 (DESK STUDY)	10. <input type="checkbox"/>	

Has the development already started? Yes No
 If Yes, please state when the development started (DD/MM/YYYY): (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:

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition? Yes No (FULL)
 If Yes, please indicate which part of the condition your application relates 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.

3 copies of a completed and dated application form:

3 copies of other plans and drawings or information 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.

Date (DD/MM/YYYY):

18/3/19.

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

01200 441782

Country code: Mobile number (optional):

07791 676331

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:

CONTACT THE ABOVE IF THE SITE ENTRANCE GATE IS CLOSED?

