

320191130P

-\$256 Gra 2/1/2020

For office use only
Application No.

Date received
Bas 11/12/19

Fee paid £206

Receipt No:033954

Council Offices, Church Walk, Clitheroe, Lancashire. BB7 2RA

Tel: 01200 425111

ww.ribblevalley.gov.uk

## Application for Planning Permission. Town and Country Planning 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. Applica	ant Name and Address	2. Agent Name and Address
Title:	MR First name: JOSEPH	Title: NR First name: Tom
Last name:	BUTLER	Last name: MOOR HOUSE
Company (optional):		Company (optional):
Unit:	House number: House suffix:	Unit: House number: 9 House suffix:
House name:		House name:
Address 1:	57 HEPWORTH WAY	Address 1: ItuRICS ROAD
Address 2:		Address 2:
Address 3:		Address 3:
Town:	SICIPTON	Town: SICIPTON
County:	NORTH YORKSHIRE	County:
Country:		Country:
Postcode:	BD23 204	Postcode: BO23 25X
3. Descrip	otion of the Proposal	
Please desc	ribe the proposed development, including any change o	of use:
'	POSED CONVERSION OF EXIST	-
10	THREE BED DWELLING.	THE SITE HAS FULL
PLA	INNING PERMISSION TO DE	MOLISH AND REBUILD
FRO	om New	
PLA	WNING REF NO:- 3/201	7/0355
Has the build	ding, work or change of use already started?	Yes No
	e state the date when building, were started (DD/MM/YYYY):	(date must be pre-application submission)
	ling, work or change of use been completed?	Yes No
	e state the date when the building, work f use was completed: (DD/MM/YYYY):	(date must be pre-application submission)
		\${24e:: 2013-04-30 #\$ \$Revision: 5504 \$

4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: House number: 10 + 12 House suffix:	authority about this application?
House name:	If Yes, please complete the following information about the advice
Address 1: SAUCEY ROAD	you were given. (This will help the authority to deal with this application more efficiently).
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:	Officer name:
Town: CHATBURN	
County:	Reference:
Postcode (optional): ISB7 4AS	3/2017/0355
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	
C Dedectries and Valida Assess Deads and Birks (\$180)	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway?	Do the plans incorporate areas to store and aid the collection of waste?
Is a new or altered pedestrian	
access proposed to or from	If Yes, please provide details:
the public highway? Yes No	SHOWN ON DRAWING
Are there any new public roads to be provided within the site?	
Are there any new public	
rights of way to be provided	
within or adjacent to the site?	
Do the proposals require any diversions	Have arrangements been made
/extinguishments and/or creation of rights of way?	for the separate storage and
If you answered Yes to any of the above questions, please show	collection of recyclable waste? Yes No
details on your plans/drawings and state the reference of the plan (s)/drawings(s)	If Yes, please provide details:
(2) 4131111134111	
8. Authority Employee / Member	Second to the se
With respect to the Authority, I am: (a) a member of staff (b) an elected member	Do any of these statements apply to you? Yes No
(c) related to a member of staff	
(c) related to a member of staff (d) related to an elected member	r
(c) related to a member of staff	r
(c) related to a member of staff (d) related to an elected member	
(c) related to a member of staff (d) related to an elected member	

	Existing (where applicat	ole)		Proposed		Not applicable	Don't Know
Walls	STONE			AS EXISTING			
Roof	ASDEST	<b>6</b> 5		BLUE SLATE TILES			
Windows	TIMBER	-		GREY PVC			
Doors	TIMBER			GREY PVC			
Boundary treatments (e.g. fences, walls)				•			
Vehicle access and hard-standing				TARMAC			
Lighting							d
Others (please specify)							6
Are you supplying addi f Yes, please state refe				)/design and access stateme s statement:	nt? Yes	Ė	] No
0. Vehicle Parkin	=	isting and propose	d number of or	n-site parking spaces:			
Type of Vehicl		Total Existing	Total	proposed (including spaces retained)	Difference in spaces	!	
Cars	3	3		3	O		
Light goods vehic public carrier veh	cles/						
Motorcycles							
Disability space	es						
Cycle spaces							
Other (e.g. Bus	5)						
Other (e.g. Bus	0		THE PERSON NAMED OF THE PE	- 900			

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the
Mains sewer Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes No
	If Yes, you will need to submit a Flood Risk Assessment to consider
Package treatment plant	the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No
If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere? Yes No
	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
	Please describe the current use of the site:
To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable	
likelihood that any important biodiversity or geological	STORAGE
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	
Having referred to the guidance notes, is there a reasonable	Is the site currently vacant?
likelihood of the following being affected adversely or conserved	If Yes, please describe the last use of the site:
and enhanced within the application site, or on land adjacent to or near the application site?	ir res, please describe the last use of the site.
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	
₩ No	When did this use end (if known)?
b) Designated sites, important habitats or other biodiversity	DD/MM/YYYY (date where known may be approximate)
features:	Does the proposal involve any of the following?
Yes, on the development site	If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development No	Land which is known to be contaminated? Yes No
	Land where contamination is
c) Features of geological conservation importance:	suspected for all or part of the site?
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development No	be particularly vulnerable to the presence of contamination?
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the proposed development site?	Does the proposal involve the need to dispose of trade effluents or waste?
And/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part	of trade effluents or waste
of the local landscape character? Yes No	
If Yes to either or both of the above, you <u>may</u> need to provide a full Tree Survey, at the discretion of your local planning authority. If a	
Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning	
authority should make clear on its website what the survey should	
contain, in accordance with the current 'B55837: Trees in relation to design, demolition and construction - Recommendations'.	

	Propos	sed	Нош	sina					Existi	nc.	Hous	ina			
		)eu			i		1		EXISU	ng					
Market Housing	Not known	1	Num 2	ber of		ooms Unknown	Total	Market Housing	Not known	1	Num 2	ber of	1	ooms Unknown	Total
Houses	7	İ	-	1	<u> </u>	GIIATIOWII		Houses		Ė	1		1	Onka (Ow)	
Flats and maisonettes							i ' 1	Flats and maisonettes							
Live-work units								Live-work units							_
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
		otals	(a + t	) + c +	d + e	+f+q)=				otals	(a+b)	) + c +	d + e	+f+q)=	
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Social Rented	Not		Numl	oer of	Bedr	ooms	Total	Control Daniel	Not		Numl	oer of	Bedr	ooms	Total
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Live-work units								Live-work units			ļ				
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	To	otals	(a + b	+ + +	d + e	+f+g)=			Te	otals	(a + b	+ c+	d + e	+f+g)=	
							7-4-1								
Intermediate	Not known	1	2	ger of		ooms Unknown	Total	Intermediate	Not known	1	Numb 2	per of		Ooms Unknown	Total
Houses								Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios		//4861					
Unknown type								Unknown type							
	To	otals	(a + b	+ (+	d + e	+f+g)=			To	otals	(a + b	+ c +	d + e	+f+g)=	
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Key worker	Not		1		4.1	Linkarium		Key worker		1	וו		4+	Unknown	
	Not known	1	Numk 2	3	4+	Unknown		•	known	1	2				
Houses	Not known		1		4+	Unknown		Houses	known	1	2				0
Houses Flats and maisonettes	Not known		1		4+	Ünknown		Houses Flats and maisonettes	known	1	2				
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Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing	Not known		1		4+	Unknown		Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing	known	1	2				
Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios	Not known		1		4+	Unknown		Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios	known	1	2	3			
Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing	Not known	1	2	3				Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing	known				d+0	+f+a)=	
Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios	Not known	otals	(a + b	+c+	d + e	+ f + g) = + D) =		Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios	known	otals	(a+b	+c+		+f+g)=	

Please					Non-resident in or change of t	•		pace?	Yes	¬ No
Use class/type of use	If yo	u have answ	ered Yes to th	ne qu	estion above ple	ase add details	in the follow	ing table:	-	
Net tradable ares:	Use class/type of use					Gross interna to be lost by use or der	l floorspace change of nolition	Total gros floorspace (including	proposed change of	internal floorspace following development
A2   Financial and cordesional services consistent and carbon and professional services consistent and carbon and ca	A1	Sh	iops							
AS Retaurants and cafes		Net trad	lable area:							
A3 Restaurants and cafes	<b>A</b> 2	Finan	cial and nal services							
A5 Hot food takeaways	А3									
B1 (a) Office (other than A2)	<b>A</b> 4	Drinking es	tablishments							
B1 (b)   Research and development	<b>A</b> 5	Hot food	takeaways							
BI (c)	B1 (a)									
B2 General industrial	B1 (b)									
Storage or distribution	B1 (c)	Light in	ndustrial							
C1   Hotels and halls of residence   C2   Residential institutions   C3   Residential institutions   C4   Residential institutions   C5   Residential institutions   C6   C7   Residential institutions   C7   C8   C8   C8   C8   C8   C8   C8	B2	General	industrial							
C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure	В8									
C2 Residential institutions	C1									
Assembly and leisure  D2 Assembly and leisure  D3 Assembly and leisure  D4 Assembly and leisure  D5 Assembly and leisure  D6 Assembly and leisure  D7 Assembly and leisure  D8 Assembly and leisure	C2									
OTHER   Please   Specify   Total   In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms    Use	D1									
Please Specify  Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use applicable of use or demolition  Type of use applicable of use or demolition  Total Total Total Total Total Tooms proposed (including Changes of use)  Net additional rooms  Net additional rooms  Net additional rooms  Please Cass Assidential Institutions  Please Complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees  Proposed employees  Proposed employees  Monday to Friday Saturday Sunday and Bank Holidays Not known  1. Site Area	D2									
Total	OTHER									
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use applicable of use or demolition  C1 Hotels										
Type of use class Type of use applicable of use or demolition or demolities or demolitical or demolities or demolities or demolities or demolities or		To	otal							
class   Type of disc   Applicable   Of use or demolition   Changes of use)   Ret additional rounts   C1   Hotels	In add	dition, for ho	tels, resident	ial ins	titutions and ho	stels, please add	ditionally ind	icate the loss	or gain of re	ooms
Residential Institutions		Type of use	Not applicable	Existi	ng rooms to be I of use or dem	ost by change olition	Total room ch	s proposed (i anges of use)	ncluding	Net additional rooms
Institutions DTHER Please Specify  9. Employment Please complete the following information regarding employees:  Full-time Part-time Existing employees Proposed employees Proposed employees  O. Hours of Opening Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Saturday Saturday Saturday Not known  1. Site Area										
Please Specify  9. Employment Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees  Proposed employees  O. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  1. Site Area									- Santa	
9. Employment Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees  Proposed employees  O. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  1. Site Area	OTHER									
Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees  Proposed employees  O. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  1. Site Area	Please Specify									
Full-time Part-time Total full-time equivalent  Existing employees  Proposed employees  O. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  1. Site Area	9. Em	ployment								
Existing employees Proposed employees  O. Hours of Opening Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  1. Site Area	Please co	mplete the	following info	rmat	ion regarding en	nployees:				
Proposed employees  O. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sank Holidays Not known  1. Site Area	-				Full-time	Part-	time			
O. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  1. Site Area										
Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  1. Site Area	Pro	oosed emplo	yees							
Use Monday to Friday Saturday Sunday and Bank Holidays Not known  1. Site Area	0. Ho	ırs of Ope	ning					200-000 WILLIAM		PROVINCE CONTROL OF THE PROVIN
1. Site Area	Pleas	e state the h	ours of openi	ng fo	r each non-resid	ential use prop	osed:			
1. Site Area		Use	Mo	nday	to Friday	Saturday	/			Not known
										¥
							0.19		<u></u>	*
lease state the site area in hectares (ha)	1. Site	Area					411			
	Please sta	ate the site a	rea in hectare	s (ha)						

22. Industrial or Commercial Processes and Machinery								
Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:								
Is the proposal a waste management develo	pment	? Yes	☐ No					
If the answer is Yes, please complete the foll	owing t	table:						
	Not applicable	including engli allowance for	acity of the void in neering surcharge cover or restorati id waste or litres if	and making on material (	or (or litro a fill a vide constant)			
Inert landfill								
Non-hazardous landfill								
Hazardous landfill								
Energy from waste incineration								
Other incineration								
Landfill gas generation plant								
Pyrolysis/gasification								
Metal recycling site								
Transfer stations								
Material recovery/recycling facilities (MRFs)								
Household civic amenity sites								
Open windrow composting								
In-vessel composting								
Anaerobic digestion								
Any combined mechanical, biological and/ or thermal treatment (MBT)								
Sewage treatment works								
Other treatment								
Recycling facilities construction, demolition and excavation waste								
Storage of waste								
Other waste management		70000 24 611	NOC4		-			
Other developments								
Please provide the maximum annual operati	onal th	roughput of th	e following waste	streams:				
Municipal								
Construction, demolition and e	xcavati	on						
Commercial and industr	ial							
Hazardous								
If this is a landfill application you will need to planning authority should make clear what i	provio nforma	de further infor ition it requires	mation before you on its website.	ur applicatio	n can be determined. Your waste			
23. Hazardous Substances								
Does the proposal involve the use or storage the following materials in the quantities state			No	Not app	plicable			
If Yes, please provide the amount of each sul	ostance	that is involve	d:					
Acrylonitrile (tonnes)	Eth	ylene oxide (to	onnes)	]	Phosgene (tonnes)			
Ammonia (tonnes)	Hydrog	gen cyanide (to	onnes)		Sulphur dioxide (tonnes)			
Bromine (tonnes)	Liq	ıuid oxygen (to	onnes)		Flour (tonnes)			
Chlorine (tonnes)	uid pet	troleum gas (to	onnes)	Re	fined white sugar (tonnes)			
Other:			Other:					
Amount (tonnes):			Amount (ton	nes):				

\$Date:: 2013-04-30 #\$ \$Revision: 5504 \$

## 24. Ownership Certificates and Agricultural Land Declaration One Certificate A, B, C, or D, must be completed with this application form **CERTIFICATE OF OWNERSHIP - CERTIFICATE A** Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner\* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding\*\* NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding. owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. \*\* "agricultural holding" has the meaning given by reference to the definition of "agricultural tenant" in section 65(8) of the Act. Signed - Applicant: Date (DD/MM/YYYY): 2/1/2020 **CERTIFICATE OF OWNERSHIP - CERTIFICATE B** Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner\* and/or agricultural tenant\*\* of any part of the land or building to which this application relates. \* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run. \*\* "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 Name of Owner / Agricultural Tenant Date Notice Served Address

Or signed - Agent:

Signed - Applicant:

Date (DD/MM/YYYY):

Town and Country Planning (Devidentify) The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been to the land or building, or of a part of a many is a person with a freehold interest agricultural tenant" has the meaning gire. The steps taken were:	CERTIFICAT velopment Man issued for this ap aken to find out of it, but I have/ it or leasehold int	E OF OWNERS  agement Pro  oplication  the names and the applicant leterest with at leterest	sHIP - CERT cedure) (Eng d addresses c has been una ast 7 years lei	IFICATE C gland) Order 2010 Certificate of the other owners* and/or ag able to do so. ft to run.	
Name of Owner / Agricultural Tenant			Address		Date Notice Served
Notice of the application has been publis	hed in the follow	wing newspap	er	On the following date (which	n must not be earlier
(circulating in the area where the land is s	situated):			than 21 days before the date	or the application):
Signed - Applicant:		Or signed - A	nent:	0,000 940	Date (DD (MM (VVVV))
Signed - Applicant.		Or signed - A	gent:		Date (DD/MM/YYYY):
Town and Country Planning (Deviloration of Country Planning (Deviloration)  Certify/ The applicant certifies that:  Certificate A cannot be issued for All reasonable steps have been tal date of this application, was the or have/ the applicant has been unal "owner" is a person with a freehold interest "agricultural tenant" has the meaning given The steps taken were:	elopment Mana this application ken to find out t wner* and/or a ble to do so. or leasehold inte	he names and gricultural tena	addresses of ant** of any	land) Order 2010 Certificate  f everyone else who, on the da part of the land to which this a to run.	y 21 days before the
Notice of the application has been publish (circulating in the area where the land is si		ring newspape	r	On the following date (which than 21 days before the date	n must not be earlier of the application):
Cianad Amelianus		0 1 1			D / /DD /MM 00000
Signed - Applicant:		Or signed - Ag	ent:		Date (DD/MM/YYYY):-
				·	
25. Planning Application Require Please read the following checklist to mak information required will result in your api the Local Planning Authority has been sub	e sure you have plication being o	sent all the inf	ormation in d. It will not	support of your proposal. Fail be considered valid until all in	ure to submit all formation required by
The original and 3 copies of a completed a application form:	and dated		The correct	fee:	
The original and 3 copies of the plan which the land to which the application relates didentified scale and showing the direction	rawn to an of North:		if required ( The origina Ownership	l and 3 copies of a design and see help text and guidance no l and 3 copies of the complete Certificate (A, B, C or D – as ap	otes for details):   d, dated plicable)
The original and 3 copies of other plans an information necessary to describe the sub	ia arawings or ject of the appli	cation:	and Article	12 Certificate (Agricultural Hol	dings):

genuine opinions of the person(s) giving them.  Signed - Applicant:	( l 2020 (date canr pre-applic	
27. Applicant Contact Details	28. Agent Contact Details	
Telephone numbers	Telephone numbers  Country code: National number:  Country code: Mobile number (optional):  O7779664913  Country code: Fax number (optional):  Email address (optional):  tom. moorhoose @ yahoo. co. uk	nsion ber:
	or other public land? Yes No  Applicant Other (if different from agent/applicant's det  Telephone number	m the tails)