

For office use only, Application No. 3/20 20/0560 Date received 14.7-20

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

Application for Planning Permission. 1 4 JUL 2020 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. Applic	ant Name and Address	2. Agent	Name and Address
Title:	MRS First name: HONA	Title:	First name:
Last name:	JOHNSTONE	Last name:	
Company (optional):		Company (optional):	
ปnit:	House House suffix:	Unit:	House number: House suffix:
House name:	CROFT COTTAGE	House name:	
Address 1:	ENGLAND'S HEAD FARM	Address 1:	
Address 2:	PATTHORNE	Address 2:	
Address 3:		Address 3:	
Town:	CLITHEROC	Town:	
County:	LANCS	County:	
Country:	Ukr	Country:	
Postcode:	13137 4JD	Postcode:	
Please desci	otion of the Proposal ribe the proposed development, including any change o	f use:	
	ERECT AN AGRICULTURAL B		1
10	be used for sheep hou	SING, LA	IMBING AND STURAGE OF
	TER FODDER		
as the build	ding, work or change of use aiready started?	Yes	No
	state the date when building, were started (DD/MM/YYYY):		(date must be pre-application submission)
	ing, work or change of use been completed? state the date when the building, work	Yes	No
	use was completed: (DD/MM/YYYY):		(date must be pre-application submission)

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 authority about this application?
Unit: House number: House suffix:	authority about this application?
House SLATED LAITHE	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: PAA LANE	application more efficiently). Please tick if the full contact details are not
Address 2: PATTHORNE	known, and then complete as much as possible:
Address 3:	Officer name:
Town: CLINKORDE	JOHN MACHOLC
County: LANCS	Reference:
Postcode (optional): BB7 4JD	3/22/0023
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission) illo3 2020
Easting: Northing:	Details of pre-application advice received?
Description:	FOLLOWING 2 SITE VISITS,
DERELICT AND REDUNDANT	AMONDMENTS HAVE BEEN MADE
FARMMARD	TO THE PLAN IN ACCORDANCE
OS GRID REF: 50 83262 52066	WITH ADVICE FROM THE OFFICER
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
is a new or altered vehicle access proposed	ll and the state of the state o
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	If Yes, please provide details:
access proposed to or from the public highway?	
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 collection of recyclable waste?
If you answered Yes to any of the above questions, please show	If Yes, please provide details:
details on your plans/drawings and state the reference of the plan (s)/drawings(s)	EXISTING MULTI-PROPERTY
	COLLECTION POINT ADTACENT TO
	THE PUBLIC HIGHWAY
8. Authority Employee / Member	
With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member	Do any of these statements apply to you? Yes 100
If Yes, please provide details of the name, relationship and role	

9. Materials

If applicable, please sta	applicable, please state what materials are to be used externally. Include type, colour and name for each material:											
	Existing (where applicable)	Proposed	Not applicable	Don't Know								
Walls		STONE AND SHEETING										
Roof		FIBRE SHEETING [natural grey]										
Windows		NIA										
Doors		METAL STOCK GATES										
Boundary treatments (e.g. fences, walls)		NIA										
Vehicle access and hard-standing		STONE SURFACE										
Lighting		LED LIGHTING SUHICONY FOR ANIMAL WELFARE										
Others (please specify)												
	itional information on submitted plan(s)/drawing(s rences for the plan(s)/drawing(s)/design and access			No								
SITE PLAN	DRAWING NOW 6,7,9,5 STATEMENT NOTES											

10. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	3	0	0
Light goods vehicles/ public carrier vehicles	0	0	0
Motorcycles	Ö	0	0
Disability spaces	0	Ö	0
Cycle spaces	0	0	0
Other (e.g. Bus)	0	0	0
Other (e.g. Bus)	0	0	0

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 Vo
N/A	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)?
If Yes, please include the details of the existing system on the application drawings and state references for the	Will the proposal increase the flood risk elsewhere?
plan(s)/drawing(s):	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	DERELICI AND REDUNDANT
likelihood that any important biodiversity or geological	FARMYARD
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	FRANCIAZA
Having referred to the guidance notes, is there a reasonable	Is the site currently vacant?
likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to	If Yes, please describe the last use of the site:
or near the application site?	FARMER USED FOR STURAGE OF
a) Protected and priority species:	OLD MACKINERY MO WINTER
Yes, on the development site	ANIMAL FODDER
Yes, on land adjacent to or near the proposed development	
No	When did this use end (if known)? DD/MM/YYYY
b) Designated sites, important habitats or other biodiversity	(date where known may be approximate)
féatures: Yes, on the development site	Does the proposal involve any of the following? 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
c) Features of geological conservation importance:	Land where contamination is 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 Does the proposal involve the need to
Are there trees or hedges on the proposed development site? Yes No	dispose of trade effluents or waste? Yes No
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? If Yes to either or both of the above, you may 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 'BS5837: Trees in relation to	
design, demolition and construction - Recommendations'.	

	Propo	sed	Hou	sing				Existing Housing							
Market	Not			_	f Bedrooms		Total	111 111011110	Not		Num	ber o		rooms	Tota
Housing	known	1	2	3	4+	Unknowr	1	Housing	known	1	2	3	4+	Unknowr	1
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			-	-	-		
Unknown type		<u> </u>	_		_			Unknown type							
	Te	otals	(a + l) + C +	d + 6	(+f+g)=			Te	otals	(a + 1	b + c -	+ d + 6	(c+f+g)=	
Social Rented	Not known	1	Num 2	ber of		ooms Unknown	Total	Social Rented	Not known	1	Num 2	ber o	f Bedi	ooms Unknown	Tota
Houses		Ť	† -			CHIKITOW I		Houses		-	-	-	77	ONKIOWI	
Flats and maisonettes								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					1		
	To	otals	(a + b) + C +	d + e	+ f + g) =			To	otais	(a + l) + C +	d + e	+f+g)=	
	ntormediate Not Number of Bedrooms To					Total	Intermediate Not Number of Bedroom						Tota		
intermediate	Not known	1	2	3		Unknown		Intermediate	Not known	1	2	3		Unknown	
Houses							I	Houses							
Flats and maisonettes								Flats and maisonettes							- H
Live-work units							П	Live-work units							
Cluster flats							. 11	Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	To	tals	(a + b	+ C +	d + e	+ f + g) =			To	tals	(a + b	+ C +	d + e	+ f + g) =	
Key worker	Not known	1	Numt	er of		ooms Unknown	Total	Key worker	Not known	1	Numl 2	per of		ooms Unknown	Tota
Houses								Houses					<u> </u>	O I I I I I I I I I I I I I I I I I I I	
Flats and maisonettes								Flats and maisonettes							
Live-work units							-vr	Live-work units							
Cluster flats							W.	Cluster flats							17
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type							A	Unknown type							Ш
	To	tals	(a + b	+ C +	d + e	+ f + g) =	71		To	tals	(a + b	+ C +	d + e	+ f + g) =	11

lf you	ı have answe	red Yes to th	ne que	stion above plea	se add details i	n the follow	ing table:			
Use class/type of use				Existing gross internal floorspace (square metres)	Gross internal to be lost by o use or dem (square m	change of olition	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following developmen (square metres)		
A1	Sho	ps								
		ble area:								
A2	Financ profession	ial and al services								
A3	Restaurant	s and cafes								
A4	Drinking est	ablishments								
A5	Hot food t	akeaways								
B1 (a)		er than A2)								
B1 (b)		ch and pment								
B1 (c)		dustrial								
B2	General i	ndustrial								
B8		distribution								
C1		d halls of ence								
C2		institutions								
D1		idential utions								
D2		and leisure								
OTHER										
Please			П							
Specity	Specify Total									
In ad			tial ins	stitutions and ho	stels please add	ditionally in	dicate the loss or gain of r	ooms		
Use	Type of use	Not		ing rooms to be I	ost by change	Total room	ns proposed (including	Net additional rooms		
class		applicable		of use or dem	olition	CI	nanges of use)			
C1	Hotels Residential				/					
C2	Institutions									
OTHER Please										
pecify										
9. Em	ployment									
Please c	omplete the	following in	forma	tion regarding er	nployees:			16.11.11		
				Full-time	Part	-time		ıl full-time uivalent		
Ex	isting emplo	yees			N	IA				
Pro	posed emplo	yees				7.4 .7				
0. Ho	urs of Ope	ning								
	•	_	ning fo	or each non-resid	ential use prop	osed:				
	Use	N	/londa	y to Friday	Saturda	у	Sunday and Bank Holidays	Not known		
					(12	in thousand			
					N	117				
			-							

22. Industrial or Commercial Processes and Machinery										
Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed on	icts in inclu	ncluding de the	NIA.							
Is the proposal a waste management develor If the answer is Yes, please complete the following	-		☐ No							
	Not applicable	The total cap including engi allowance for tonnes if so	pacity of the void in ineering surcharge r cover or restorati iid waste or litres i	e and making ion material	g no throughput in tonnes					
" 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				N	114.					
Anaerobic digestion					JA					
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	Ø									
Other developments										
Please provide the maximum annual operation	onal t	throughput of th	e following waste	streams:						
Municipal										
Construction, demolition and ex	cava	tion								
Commercial and industr	ial									
Hazardous										
If this is a landfill application you will need to planning authority should make clear what i	prov nform	ide further infornation it requires	rmation before you s on its website.	ur applicatio	n can be determined. Your waste					
3. Hazardous Substances										
Does the proposal involve the use or storage the following materials in the quantities state			No	Not ap	plicable					
f Yes, please provide the amount of each sub	stan	ce that is involve	ed:							
Acrylonitrile (tonnes)	Et	thylene oxide (to	onnes)]	Phosgene (tonnes)					
Ammonia (tonnes)	Hydr	ogen cyanide (to	onnes)		Sulphur dioxide (tonnes)					
Bromine (tonnes)	L	iquid oxygen (to	onnes)		Flour (tonnes)					
Chlorine (tonnes) Liq	uid p	etroleum gas (to	onnes)	Re	fined white sugar (tonnes)					
)ther:			Other:							
Amount (tonnes):			Amount (ton	ınes):						

14. Ownership Certificates and Agricultural Land Declaration

Signed - Applicant:

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 certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the wner* 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 a part of, an agricultural holding**

IOTE: 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.

Or signed - Agent:

Date (DD/MM/YYYY)

CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners* and/or agricultural tenants** of the land or building, or of a part of it, but I have the applicant has been unable to do so. "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 The steps taken were: Name of Owner / Agricultural Tenant Date Notice Served Address Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the land is situated): than 21 days before the date of the application): Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names and addresses of everyone else 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 to which this application relates, but I have/ the applicant has been unable to do so. 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 he steps taken were: lotice of the application has been published in the following newspaper On the following date (which must not be earlier circulating in the area where the land is situated): than 21 days before the date of the application): ilgned - Applicant: Or signed - Agent: Date (DD/MM/YYYY): 25. Planning Application Requirements - Checklist lease 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 he Local Planning Authority has been submitted. he original and 3 copies of a completed and dated The correct fee: ipplication form: The original and 3 copies of a design and access statement, he original and 3 copies of the plan which identifies if required (see help text and guidance notes for details): he land to which the application relates drawn to an dentified scale and showing the direction of North: The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D – as applicable) the original and 3 copies of other plans and drawings or and Article 12 Certificate (Agricultural Holdings): nformation necessary to describe the subject of the application:

24. Ownership Certificates and Agricultural Land Declaration (continued)

/we hereby apply for planning permission/consernformation. I/we confirm that, to the best of my/o jenuine opinions of the person(s) giving them.	nt as described in th our knowledge, any	nis form and the accordance true	ompanying plans and accurate an	s/drawings and addi id any opinions give	n are the				
***************************************	Or signed - Agent:		Date (DD/MM/YYYY):						
			12/57/2020 (date cannot pre-application						
			ntact Details	·					
		e: e: e:	e: Mobile number (optio		Extension number:				
29. Site Visit	strath haidlessesses	a a a b a u mu b tin la m d?		A1 -					
Can the site be seen from a public road, public food if the planning authority needs to make an appoind out a site visit, whom should they contact? (Please		Agent	Yes Applicant	Other (if diffe	rent from the ant's details)				
if Other has been selected, please provide: Contact name:		Telephone numb	ег:						

26. Declaration

Email address: