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For office use only Application No.

Date received 10/2/22 CLa

Fee paid £ 234 -- Receipt No: 03814 L

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

Tel: 01200 425111

www.ribblevalley.gov.uk

Application for removal or variation of a condition following grant of planning permission.

Town and Country Planning Act 1990.

Planning (Listed Buildings and Conservation Areas) Act 1990

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:	First name:	Title:	MR First name: STUART	
Last name:		Last name:	HEED	
Company (optional):	CLITHERDE CHARET, JENNS & BONLING CLUB	Company antioptional):	SUNDERLAND PERCOCK & ASSOC. COD	
Unit:	House House number: suffix:	Unit:	House House number: suffix:	
House name:		House name:	HAZELMERE	
Address 1:	CHATIBURN ROAD	Address 1	PIMLICE ROAD	
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	CLITHERDE	Town:	CLITHEROE	
County:		County:		
Country:	LANCASHIRE	Country:	LANCASHIRE	
Postcode:	BB7 2AS	Postcode:	887 2A4	

) [4. 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 House number: suffix:	authority about this application? Yes No						
House name: Outhbrose center, Rows of TENNIS CLUB LID	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this						
Address 1: CHARBURN BOAD	application more efficiently). Please tick if the full contact details are not						
Address 2:	known, and then complete as much as possible:						
Address 3:	Officer name:						
Town: CLTHECOE	Reference:						
County: LANCASHIEE _							
Postcode (optional): 687 2AS	Date (DD/MM/YYYY);						
Description of location or a grid reference	(must be pre-application submission)						
(must be completed if postcode is not known):	Details of pre-application advice received?						
Easting: Northing:	 						
Description;							
·	1.						
	<u></u>						
5. Description Of Your Proposal							
Please provide a description of the approved development as shown and date of decision in the sections below:	on the decision letter, including the application reference number						
ELECTION OF SAFETY NETTING ON STEEL POST	S TO PREMENT BALLS GOING ONTO POLVATE						
PROPERTY NETTING TO BE REMOVED !	•						
HOTELY . SHE HEIMAY TO BE REMOVED !	MINIEL PUNKS.						
Reference number: 3/2004/0538 Date of decision (DI	D/MM/YYYY): 15/06/2005 (date must be pre-application submission)						
Please state the condition number(s) to which this application relates	•						
1. CONDITION Nº 2	6						
2.	7.						
3.	8.						
· 4.	9.						
5.							
! <u> </u>	IU.						
Has the development already started?	· ·						
Has the development already started?	Yes No						
Has the development already started? If Yes, please state when the development started (DD/MM/YYYY):	· ·						
•	Yes No (date must be pre-application submission) Yes No						
If Yes, please state when the development started (DD/MM/YYYY):	Yes No (date must be pre-application submission) Yes No						
If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM/Y	Yes No (date must be pre-application submission) Yes No (date must be pre-application date must be pre-application						
If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM/Y 6. Condition(s) - Removal	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission)						
If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM/Y 6. Condition(s) - Removal Please state why you wish the condition(s) to be removed or changed	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission)						
If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM/Y 6. Condition(s) - Removal Please state why you wish the condition(s) to be removed or changed TO LEMONE CONDITION NO. 2. SO THAN THE SAF	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission) (date must be pre-application submission)						
If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM/Y 6. Condition(s) - Removal Please state why you wish the condition(s) to be removed or changed TO LEMONE CONDITION NO. 2. SO THAN THE SAF IN-SITU ALL YEAR LONG TO SUIT EXTENDED P	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission) (date must be pre-application submission)						
If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM/Y 6. Condition(s) - Removal Please state why you wish the condition(s) to be removed or changed TO LEMONE CONDITION NO. 2. SO THAN THE SAF	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission) (date must be pre-application submission)						
If Yes, please state when the development started (DD/MM/YYYY): Has the development been completed? If Yes, please state when the development was completed (DD/MM/Y 6. Condition(s) - Removal Please state why you wish the condition(s) to be removed or changed TO REMOVE CONDITION NO. 2. SO THAN THE SAF IN-SITU ALL YEAR ROND TO SUIT EXPENDED P	Yes No (date must be pre-application submission) Yes No (date must be pre-application submission) (date must be pre-application submission)						

7. 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. st "owner" is a person with a freehold interest or leaschold 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): 2027 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 Atthe 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

Signed - Applicant: Or signed - Agent: Date (RD/MM/YYYY):

Neither Certifica Neither Certifica All reasonable st	y Planning (Do rtifies that: te A or B can be leps have been ling, or of a par a freehold inten	CERTIFICATE evelopment Mana e issued for this app taken to find out the tof it, but I have/ith est or leasehold inte	OF OWNER agement Pro plication he names ar he applicant erest with at 1	RSHIP - CERTIFICATE occidence) (England) On addresses of the other has been unable to do least 7 years left to un	C rder 2010 Certificat ner owners* and/or a o so.	e under Article 12 gricultural tenants** of
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<u> </u>						
Name of Owner / Agricu	ultural Tenant	<u>+</u>		Address		Date Notice Served
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-		-				
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		•	— - -		- — –	i i
Notice of the application (circulating in the area wh	has been publi nere the land is	ished in the followi situated):	ng newspar	oer On the than 21	following date (whic days before the date	h must not be earlier e of the application):
Signed - Applicant:	—		Or signed - A	! Agent:		Date (DD/MM/YYYY):
			4 .		-	- , <u>-</u> (
 Certify: The applicant certificate A cannot certificate A cannot certificate A cannot certificate All reasonable steil 	tines that: of be issued for os have been to ation, was the c it has been una freehold interes	velopment Manag r this application aken to find out the owner* and/or agri able to do so.	e names and icultural ten	ast 7 years left to our	der 2010 Certificate e else who, on the da e lang to which this a	
	_				`,	
Notice of the application h (circulating in the area who	as been publis ere the land is s	hed in the followin situated):	g newspape – —	on the f	following date (which days before the date	n must not be earlier of the application):
Signed - Applicant:		<u>O</u>	r signed - Ag	gent:	<u> </u>	Date (DD/MM/YYYY):
						-
8. Planning Applicat Please read the following o information required will re the Local Planning Authori	hecklist to malesult in your ap	ke sure you have so oplication being de	ent all the int	formation in support o d. It will not be consid	of your proposal. Faile ered valid until all inf	ure to submit all formation required by
The original and 3 copies o completed and dated appl	f a ication form:		V	The original and 3 co Ownership Certificate	pies of the complete	d, dated
The original and 3 copies o	f other plans a	nd drawings or		and Article 12 Certific	cate (Agricultural Hol	dings):
Information necessary to d The correct fee: 234	escribe the sub 1 – oo	уестог тпе аррисат	tion: 🔽			

9. Declaration							
I/we hereby apply for planning permission/consent	as described in the strain knowledge, any	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the					
Signed - Applicant:	rsianed - Agent	Date (DD/MM/YYYY):					
		31/01/2022 (date cannot be pre-application)					
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: Fax number (optional):		Country code: Fax number (optional):					
Email address (optional):	- !	Email address (optional):					
	<u></u>						
12. Site Visit		•					
Can the site be seen from a public road, public footpa		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:	- 1	Telephone number:					
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Email address:	. –						