

For office use only Application No. 312023 10016 Date received 5/1/23 Fee paid £ (7) Receipt No: Carl

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

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. Applicant Name and Address				2. Agent Name and Address		
Title:	MR F	irst name:	DAVID		Title:	First name:
Last name:	WAR	BRICI	<		Last name:	
Company (optional):					Company (optional):	APIB BLINCDING SURVEYORS
Unit:		use mber:	House suffix:		Unit:	House number: House suffix:
House name:	As o	トラミナ	17		House name:	
Address 1					Address 1:	MAPLE GROVE
Address 2:					Address 2:	RAMSBOTTOM
Address 3:					Address 3:	
Town:					Town:	BURY
County:					County:	
Country:					Country:	
Postcode:					Postcode:	BLO DAH

3 Site A	ddress Details) (A D	re-application Advice				
Please provide the full postal address of the application site.			ssistance or prior advice been sought from the local				
Unit:	House House suffix:	autho	rity about this application?				
House name:	THE COTTAGE	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).					
Address 1:	BARH CHAPEL LANG						
Address 2:	HEWTOH		e tick if the full contact details are not n, and then complete as much as possible:				
Address 3:		Office	er name:				
Town:							
County:		Refer	ence:				
Postcode (optional):	BB7 3DY		Date (DD/MM/YYYY):				
Description	of location or a grid reference. mpleted if postcode is not known):	11	be pre-application submission) Is of pre-application advice received?				
Easting:	Northing:						
Description							
	otion Of Your Proposal						
and date of	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:						
CON	STRUCTION OF NEW SIM	ight	= Stokey HELIDAGY				
001	TAGE		, ,				
Reference n	umber: 3/2022/0048 Date of decision:	23/	3/2027 (Date must be pre-application submission) (DD/MM/YYYY)				
Please state	the condition number(s) to which this application relate	s:	Submission (BB/WWW) 1111)				
1. 77	HE DEVELOPMENT (STRETED	6.					
2.	/	7.	ALL BOHADAY FUNCE (DUSTING)				
3.	maniples of stories	8.	FORMPRIONS ARE CONSTICUCTOR NO INCREASE IN CROWD LINE				
4. 1	LISH FITTING LIGHTS	9.	He'LIDRY Accommodation (ONLY)				
5.		10.	ONLE PERSON OR GROUP WAY				
Has the deve	elopment already started?		≥Yes No SEC DAYS				
If Yes, please	e state when the development started (DD/MM/YYYY):		(date must be pre-application submission)				
Has the deve	elopment been completed?	,	Yes No				
If Yes, please	e state when the development was completed (DD/MM/	YYYY):	(date must be pre-application submission)				
6. Dischar	ge Of Condition						
Please provid	de a full description and/or list of the materials/details th						
SET	E ATTACHED INFORM	TAT	C>+1				
L							
7. Part Dis	charge Of Condition(s)						
Are you seeking to discharge only part of a condition?							
If Yes, please indicate which part of the condition your application relates to:							

(a b) 1 1 4 1 1 b							
8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent al information required will result in your application being deemed the Local Planning Authority has been submitted.	I the information in support of your proposal. Failure to submit all dinvalid. It will not be considered valid until all information required by						
The original and 3 copies of a completed and dated application form:	The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:						
The correct fee:							
9. Declaration							
I/we hereby apply for planning permission/consent as described.	in this form and the accompanying plans/drawings and additional any facts stated are true and accurate and any opinions given are the						
Signed - Applicant:	Or signed - Agent						
Date (DD/MM/YYYY):							
(date cannot be pre-application)							
10. Applicant Contact Details	11. Agent Contact Details						
Telephone numbers	Telephone numbers						
Country code: National number: Extension number: number:	Country code: National acceptance Extension						
Country code: Mobile number (optional):							
Country code: Fax number (optional):							
Email address (optional):							
12. Site Visit							
Can the site be seen from a public road, public footpath, bridleway	v or other public land?						
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 the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>)	Agent Applicant Other (if different from the						