

For office use only Application No

Date received

Fee paid £

Receipt No:

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: MISS First name: HEATHER	Title: MR First name: RICHARD		
Last name: DODDY TRYLOR	Last name: MAUDS CEY		
Company (optional):	Company (optional): SUNDERLYOND MACKLASIXIATES		
Unit: House number: House suffix:	Unit: House number: House suffix:		
House name: CO AGENT.	House name: HAZELMBEE		
Address 1:	Address 1: PIMUICO ROAD		
Address 2:	Address 2:		
Address 3:	Address 3:		
Town: []	Town: Curticeos		
County:	County:		
Country:	Country:		
Postcode:	Postcode: BB7-2AG		

3. Site Address Details	4. Pre-application Advice		
Please provide the full postal address of the application site. 1 House House House	Has assistance or prior advice been sought from the local authority about this application?		
number: suffix:	Ves XINO		
name: TALBOT HOTEL	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this		
Address 1. TAUSOT STREET.	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: CHIPPINE.	Reference:		
County:			
Postcode (optional): PK3 30E.	Date (DD/MM/YYYY): (must be pre-application submission)		
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?		
Easting: Northing:	1		
Description:			
5. Description Of Your Proposal			
Please provide a description of the approved development as shown and date of decision in the sections below:			
now dwelling with a spounted works. Form	eation of porting and manoeuring areas		
l — l — l — l - l - l - l	16 6 23 (Date must be pre-application submission) (DD/MM/YYYY)		
Please state the condition number(s) to which this application relates			
1 NO. 3, NO. 4, NO. 5, NO. 6, NO. 9	6 .		
2 NO.8, NO.10, NO.11, NO.12,	7.		
3	8.		
4.	9.		
; ; 5.	10.		
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 X No		
If Yes, please state when the development was completed (DD/MM/)	(date must be pre-application submission)		
6. Discharge Of Condition			
Please provide a full description and/or list of the materials/details the			
Refer to supporting letter net. AM	16521/DOC/		
7. Bort Discharge Of Constitution (1)			
7. Part Discharge Of Condition(s)	CTV - NCTV		
Are you seeking to discharge only part of a condition? If Yes, please Indicate which part of the condition your application rel.	ates to:		

8. Planning Application Required Please read the following checklist to mainformation required will result in your at the Local Planning Authority has been su	ke sure you have sent all	the information in support of your proposal. Failure to submit all finvalld. It will not be considered valid until all information required by			
The original and 3 copies of a completed and dated application form:		he original and 3 copies of other plans and drawings r Information necessary to describe the subject of the application:			
The correct fee:					
9. Declaration I/we hereby apply for planning permissio information. I/we confirm that, to the bes genuine opinions of the person(s) giving		n this form and the accompanying plans/drawings and additional any facts stated are true and accurate and any opinions given are the			
Signed - Applicant:					
Date (DD/MM/YYYY):					
27:1.23 , (date can	not be pre-application)				
10. Applicant Contact Details		11. Agent Contact Details			
Telephone numbers		Telephone numbers			
Country code: National number:	Extension number:	11 '			
Country code: Mobile number (options	Ŋ:	Country code: Misbile number (optional):			
Country code: Fax number (or-tional);		Country code: Fax number (o; tional):			
Email address (optional):		Email address (optional):			
12. Site Visit		<u></u>			
Can the site be seen from a public road, pu	blic footpath, bridleway	or other public land? Yes No			
If the planning authority needs to make an out a site visit, whom should they contact?	appointment to carry (Please select only one)	Agent Applicant Other (if different from the			
If Other has been selected, please provide: Contact name:	• • •	Telephone number:			
Email address:		-			