

For office use only
Application No.

Date received

Fee paid £ Receipt No:

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:	MICS First name: HCATHER	Title:	MR First name: RICHARD
Last name:	DODBY TRYLOR.	Last name:	MAUDSUBY
Company (optional):		Company (optional):	SUNDERLYOND PHACKENSCINTES
Unit:	House number: House suffix:	Unit:	House number: House suffix:
House name:	C/O AGENT.	House name:	HAZELMBRE
Address 1:		Address 1:	PIMLICO ROAL
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:		Town:	CUTHEROS
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.	Has assistance or prior advice been sought from the local authority about this application?			
Unit: House number: 5 House suffix:	ll res 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: TALBOT 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: CHIPPINT.	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:				
Description:				
E Description Of Vous Proposal				
5. Description Of Your Proposal Please provide a description of the approved development as shown	n on the decision letter, including the application reference number			
and date of decision in the sections below:	ng and are holiday let timited			
external alterations to Talbot Hotel. Co	nucrsian of adjacent born into three			
and date of decision in the sections below: Conversion of public house into one dwelling and one holiday let tinnifed external alterations to Talbot Hotel. Conversion of adjacent born into these new dwellings with a spocket dwarfs. Formation of parking and more with a many thanks and more with a many thanks and more with a many thanks.				
Reference number: 3 2022 0278 Date of decision: 20 5 22 (Date must be pre-application submission) (DD/MM/YYYY)				
Please state the condition number(s) to which this application relate	S:			
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?				
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)				
6. Discharge Of Condition				
Please provide a full description and/or list of the materials/details th				
Refer to supporting letter nef. AM 6521 DOC!				
7. Part Discharge 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: Yes No				
The second state of the container jour application relates to.				

8. Planning Application Requirements - Checklist Please 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 the Local Planning Authority has been submitted.				
The original and 3 copies of a completed and dated application form:	e original and 3 copies of other plans and drawings 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 tinformation. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them. Signed - Applicant: Date (DD/MM/YYYY): (date cannot be pre-application)	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the			
10. Applicant Contact Details 11. Agent Contact Details				
Telephone numbers	Telephone numbers			
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional):	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 or 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			
If Other has been selected, please provide:				
Contact name:	Telephone number:			

Email address: