

For office use only Application No. 3/2023/0318.

Date received 17/4/23Fee paid £ 116^{ChQ} Receipt No:

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

el: 01200 425111

www.ribblevallev.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. Applic	ant Name and Address		
Title:	MR First name: DARREN		
Last name:	NORRIS		
Company (optional):			
Unit:	House number: 41 House suffix:		
House name:			
Address 1:	DILWORTH LAVE		
Address 2:			
Address 3:			
Town:	LONGRIDGE		
County:			
Country:			
Postcode:	PR3 3ST		

2. Agent Name and Address			
Title:	MR First name: CRAIG		
Last name:	HARRISON		
Company (optional):	SPA LTD		
Unit:	House number: House suffix:		
House name:	HAZELMERE		
Address 1:	PIMLICO ROAD		
Address 2:			
Address 3:			
Town:	CLITHEROF		
County:			
Country:			
Postcode:	BB7 2AG		

		_				
3. Site Address Details			Pre-application Advice			
1	vide the full postal address of the application site. House House	auth	assistance or prior advice been sought from the local ority about this application?			
Unit: House	number: 41 House suffix:		resW NO			
name:		If Yes	s, please complete the following information about the advice were given. (This will help the authority to deal with this			
Address 1:	LAND ADJACENT TO 41	appli	cation more efficiently).			
Address 2:	DILWORTH LANE		re tick if the full contact details are not yn, and then complete as much as possible:			
Address 3:		Offic	er name:			
Town:	LONGRIDGE	Refer	rence:			
County:		111111111111111111111111111111111111111	- Children			
Postcode (optional):	PR3 3ST		Date (DD/MM/YYYY):			
Description (must be co	of location or a grid reference. Impleted if postcode is not known);	11	t be pre-application submission) ils of pre-application advice received?			
	361161 Northing: 437252					
Description						
		JL				
5. Descrip	ption Of Your Proposal					
Please prov	ide a description of the approved development as show decision in the sections below:	n on the	decision letter, including the application reference number			
ACC E	decision in the sections below:		EDUCED IN WIDTH AND MOVED			
	E EAST TO AVOID TELEGRAPH	PULL	E AND LAMP POST PREVIOUS			
APPR	OVAC 3/2016/1201					
Reference no	umber: 3/2023/0065 Date of decision: the condition number(s) to which this application relat	10/0	(Date must be pre-application submission) (DD/MM/YYYY)			
1.	the condition number (3) to which this application relat	6.	SURFACE WATER			
2.		7.	O V P V V V P P P P P P P P P P P P P P			
3.		8.				
4.		9.				
5.	CCESS DRIVE	10.				
	elopment already started?		Yes No			
If Yes, please	e state when the development started (DD/MM/YYYY):		OS/08/2019 (date must be pre-application submission)			
Has the development been completed? Yes No						
If Yes, please	e state when the development was completed (DD/MM	/YYYY): [(date must be pre-application submission)			
5. Dischar	ge Of Condition					
	Please provide a full description and/or list of the materials/details that are being submitted for approval:					
ACCESS AND DRIVE TO BE CONSTRUCTED IN PRESSED CONCRETE WITH						
ACO DRAINS TO GARAGE AND DRIVE CONNECTED TO EXISTING DRAINAGE.						
. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition?						
f Yes, please	indicate which port of the appetition of the same state of the sam					
	indicate which part of the condition your application re	elates to:				
	indicate which part of the condition your application re	elates 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:	original and 3 copies of other plans and drawings formation 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 information. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them. Signed - Applicant: Or signed - Agent:						
зідпец - дерпецін.	or signed "Agent."					
Date (DD/MM/YYYY): 13/04/2023 (date cannot be pre-application)						
10. Applicant Contact Details	11. Agent Contact Details					
Telephone numbers Country code: National number: Extension number:	Telephone numbers Country code: National number: Extension number: number:					
Country code: Mobile number (optional): Country code: Fax number (optional):	Country code: Mobile number (optional): Country code: Fax number (optional):					
Email address (optional):	Email address (optional):					
12. Site Visit	,					
Can the site be seen from a public road, public footpath, bridleway 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) Applicant Applicant Applicant Applicant						
If Other has been selected, please provide: Contact name:	Telephone number:					

Email address: