

For office use only Application No.

Date received

Fee paid £ Receipt No:

www.ribblevalley.gov.uk

Council Offices, Church Walk, Clitheroe, Lancashire. BB7 2RA Tel: 01200 425111

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	2. Agent N	2. Agent Name and Addre	
Title:	MR First name: RICHARD	Title:	MR First na	
Last name:	WHITE	Last name:	Simpson	
Company (optional):		Company (optional):	2,381= VALLEY	
Unit:	House number: 125 House suffix:	Unit:	House number:	
House name:		House name:	BLACK Bu	
Address 1:	THE RIDINGS	Address 1:	STATION	
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	LongRIDGE	Town:	PRESTON	
County:	lancs	County:	LANCS	
Country:	Uh	Country:	UL	
Postcode:	PR3 2BZ	Postcode:	PRS 6EE	

- rigent	Manie and Address		
Title:	MR First name: ANDRW		
Last name:	Simpson		
Company (optional):	RIBBLE VALLEY BUILDING SOLUTIONS LED		
Unit:	House number: 353-355 House suffix:		
House name:	BLACK BULL House		
Address 1:	STATION ROAD		
Address 2:			
Address 3:			
Town:	PRESTON		
County:	LANCS		
Country:	UL		
Postcode:	PRS 6EE		

3. Site A	ddress Details	(I Bus and II at a second			
Please prov	ide the full postal address of the application site.	4. Pre-application Advice			
Unit:	House House	Has assistance or prior advice been sought from the local authority about this application? Yes No 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).			
House	HIGHFIELD suffix:				
Address 1:	GARSIANG ROAD				
Address 2:		Please tick if the full contact details are not known, and then complete as much as possible:			
Address 3:		Officer name:			
Town:	CHIPPING	Reference:			
County:	LANCASHIRE	Reference:			
Postcode (optional):	P23 ZQH	Date (DD/MM/YYYY):			
Description	of location or a grid reference	(must be pre-application submission)			
Easting:	mpleted if postcode is not known):	Details of pre-application advice received?			
Description:	Northing:				
- stanparon.					
5. Descrip	tion Of Your Proposal				
and date of c	de a description of the approved development as sho decision in the sections below:	own on the decision letter, including the application reference number			
AS Per	Condition 4- Relation of GACRET	E Delve + YARD TO OFFLAD DELVERIES AWAY FROM E+ SAE CABINS, WHEEL WASHING FACILITIES - INFORMAT			
A 11 ACM	DESIGNATED AREAS FOR VARNING, STORAGE	E+ SAE CABINS, WHEEL WASHING FACILITIES - INFORMAT			
THE .					
Reference nu	JEOUS OLGO Date of decision	Cubmission (DD (MAMA)(A)			
	the condition number(s) to which this application rel	ates:			
1.		6.			
2.		7.			
3.		8.			
4. 12	Affic MANAGEMENT RAN	9.			
5.		10.			
Has the devel	opment already started?	Yes No			
If Yes, please	state when the development started (DD/MM/YYYY)	(date must be pre-application			
	opment been completed?	submission)			
ii res, piease	state when the development was completed (DD/MI	(date must be pre-application submission)			
5. Discharg	ge Of Condition				
Please provide	e a full description and/or list of the materials/details	that are being submitted for approval:			
. Part Disc	harge Of Condition(s)				
Are you seeking to discharge only part of a condition?					
f Yes, please indicate which part of the condition your application relates to:					

o. Flanning Application Require	ments - Charleline				
Please read the following checklist to ma information required will result in your ap the Local Planning Authority has been su	ke sure you have sent all the	he information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by			
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:		the subject of the application:			
9. Declaration					
I/we hereby apply for planning permission	n/consent as described in t of my/our knowledge, ar them.	this form and the accompanying plans/drawings and additional ny facts stated are true and accurate and any opinions given are the			
Signed - Applicage		Or signed - Agent:			
		See Algeria			
Date (DD/MM/YYYY):					
2/1/22	not be pre-application)				
10. Applicant Contact Details					
Telephone numbers		11. Agent Contact Details			
	Extension	Telephone numbers			
Country code: National number:	number:	Country code: National number: Extension number:			
Country					
Country code: Mobile number (options	Λ.	Country code: Mobile pumber (entire al)			
		country code. Fax number (optional):			
		5 1 11			
		Email address (optional):			
12. Site Visit					
Can the site be seen from a public road, pu	ıblic footpath, bridleway o	or other public land? Yes No			
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:	a reason server army orner	agent/applicant's details)			
Contact name:		Telephone number:			
Email address:					