

32023098 P

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.

t is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

1. Applicant Name and Address				
Title:	MR First name: David			
Last name:	SCHOFIELD			
Company (optional):				
Unit:	House number: House suffix:			
House name:	ASHCROFT			
Address 1:	MILL LANE			
Address 2:				
Address 3:				
Town:	WADDINGTON			
County:	HANCASHIRE			
Country:	UNITED KINGOOM			
Postcode:	RY37 3JJ			

2. Agent Name and Address		
Title:	First name:	
Last name:		
Company (optional):		
Unit:	House number. House suffix:	
House name:		
Address 1:		
Address 2:		
Address 3:		
Town:		
County:		
Country:		
Postcode:		

0. 0	address Details		e-application Advice		
Please provide the full postal address of the application site.			sistance or prior advice been sought from the local		
Unit:	House number: House suffix:		rity about this application? Yes No		
House name:	ASHCROFT	you w	please complete the following information about the advice ere given. (This will help the authority to deal with this		
Address 1:	Address 1: MILL LANCE		ation more efficiently). tick if the full contact details are not		
Address 2:		Ш	n, and then complete as much as possible:		
Address 3:		Office	er name:		
Town:	WADDINGTON	Refer	ence:		
County:	LANCASHIRE				
Postcode (optional): 357 355 Description of location or a grid reference. (must be completed if postcode is not known):			Date (DD/MM/YYYY): be pre-application submission) s of pre-application advice received?		
		Detail	s of pre-application advice received?		
Easting: Description	Northing:				
Description	11.				
	iption Of Your Proposal				
Please pro	of decision in the sections below:	on the	decision letter, including the application reference number		
(Ca	enstruction of Equipment Stong 2 5	i Tagus	a and Equinis mentage		
(PROPO	SAL) COVERED MANURE STORE TO CO	2005	2 manual 18600 mls (1985)		
	, 110000 31000 10 00	JO [MIN			
Reference number: 3 / 2023 0642 Date of decision: 17 - 11 - 2023 (Date must be pre-application submission) (DD/MM/YYYY)					
1.	te the condition number(s) to which this application relate	6.			
2.	(8)	7.			
3.		8.			
4.		9.			
5.		10.			
	evelopment already started?	10.	Yes No		
		1	(date must be pre-application		
submission)					
Has the development been completed? Yes No (date must be pre-application					
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)					
	arge Of Condition vide a full description and/or list of the materials/details th	at are be	eing submitted for approval:		
COVERED STRUCTURE TO CONTAIN MUCH / BEDDING WASTE, STONE & TIMBER CLADED TO MATEH APPICATION 3/2023/0642					
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:					
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ID - A - 21 -

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: 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 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:					
Date (DD/MM/YYYY):						
26-11-2023 (date cannot be pre-application)						
10. Applicant Contact Details	11. Agent Contact Details					
Telephone numbers	Telephone numbers					
Country code: National number: Country code: Mobile number (optional):	Country code: National number: 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 agent/applicant's details)					
If Other has been selected, please provide:						
Contact name:	Telephone number:					