

3202402

For office use only
Application No.

Date received 27 MAR 2024

Fee paid £ 43 Ch 2 Receipt No: 6757

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 Nam	e and Addr	ess	2. Agent Name and Address			
Title:	MR	First name:	GREGE	Title:	MR	First name:	STUART
Last name:	BOLTON			Last name:	HEED		
Company (optional):				Company (optional):	SUNDER	LAND PEAC	ock & Associates and
Unit:		House number:	House suffix:	Unit:		House number:	House suffix:
House name:	THE LAMME			House name:	HAZELMERE		
Address 1:	Stocks LANE			Address 1:	PIMLIC	O ROAD	
Address 2:	MIDDOP			Address 2:			
Address 3:	GISBURN			Address 3:			
Town:				Town:	CUTHER	0E	
County:				County:			
Country:				Country:			
Postcode:	EBT .	4JR	⁵	Postcode:	B87 2	Aq.	

3. Site Ad	ddress Details	4. Pre-application Advice						
Please provi	ide the full postal address of the application site.	Has assistance or prior advice been sought from the local						
Unit:	House House suffix:	authority about this application?						
House name:	THE LAME	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). Please tick if the full contact details are not known, and then complete as much as possible:						
Address 1:	STOCKS LANE							
Address 2:	MIPPOP							
Address 3:	GUBURN	Officer name:						
Town:		Reference:						
County:								
Postcode (optional):		Date (DD/MM/YYYY): (must be pre-application submission)						
Description (must be co	of location or a grid reference. Impleted if postcode is not known):	Details of pre-application advice received?						
Easting:	Northing.							
Description	Ρ.							
	ption Of Your Proposal							
Please prov and date of	ide a description of the approved development as shown decision in the sections below:	n on the decision letter, including the application reference number						
PROPOSES	D ELECTION OF A SINGLE-STORCY DETA	THEO GARAGE AND GARDON STORAGE BUILDING. THE REAR CATOLIDE ADDITION INCLUDING FENE						
COLCOR	IN OF A SINGLE-STORY EXPONON TO	THE REAR CATCLIDE ADDITION INCLUDING FENE-						
Profession Number 2/22 2/22 2/22 2/22 2/22 2/22 2/22 2/								
	Reference number: 3/2023/0970 Date of decision: 24/0/2024 (Date must be pre-application submission) (DD/MM/YYYY) Please state the condition number(s) to which this application relates:							
1	Consmon 4 (WINDOW FRAME DETAILS)	6.						
	promod 5 (ROOFLIGHT DETAILS)	7.						
3.		8						
4.		9.						
5.		10.						
Has the dev	velopment already started?	Yes No						
If Yes, pleas	se 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. Discha	6. Discharge Of Condition							
	ide a full description and/or list of the materials/details th							
	WINDOW FRAME AND ROOFLIGHT DETAILS, ALL AS SHOWN ON DIWING NO.							
8855 - 4 ENLLOSED								
7. Part Discharge Of Condition(s)								
Are you seeking to discharge only part of a condition? Yes No								
	If Yes, please indicate which part of the condition your 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:		The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:					
The correct fee: $\frac{1}{4}$ 3-00 [
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):							
20/03/2024 (date cannot be pre-application)							
10. Applicant Contact Details		11. Agent Contact Details					
Telephone numbers		Telephone numbers					
Country code: National number:	Extension number:	Country code: National number: Extension number:					
Country code: Mobile number (optional)	:						
Country code: Fax number (optional):							
Email address (optional):							
(total decress tobusine).							
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 out a site visit, whom should they contact?	appointment to carry (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:					

Email address: