

320240570P

Application No. 3/2024/0570 Receipt No: 947

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

lease note that the information provided on this application form and in supporting documents may be published on the luthority's website. If you require any further clarification, please contact the Authority's planning department.

lease complete using block capitals and black ink.

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

Applicant Name and Address		2. Agent Name and Address	
Title:	MR First name: JOHN	Title: First name:	
Last name:	STEPHENSON	Last name:	
Company (optional):		Company (optional):	
Unit:	House number: A House suffix:	Unit: House House suffix:	
House name:		House name:	
Address 1:	WEST VIEW	Address 1:	
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	CRINDLETON	Town:	
County:	LANCASHIRE	County:	
Country:	ENGLAND	Country:	
Postcode:	BBA 4RB	Postcode:	

3. Site Address Details Please provide the full postal address of the application Unit: House number: House suffi	authority about this application?  Yes No  If Yes, please complete the following information about the advice			
name: Address 1: WEST VIEW  Address 2: Address 3:  Town: CRINDLETON  County: LANCS  Postcode (optional): BB7 4RB  Description of location or a grid reference. (must be completed if postcode is not known):  Easting: Northing:  Description:  ERECTION OF SINGLE STARAGE	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:  Officer name:  Reference:  Date (DD/MM/YYYY): (must be pre-application submission)  Details of pre-application advice received?			
PROPOSED DETACHED CARE	(Date must be pre-application			
Please state the condition number(s) to which this app	submission) (DD/MM/YYYY)			
1.	6.			
2.	7.			
3. KMATERIALS	8.			
4.	9.			
5.	10.			
Has the development already started?  If Yes, please state when the development started (DD/MM/YYYY):  Has the development been completed?  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):  If Yes, please state when the development was completed (DD/MM/YYYY):				
6. Discharge Of Condition  Please provide a full description and/or list of the material description and list of the material d	PRE BOHBLIED IN HATURAL STONE IN			
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	Yes No application relates to:			

B. Planning Application Requirements - Checonesses read the following checklist to make sure you have information required will result in your application being the Local Planning Authority has been submitted.	e sent all the information in support of your proposal. Failure to submit all deemed invalid. It will not be considered valid until all information required by
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 denformation. I/we confirm that, to the best of my/our known genuine opi  Signed - Ap  Date (DD/M  IOOT/2004 (date cannot be pre-applied)	scribed in this form and the accompanying plans/drawings and additional wledge, any facts stated are true and accurate and any opinions given are the  Or signed - Agent:  ication)
	Telephone numbers  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, but a site visit, whom should they contact? (Please select of Other has been selected, please provide:  Contact name:	O CARTY — Other /if different from the
Email address:	