

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. It 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: 6.	Title:	MR First name: STVART
Last name:	DAVIES	Last name:	HEED
Company (optional):		Company (optional):	SUNDERLAND PEACOCK & ASSOC. LID
Unit:	House number: House suffix:	Unit:	House number: House suffix:
House name:	ASHGROVE BARN	House name:	HAZELMERE
Address 1:	SHAWBRIDGE STREET	Address 1:	PIMLICO ROAD
Address 2		Address 2:	
Address 3;		Address 3:	
Town	CLITHEROE	Town:	
County:		County:	CLITHEROE
Country:		Country:	
Postcode:	BB7 1/2	Postcode:	BB7 2AG

3. Site Address Details	4. Pre-application Advice Has assistance or prior advice been sought from the local				
Please provide the full postal address of the application site. House House	authority about this application?				
Unit: number: suffix:	If Yes, please complete the following information about the advice				
name: ASHGROVE BARN	you were given. (This will help the authority to deal with this				
Address 1: SHAWBRIDGE STREET	application more efficiently). Please tick if the full contact details are not				
Address 2:	known, and then complete as much as possible:				
Address 3:	Officer name:				
Town: CLITHEROE	Reference:				
County:					
Postcode (optional): BB7 117	Date (DD/MM/YYYY): (must be pre-application submission)				
Description of location or a grid reference. (must be completed if postcode is not known):	Details of pre-application advice received?				
Easting: Northing:					
Description:					
5. Description Of Your Proposal					
and date of decision in the sections below:	wn on the decision letter, including the application reference number				
LISTED BUILDING CONSENT FOR NEW W	INDOWS, INTERNAL WALLS AND CONVERSION OF				
EXISTING DOMESTIC OUTBUILDING INTO Q	STACKED ANNEXE ACCOMMODATION				
(Date must be pre-application					
Reference number: 5/2024/076 Date of decision: 24/10/2024 Submission) (DD/MM/YYYY) Please state the condition number(s) to which this application relates:					
1. CONDITION 3 (WINDOW & DOOR DETAILS					
2.	7.				
3.	8.				
4.	9.				
5.	10.				
Has the development already started?	☐ Yes				
If Yes, please 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)					
If Yes, please state when the development was completed (DD/M	(date must be pre-application submission)				
	(date must be pre-application submission)				
If Yes, please state when the development was completed (DD/M 6. Discharge Of Condition Please provide a full description and/or list of the materials/details	submission)				
6. Discharge Of Condition Please provide a full description and/or list of the materials/detail	s that are being submitted for approval:				
6. Discharge Of Condition	s that are being submitted for approval:				
6. Discharge Of Condition Please provide a full description and/or list of the materials/detail	submission) s that are being submitted for approval:				
6. Discharge Of Condition Please provide a full description and/or list of the materials/detail. PLEASE REFER DEAWING NO. 7077— 7. Part Discharge Of Condition(s) Are you seeking to discharge only part of a condition?	submission) s that are being submitted for approval: Yes No				
6. Discharge Of Condition Please provide a full description and/or list of the materials/detail. PLEASE REFER DEAWING NO. 7077— 7. Part Discharge Of Condition(s)	submission) s that are being submitted for approval: Yes No				

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the information required will result in your application being deemed in the Local Planning Authority has been submitted.	e information in support of your proposal. Failure to submit all valid. 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 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: NO fee				
9. Declaration I/we hereby apply for planning permission/consent as described in t information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them. Signed - Applicant:	his form and the accompanying plans/drawings and additional y facts stated are true and accurate and any opinions given are the Or signed - Agent:			
Date (DD/MM/YYYY): OP/12/2024 (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):				
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	Agent Other (if different from the			
out a site visit, whom should they contact? (Please select only one) Agent Applicant agent/applicant's details) If Other has been selected, please provide:				
Contact name:	Telephone number:			
	(1			

Email address: