

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.

1. Applic	ant Name and Address	2. Agent Name and Address
Title:	MR First name: M	Title: MRS First name: J
Last name:	SKILBECK	Last name: DOUGLAS
Company (optional):		Company (optional):
Unit:	House House suffix:	Unit: House number: House suffix:
House name:		House name:
Address 1:	1 COCKLEACH COTTAGES	Address 1: 8 SOUTHFIELD DRIVE
Address 2:	CHIPPING ROAD	Address 2: WEST BRADFORD
Address 3:	LONGRIDGE	Address 3:
Town:	PRESTON	Town: CUTHERDE
County:	LANCS	County: LANCS
Country:		Country:
Postcode:	PR 3 2NB	Postcode: 887 4TU
~		

Please provi Unit: House name: Address 1: Address 2: Address 3: Town: County: Postcode (optional): Description	Idress Details ide the full postal address of the application of the application of the full postal address of the application o	House suffix: □	Has assauthor  If Yes, you we applicate known  Office  Refere  (must)	sistance or p ity about thi colease compere given. (The ation more e tick if the ful it, and then co r name:  ence:  Doe pre-applic	rior advice been sought from the local is application?  Pes No plete the following information about the advice his will help the authority to deal with this efficiently).  Il contact details are not complete as much as possible:  ate (DD/MM/YYYY): cation submission)  lication advice received?			
Description	1:							
			JU					
Flease provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:  PROPOSED CONSTRUCTION OF SINGLE STOREY EXTENSION TO SIDE AND REAR AND REPLACEMENT SEWAGE TREATMENT PLAN PACKAGE								
Reference r	number: 3/2025/0069	Date of decision:	15.0	4.2025	(Date must be pre-application submission) (DD/MM/YYYY)			
Please state	e the condition number(s) to which	า this application relat	ies:		Capital Capita Ca			
1.			6.					
2.			7.					
3.			8.	: 				
	ONSTRUCTION METHOD	STATEMENT	9.					
5.		***************************************	10.					
			10.					
Has the development already started?  Yes No  (date must be pre-application								
•	se state when the development sta	arted (DD/MM/YYYY):			submission)			
	Has the development been completed?  Yes No  (date must be pre-application							
If Yes, plea	se state when the development wa	as completed (DD/MN	/I/YYYY): [		submission)			
Please prov	6. Discharge Of Condition  Please provide a full description and/or list of the materials/details that are being submitted for approval:							
1	RUCTION METHOD STA 15 REV C	ATEMENT						
7. Part D	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: £ 86.00					
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):  O9 · O 5 · 2 0 2 5 (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: National number:					
Country code: Mobile number (optional):					
Country code: Fax number (optional):  Email address (optional):					
Littali addiess (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:					
Email address:					