

For office use only

Application No.

Date received 12/9/25

Fee paid £

Receipt No:

Application for listed building consent for alterations, extension or demolition of a listed building. 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. Applicant 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:

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:

3. Description of Proposed Work

Please describe the proposals to alter, extend or demolish the listed building(s):

Internal rewiring - including well manted trunking for sockets & tv.
 Replacement of doors, reopening of original door ways. Removal of
 raised roof section to rear extension. Installation of roof light above
 workshop. Installation of wc's, including installation of stud walking.
 Installation of suspended ceiling, installation of internal fire corridor.
 RJS support to strengthen proposed surgery floor.
 Internal stud walking to create proposed surgery
 To overlay existing floor to support proposed dental chair & protect
 floor.
 To make good existing walls on all floors

3. Description of Proposed Work (continued)

Has the work already started without consent? Yes No

If Yes, please state when the work was started (DD/MM/YYYY):

01/03/2025

(date must be pre-application submission)

Has the work been completed without consent? Yes No

If Yes, please state the date when the work was completed (DD/MM/YYYY):

(date must be pre-application submission)

4. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: 33 House suffix:

House name:

Address 1: King St

Address 2: Whalley

Address 3:

Town: Clitheroe

County: Lancs

Postcode (optional): BB7 9SP

Description of location or a grid reference. (must be completed if postcode is not known):

Easting: Northing:

Description:

Georgian Grade II commercial property.

5. Related Proposals

Are there any current applications, previous proposals or demolitions for the site? Yes No

If Yes please describe and include the planning application reference number(s), if known:

Description	Reference number
listed building application to open previously blocked-up door approved 21/01/24	3/2024/0539
change of use & to separate two upper floors from two lower floors.	3/2024/0540

6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application? Yes No

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:

Officer name:

Stephen Kilmarin.

Reference:

RU/2025/EU @ 100038

Date (DD/MM/YYYY): 13/6/2025
(must be pre-application submission)

Details of pre-application advice received?

listed building planning permission required for the alterations proposed in this application. (see description of proposed work).

7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal? Yes No

If Yes, please provide details:

8. Authority Employee / Member

With respect to the Authority, I am: Do any of these statements apply to you?

- (a) a member of staff Yes No
 (b) an elected member Yes No
 (c) related to a member of staff Yes No
 (d) related to an elected member Yes No

If Yes, please provide details of the name, relationship and role

9. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof covering	SKYLIGHT + SMALL SLATE ROOF TO REAR EXTENSION	REMOVE RAISED AREA + REPLACE WITH EPDM ROOFING TO FLAT ROOF	<input type="checkbox"/>	<input type="checkbox"/>
Chimney			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows	REMOVAL OF EXISTING SKYLIGHT TO REAR EXTENSION	INSTALLATION OF NEW SKYLIGHT - FLAT GLASS WITH KERB	<input type="checkbox"/>	<input type="checkbox"/>
External doors			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceilings	UNSUPPORTED + UNPROTECTED CEILINGS TO FIRST FLOOR	INSTALLATION OF RST SUPPORT ON FIRST FLOOR INSTALLATION OF SUSPENDED CEILING TO ALLOW COMIN FIRE RATING	<input type="checkbox"/>	<input type="checkbox"/>
Internal walls	CLOSED OFF EXISTING OPENING ON GROUND FLOOR CLOSED OFF EXISTING ARCHWAY ON GROUND FLOOR	ORIGINAL BORNWAY TO BE OPENED FROM MIDSECTION OF GROUND FLOOR TO ACCESS EXTENSION OPEN ARCHWAY TO CREATE FIRE CORRIDOR	<input type="checkbox"/>	<input type="checkbox"/>
Floors	UNEVEN WOOD FLOOR TO FIRST + SECOND FLOORS	FIRST FLOOR - RESTORE AS FAR AS POSSIBLE SECOND FLOOR - LEVEL + PROTECT FLOOR TO SUPPORT DENIAL CHAIR	<input type="checkbox"/>	<input type="checkbox"/>
Internal doors	SOFT WOOD DOORS	REPLACE WITH FDBO DOORS AND FRAMES USING PYROBELITE CLEAR GLASS	<input type="checkbox"/>	<input type="checkbox"/>
Rainwater goods			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting	TRACK LIGHTING	SUSPENDED CEILING WITH LED DOWN-SPOT LIGHTS AND FIRE RETARDANT.	<input type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted drawings or plans?

Yes

No

If Yes, please state plan(s)/drawing(s) references:

10. Demolition

Does the proposal include the partial or total demolition of a listed building? Yes No

If Yes, which of the following does the proposal involve?

a) Total demolition of the listed building: Yes No

b) Demolition of a building within the curtilage of the listed building: Yes No

c) Demolition of a part of the listed building: Yes No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)	
ii) What is the volume of the part to be demolished?(cubic metres)	
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	

Please provide a brief description of the building or part of the building you are proposing to demolish:

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

12. Listed Building Grading

Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)

Grade I Ecclesiastical Grade I

Grade II* Ecclesiastical Grade II*

Grade II Ecclesiastical Grade II

Don't know

11. Listed Building Alterations

Do the proposed works include alterations to a listed building? Yes No

If Yes, do the proposed works include: (you must answer each of the questions)

a) Works to the interior of the building? Yes No

b) Works to the exterior of the building? Yes No

c) Works to any structure or object fixed to the property (or buildings within its curtilage) internally or externally? Yes No

d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes No

If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):

PROVIDED .

13. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

Yes No Don't know

If Yes, please provide the result of the application:

14. Ownership Certificates

One Certificate A, B, C, or D, must be completed with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY):

[Redacted Signature]

[Redacted Signature]

11/09/2025

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner* of any part of the land or building to which this application relates.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

Name of Owner	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY):

[Redacted Signature]

[Redacted Signature]

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Neither Certificate A or B can be issued for this application
- All reasonable steps have been taken to find out the names and addresses of the other owners* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

The steps taken were:

[Redacted Text]

Name of Owner	Address	Date Notice Served

Notice of the application has been published in the following newspaper circulating in the area where the land is situated):

[Redacted Text]

On the following date (which must not be earlier than 21 days before the date of the application):

[Redacted Date]

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY):

[Redacted Signature]

[Redacted Signature]

14. Ownership Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990

I certify/ The applicant certifies that:

- Certificate A cannot be issued for this application
- All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner* of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

* "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date DD/MM/YYYY):

15. 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 a plan which identifies the land to which the application relates and drawn to an identified scale and showing the direction of North:

The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:

The original and 3 copies of the completed dated Ownership Certificate (A, B, C, or D - as applicable):

The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):

16. 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):

11/09/2025. (date cannot be pre-application)

17. Applicant Contact Details

Telephone numbers

Country code: National number:

Extension number:

Country code: Fax number (optional):

Email address (optional):

18. Agent Contact Details

Telephone numbers

Country code: National number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

19. 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: