



RIBBLE VALLEY
BOROUGH COUNCIL

DIRECTOR OF
DEVELOPMENT

12 MAY 2010

FOR THE
ATTENTION OF

For office use only

Application No

320100375P

Date received

Fee paid £

Receipt No:

Council Offices, Church Walk, Clitheroe, Lancashire. BB7 2RA Tel: 01200 425111 www.ribblevalley.gov.uk

Application for Outline Planning Permission with all matters reserved. Town and Country Planning Act 1990

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council'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:	MRS	First name:	S
Last name:	HOPWOOD		
Company (optional):			
Unit:	House number:	House suffix:	
House name:	DAVIS GATE FARM		
Address 1:	CLITHEROE ROAD		
Address 2:	DUTTON		
Address 3:			
Town:	LONGRIDGE		
County:	LANCASHIRE		
Country:			
Postcode:	PR3 2YT		

2. Agent Name and Address

Title:	MR	First name:	DUNCAN
Last name:	ISHERWOOD		
Company (optional):	SUNDERLAND PEACOCK & ASSOCIATES LTD		
Unit:	House number:	House suffix:	
House name:	HAZELMERE		
Address 1:	PIMLICO ROAD		
Address 2:	CLITHEROE		
Address 3:			
Town:			
County:			
Country:			
Postcode:	BB7 2AG		

3. Description of the Proposal

Please describe the proposal:

PROPOSED NEW DWELLING
ON LAND EDGED RED ADJACENT TO DAVIS GATE FARM
CLITHEROE ROAD DUTTON LONGRIDGE

Description of the Proposal (continued)

Has building or works already been carried out? Yes No

If Yes, please state the date when building or works were started (DD/MM/YYYY):

(date must be pre-application submission)

Have the works been completed? Yes No

If Yes, please state when the works were 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: House suffix:

House name:

Address 1: LAND ADJ. TO DAVIS GATE FARM

Address 2: CLITHEROE ROAD

Address 3: DUTTON

Town: LONGRIDGE

County:

Postcode (optional): PR3 2YT

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

Easting: Northing:

Description:

5. Assessment of Flood Risk

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary) Yes No

If yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No Unknown

How will surface water be disposed of?

- | | |
|--|---|
| <input type="checkbox"/> Sustainable drainage system | <input type="checkbox"/> Existing watercourse |
| <input checked="" type="checkbox"/> Soakaway | <input type="checkbox"/> Pond/lake |
| <input type="checkbox"/> Main sewer | <input type="checkbox"/> Unknown |

7. Neighbour and Community Consultation

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

If Yes, please provide details:

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:

Reference:

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

Details of pre-application advice received?

8. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council? Yes No

If Yes, please provide details:

9. Site Area

Please state the site area in hectares (ha)

Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?
 If yes, please complete details of the changes in the tables below:

Yes No

Proposed Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>					<input checked="" type="checkbox"/>	1
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g) =							

Existing Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a+b+c+d+e+f+g) =							

Total proposed residential units (A+B+C+D) =

Total existing residential units (E+F+G+H) =

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No Unknown

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Unknown	Total gross internal floorspace proposed (including change of use)(square metres)	Unknown	Net additional gross internal floorspace following development (square metres)
A1	Shops	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Net tradable area:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
A2	Financial and professional services	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
A3	Restaurants and cafes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
A4	Drinking establishments	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
A5	Hot food takeaways	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B1 (a)	Office (other than A2)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B1 (b)	Research and development	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B1 (c)	Light industrial	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B2	General industrial	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
B8	Storage or distribution	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C1	Hotels and halls of residence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C2	Residential institutions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D1	Non-residential institutions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D2	Assembly and leisure	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
OTHER	Please specify	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Total						

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Unknown	Total rooms proposed (including changes of use)	Unknown	Net additional rooms
C1	Hotels	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C2	Residential Institutions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other	Hostels	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

12. Employment

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent	Not known
Existing employees				
Proposed employees				

13. Hours of Opening

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? Yes No Unknown

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Unknown	Maximum annual operational throughput in tonnes (or litres if liquid waste)	Unknown
Inert landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Non-hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Energy from waste incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Landfill gas generation plant	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pyrolysis/gasification	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal recycling site	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Transfer stations	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Household civic amenity sites	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Open windrow composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
In-vessel composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Anaerobic digestion	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Sewage treatment works	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other treatment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Storage of waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other waste management	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other developments	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website

15. Existing Use

Please describe the current use of the site:

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

When did this use end (if known)? DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following:

Land which is known to be contaminated?

Yes No

Land where contamination is suspected for all or part of the site?

Yes No

A proposed use that would be particularly vulnerable to the presence of contamination?

Yes No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

Certificates

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form

CERTIFICATE OF OWNERSHIP - CERTIFICATE A

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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 (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which the application relates

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

Amie Klenford

11.5.2010

CERTIFICATE OF OWNERSHIP - CERTIFICATE B

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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 (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which this application relates

Name of Owner	Address	Date Notice Served
 		

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

CERTIFICATE OF OWNERSHIP - CERTIFICATE C

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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 (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of the land or building, or of a part of it but I have/ the applicant has been unable to do so

The steps taken were:

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):

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):

Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

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 (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so

The steps taken were:

[Empty box for steps taken]

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):

[Empty box for newspaper name]

[Empty box for date]

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Empty box for applicant signature]

[Empty box for agent signature]

[Empty box for date]

AGRICULTURAL HOLDINGS CERTIFICATE

Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Empty box for applicant signature]

[Signature: J. M. Robertson]

11.5.2010

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Empty box for applicant signature]

[Empty box for agent signature]

[Empty box for date]

17. 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.

- A completed and dated application form with 3 copies: The correct fee:
- 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: 3 copies of a design and access statement:
- 3 copies of other plans and drawings or information necessary to describe the subject of the application: 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings):
- 3 copies of the completed dated Ownership Certificate (A, B, C, or D - as applicable):

18. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

[Empty box for applicant signature]

[Signature: J. M. Robertson]

11.5.2010

(date cannot be pre-application)

9. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

20. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:
 01200 423178

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):
info@sunderlandpeacock.com

21. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land? Yes No

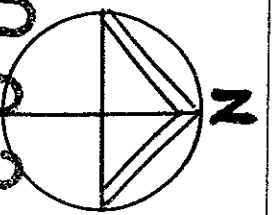
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) Agent Applicant Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name: Telephone number:

Email address:

320100375P



Hillcrest

Moor Nook

Beech House

MOOR NOOK

Weir

Moor Nook Farm

Davis Gate Farm

Davis Gate Barn

0.91m RH
0.91m RH

Spring

Ward Bdy
FC

Scale 1:1250

Location Plan
Mr & Mrs. Hopwood
Davis Gate Farm
Clitheroe Road
Dutton

B 6243

B 6243

135.0m

130.1m

131.1m

B 6243

CLITHEROE ROAD