



Application for approval of details reserved by condition. Town and Country Planning Act 1990 Planning (Listed Buildings and Conservation Areas) Act 1990

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lease be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. An ubsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in greement with the declaration section.

Ipon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its bligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and ommercial requirements relating to information security and data protection of the information you have provided.

.ocal Planning Authority details:



West Lancashire Borough Council
P O Box 16 52 Derby Street
Ormskirk West Lancashire L39 2DF

Tel: 01695 577177

Email: Plan.apps@westlancs.gov.uk

'ublication of applications on planning authority websites

nformation provided on this form and in supporting documents may be published on the authority's planning register and vebsite.

lease ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require ny further clarification, please contact the Local Planning Authority directly.

'printed, please complete using block capitals and black ink.

: is important that you read the accompanying guidance notes and help text as incorrect completion will delay the processing of your pplication.

| opiication, | F |
|--------------------------------------|-----------------------------------|
| . Applicant Name and Address | 2. Agent Name and Address |
| Title: Ma First name: Suc | Title: First name: |
| ast name; Viccioni | Last name: |
| Company optional): | Company (optional): |
| Init: House number: 20 House suffix; | Unit: House number: House suffix: |
| louse name: | House name: |
| address 1: GREGONY CANE | Address 1: |
| Address 2: //ACJACI | Address 2: |
| address 3: | Address 3: |
| own: ORMIKINIC Sounty: LIGIT CANCS | Town: |
| county: LEST CANCS | County: |
| ountry: | Country: |
| ostcode: 279 85R | Postcode: |

| 3. Site Address Details | [4. Pre-application Advice |
|---|--|
| Please provide the full postal address of the application site. | Has assistance or prior advice been sought from the local |
| Unit: House number: 20 House suffix: | authority about this application? Yes No |
| House name: | If Yes, please complete the following Information about the advice you were given. (This will help the authority to deal with this |
| Address 1: GREGONY CANE | application more efficiently). Please tick if the full contact details are not |
| Address 2: Kacsacc | known, and then complete as much as possible: |
| Address 3: | Officer name: |
| Town: CAMIKINU | Reference: |
| County: West CANCS | |
| Postcode (optional): 298512 Description of location or a grid reference. (must be completed if postcode is not known): | Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? |
| Easting: Northing: | |
| Description: | |
| | |
| | |
| Description Of Your Proposal Please 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: | • |
| INTENDED RECONFIGURATION, GARAGE RECONSTRUCTION AS WELL AS EXECTION OF | CONVENSION PONTIAL DEMOCITION AND |
| TEEDONING PS WELL AS ENGLING OF | NEW SINGLE STONES EXTENSION |
| Reference number: 2023/0491/FUL Date of decision: | 12/12/2023 (Date must be pre-application submission) (DD/MM/YYYY) |
| Please state the condition number(s) to which this application relate | s: |
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |
| Has the development already started? | Yes No |
| If Yes, please state when the development started (DD/MM/YYYY): | (date must be pre-application submission) |
| Has the development been completed? | Yes No |
| If Yes, please state when the development was completed (DD/MM/ | YYYY): (date must be pre-application submission) |
| 6. Discharge Of Condition Please provide a full description and/or list of the materials/details the | at are being submitted for approval: |
| PARKING PLAN IS ATTACHED CCE | |
| PONKING FUIN AS ATMICHOU CLE | WILL THOUSE O JUITTER |
| 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 application re | Yes No |
| ii res, piease indicate which part of the condition your application te | iatos to. |

| B. 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 (LPA) has been submitted. | ne information in support of your proposal. Failure to submit all nvalid. It will not be considered valid until all information required by |
|---|---|
| The original and 3 copies* of a completed and dated application form: | e original and 3 coples* of other plans and drawings nformation necessary to describe the subject of the application: |
| completed and dated application form: The correct fee: | ocs |
| 'National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronical PAs may also accept supporting documents in electronic format by you can check your LPA's website for information or contact their pl | riginal plus three copies of the form and supporting documents (a lly or, the LPA indicate that a smaller number of copies is required, y post (for example, on a CD, DVD or USB memory stick). |
| 9. Declaration /we hereby apply for planning permission/consent as described in tonformation. I/we confirm that, to the best of my/our knowledge, an genuine opinions of the person(s) giving them. Signed - Applicant: | this form and the accompanying plans/drawings and additional by facts stated are true and accurate and any opinions given are the Or signed - Agent: |
| | |
| Date (DD/MM/YYYY): | |
| 08/02/2014 (date cannot be pre-application) | |
| 10. Applicant Contact Details | 11. Agent Contact Details |
| Country code: National number: Extension number: Country code: Mobile number (optional): Country code: Fax number (optional): | Telephone numbers Country code: National number: Extension number; Country code: Mobile number (optional): Country code: Fax number (optional): |
| Email address (optional): | Email address (optional): |
| 12. Site Visit | |
| Can the site be seen from a public road, public footpath, bridleway o | or other public land? Yes No |
| f the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>) f Other has been selected, please provide: | Applicant Other (If different from the agent/applicant's details) |
| Contact name: | Telephone number: |
| Email address: | |