3. Site Address Details

Please provide the full postal address of the application site.

Unit: | House number: 1 | House suffix:

House name: STONEY HEAD COTTAGE

Address 1: HIGHER CALDERBROOK ROAD

Address 2: LITTLEBOROUGH

Address 3:

Town: ROCHDALE

County: LANCS

Postcode (optional): OL15 9NH

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

Easting: — Northing: —

Description:

—

4. 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?

—

5. 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:

ERECTION OF A DETACHED SINGLE STOREY BUILDING TO FORM GARAGE AND TWO STABLES

Reference number: 16/01304/HOUS Date of decision: 11th APRIL 2017 (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	CONDITION 5.	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): 15/03/2015 (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 that are being submitted for approval:

SUBMISSION & APPROVAL OF FULL DETAILS OF THE DRIVEWAY AND TURNING HEAD & IMPLEMENTATION OF THE APPROVED SCHEME.

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: