If you would rather make this application online, you can do so on our website:
https://www.planningportal.co.uk/apply

PLANNING PORTAL

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

rivacy Notice

his form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting formation to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning Development Management Procedure) (England) Order 2015 (as amended).

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. Any 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.

lpon 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:

ROCHDALE COUNCIL

FOR ASSISTANCE IN COMPLETING THIS FORM CONTACT

Economy and Environment
Planning Service
Number One Riverside
Smith St
Rochdale
OL16 1XU

Phone : 01706 924305 . **EMAIL :** development.control@rochdale.gov.uk . **WEB :** www.rochdale.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 website.

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.

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

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

1. Applicant Name and Address

Title:	MRS MRS
First name:	M.
Last name:	STANDAGE
Company (optional):	
Unit:	
House number:	
House suffix:	
House name:	
Address 1:	32, BAGSLATE MOOR ROAD
Address 2:	NORDEN
Address 3:	
Town:	ROCHDALE
County:	
Country:	
Postcode:	OL11 5XT

2. Agent Name and Address

Title:	MR
First name:	STEVEN
Last name:	HARTLEY
Company (optional):	HP & DA Ltd
Unit:	
House number:	
House suffix:	
House name:	SWALLOW BARN
Address 1:	LOWER CHAPEL HILL
Address 2:	HURST LANE
Address 3:	
Town:	RAWTENSTALL
County:	
Country:	
Postcode:	BB4 8TB

Version 2018

. Site Address Details

lease provide the full postal address of the application site.

Init: | House number: 2 | House suffix:

House name: MANFIELD CLOSE

Address 1:

Address 2:

Address 3:

Town: ACCRINGTON

County:

Postcode (optional): OL11 5JS

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:

REPLACEMENT DWELLING. (APPLICATION NO 17/00221/FUL)

Reference number: | Date of decision: (Date must be pre-application submission) (DD/MM/YYYY)

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

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 that are being submitted for approval.

PLEASE SEE SUBMITTED PLANNING STATEMENT

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:

. Planning Application Requirements - Checklist

lease read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all formation required will result in your application being deemed invalid. It will not be considered valid until all information required by ie Local Planning Authority (LPA) has been submitted.

he original and 3 copies* of a ompleted and dated application form: ☑

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

he correct fee: ☐

National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a tal of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. PAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). ou can check your LPA's website for information or contact their planning department to discuss these options.

. Declaration

we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional formation. I/we confirm that, to the best of my/our knowledge, any facts stated are true and accurate and any opinions given are the enuine opinions of the person(s) giving them.

igned - Applicant:

Or signed - Agent: J S Hartley

ate (DD/MM/YYYY): 02/06/2019 (date cannot be pre-application)

0. Applicant Contact Details

elephone numbers

Country code:	National number:	Extension number:

Country code:	Mobile number (optional):

Country code:	Fax number (optional):

mail address (optional):

11. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
	01706 218200	

Country code:	Mobile number (optional):

Country code:	Fax number (optional):

Email address (optional): JS.hartley@outlook.com

2. Site Visit

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

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

Other has been selected, please provide:

ontact name:

Telephone number:

mail address: