

## **Public Protection & Development Management**

Bodicote House, Bodicote, Banbury, Oxfordshire, OX15 4AA

Telephone: 01295 227006 Website: www.cherwell.gov.uk Email: planning@cherwell-dc.gov.uk

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

## 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.

| 1. Applicant Name, Address and Contact Details   |                                   |                          |                 |                    |                     |  |  |
|--|-----------------------------------|--------------------------|-----------------|--------------------|---------------------|--|--|
| Title:   | First name:                       | Surname:                 |                 |                    |                     |  |  |
| Company name   | Portfolio Property Partners Ltd   |                          |                 |                    |                     |  |  |
| Street address:  | c/o Agent                         |                          | Country<br>Code | National<br>Number | Extension<br>Number |  |  |
|  |                                   | Telephone number:        |                 |                    |                     |  |  |
|  |                                   | Mobile number:           |                 |                    |                     |  |  |
| Town/City  |                                   | . Fau mumah an           |                 |                    | ] [ ]               |  |  |
| County:  |                                   | Fax number:              |                 |                    |                     |  |  |
| Country:   | United Kingdom                    | Email address:           |                 |                    |                     |  |  |
| Postcode:  |                                   |                          |                 |                    |                     |  |  |
| Are you an agent a   | cting on behalf of the applicant? | No                       |                 |                    |                     |  |  |
|  |                                   |                          |                 |                    |                     |  |  |
| 2. Agent Name  | , Address and Contact Details     |                          |                 |                    |                     |  |  |
| Title:   | First Name: Susie                 | Surname: Roll            | S               |                    |                     |  |  |
| Company name:  | Turley                            |                          |                 |                    |                     |  |  |
| Street address:  | The Charlotte Building            |                          | Country<br>Code | National<br>Number | Extension<br>Number |  |  |
|  | 17 Gresse Street                  | Telephone number:        |                 |                    |                     |  |  |
|  |                                   | Mobile number:           |                 |                    |                     |  |  |
| Town/City  | London                            | Fax number:              |                 |                    |                     |  |  |
| County:  | London                            |                          |                 |                    |                     |  |  |
| Country:   |                                   | Email address:           |                 |                    |                     |  |  |
| Postcode:  | W1T 1QL                           | susie.rolls@turley.co.uk |                 |                    |                     |  |  |
| 3. Description of the Proposal   |                                   |                          |                 |                    |                     |  |  |
| Please describe the proposal:  |                                   |                          |                 |                    |                     |  |  |
| Development to provide up to 1,700 residential dwellings (Class C3), a retirement village (Class C2), flexible commercial floorspace (Classes A1, A2, A3, A4, A5, B1 and C1), social and community facilities (Class D1), land to accommodate one energy centre and land to accommodate one new primary school (up to 2FE) (Class D1). Such development to include provision of strategic landscape, provision of new vehicular, cycle and pedestrian access routes, infrastructure and other operations (including demolition of farm buildings on Middleton Stoney Road) |                                   |                          |                 |                    |                     |  |  |
| Has the building or works already been carried out?  Yes  No   |                                   |                          |                 |                    |                     |  |  |

| 4. Site Address  | Details          |                   |                                 |                              |                                   |                                      |  |
|--|------------------|-------------------|---------------------------------|------------------------------|-----------------------------------|--------------------------------------|--|
| Full postal address of   | of the site (inc | luding full pos   | tcode where                     | available)                   |                                   | Description:                         |  |
| House:   |                  |                   | Suffix:                         |                              |                                   | Land to the north when Howes Lane    | west of Bicester, north of Middleton Stoney Road and west of |
| House name:  |                  |                   |                                 |                              |                                   | Howes Lane                           |  |
| Street address:  |                  |                   |                                 |                              |                                   |                                      |  |
|  |                  |                   |                                 |                              |                                   |                                      |  |
| Town/City:   |                  |                   |                                 |                              |                                   |                                      |  |
| County:  |                  |                   |                                 |                              |                                   |                                      |  |
| Postcode:  | OX26 1RT         |                   |                                 |                              |                                   |                                      |  |
| Description of locati<br>(must be completed  |                  |                   |                                 |                              |                                   |                                      |  |
| Easting:   | 4569             | 779               |                                 |                              |                                   |                                      |  |
| Northing:  | 2245             | 554               |                                 |                              |                                   |                                      |  |
| <u> </u>   | - f []   D       | -1-               |                                 |                              |                                   |                                      |  |
| 5. Assessment of   |                  |                   |                                 |                              |                                   |                                      |  |
| Is the site within an a flood zones 2 and 3 requirements for inf   | and consult E    | Environment A     | er to the Envi<br>gency standir | ronment Age<br>ng advice and | ency's Flood N<br>d your local pl | Nap showing<br>anning authority<br>( | ∵ Yes <b>⑥</b> No  |
| If Yes, you will need  | to submit an     | appropriate flo   | ood risk asses                  | sment to cor                 | nsider the risk                   | to the proposed site                 |  |
| Is your proposal with  | nin 20 metres    | of a watercou     | rse (e.g. river,                | stream or be                 | eck)?                             | C Yes                                | s   No   |
| Will the proposal inc  | crease the flo   | od risk elsewh    | ere?                            | Yes                          | <ul><li>No</li></ul>              |                                      |  |
| How will surface wa  | ter be dispos    | ed of?            |                                 |                              |                                   |                                      |  |
| Sustainable  | e drainage sys   | stem              |                                 | N                            | lain sewer                        |                                      | Pond/lake  |
| Soakaway   |                  |                   |                                 | E                            | xisting watero                    | course                               |  |
| ( Day 2000   100 | 0                |                   |                                 |                              |                                   |                                      |  |
| 6. Pre-applicati   |                  |                   | the lead out                    | harity about                 | this applicati                    | on?                                  | • Yes • No   |
| Has assistance or pri  |                  |                   |                                 |                              |                                   |                                      |  |
| If Yes, please comple  | ete the follow   | ing informatio    | on about the a                  | ndvice you w                 | ere given (this                   | s will help the author               | ity to deal with this application more efficiently):         |
| Officer name:  |                  |                   |                                 |                              |                                   |                                      |  |
| Title: Ms  | First nar        | me: Jenny         |                                 |                              |                                   | Surname:                             | Barker   |
| Reference:   |                  |                   | _                               |                              |                                   |                                      |  |
| Date (DD/MM/YYYY)  | :                |                   | (Must be                        | pre-applicati                | on submissio                      | <b>า</b> )                           |  |
| Details of the pre-application advice received:  |                  |                   |                                 |                              |                                   |                                      |  |
|  |                  |                   |                                 |                              |                                   |                                      |  |
| 7. Authority Em  | ployee/M         | ember             |                                 |                              |                                   |                                      |  |
| With respect to the Authority, I am:  (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member  Do any of these statements apply to you?  Yes  No   |                  |                   |                                 |                              |                                   |                                      |  |
| 8. Site Area   |                  |                   |                                 |                              |                                   |                                      |  |
|  |                  |                   |                                 |                              |                                   |                                      |  |
| What is the site area  | ?                | 90.30             | hectares                        |                              |                                   |                                      |  |
| 9. Residential U   | Inits            |                   |                                 |                              |                                   |                                      |  |
| Does your proposal   | include the g    | ain or loss of re | esidential uni                  | ts?                          | •                                 | Yes O No                             |  |
|  |                  |                   |                                 |                              |                                   |                                      |  |
|  |                  |                   |                                 |                              |                                   |                                      |  |

| Number of bedocomes  | Market H                       | lousing - Propos                 | ed            |              |                  |                                    |                       | Marke   | t Housing - Existir   | ng    |                      |  |         |         |  |
|--|--------------------------------|----------------------------------|---------------|--------------|------------------|------------------------------------|-----------------------|---|---|-------|----------------------|--|---------|---------|--|
| Flags:   F   |                                |                                  |               | Nur          | mber of be       | edrooms                            |                       |   | Number of bedrooms  |       |                      |  |         |         |  |
| Files Mulsionettes   |                                |                                  | 1             | 2            | 3                | 4+                                 | Unknown               |   |   | 1     | 2                    | 3  | 4+      | Unknown |  |
| Line Work units  | Houses                         |                                  |               |              |                  |                                    |                       | Houses  |   |       |                      |  |         |         |  |
| Sheltered housing Sheltered housing Sheltered housing Unknown  | Flats/Mai                      | sonettes                         |               |              |                  |                                    |                       | Flats/Maisonettes                                 |   |       |                      |  |         |         |  |
| Sheltered housing local locality local loc | Live-Wor                       | k units                          |               |              |                  |                                    |                       | Live-V  | ork units   |       |                      |  |         |         |  |
| Bedstr/Studios   Infraron   In    | Cluster fl                     | ats                              |               |              |                  |                                    |                       | Cluste  | r flats   |       |                      |  |         |         |  |
| Unknown    Devariable Activation   Devariable Accidential Unit Totals   Total existing residential units   Devariable Accidential Unit Totals   Devariable Acc  |                                |                                  |               |              |                  |                                    |                       |   |   |       |                      |  |         |         |  |
| Proposed Market Housing Total   1790   Existing Market Housing Total   0    Overall Residential Unit Totals   1790 |                                |                                  |               |              |                  |                                    |                       |   |   |       |                      |  |         |         |  |
| Total proposed residential units   Total proposed residential processors   Total proposed residential processors   Total proposed involve the loss, gain or change of use of non residential floorspace?   Processors    | Unknowr                        | า                                |               |              | <u> </u>         |                                    | 1700                  | Unkno   | own   |       |                      |  |         |         |  |
| Total proposed residential units   1700   Total existing residential units   0    O. All Types of Development: Non-residential Floorspace  Does your proposal involve the loss, gain or change of use of non-residential floorspace?   | Proposed                       | l Market Housing                 | Total         |              | 1700             | )                                  |                       | Existin   | g Market Housing  | Total |                      | 0  |         |         |  |
| Total coisting residential units □  Description of Development: Non-residential Floorspace    Description of Development: Non-residential Floorspace   | Overall R                      | esidential Unit 1                | Totals        |              |                  |                                    |                       |   |   |       |                      |  |         |         |  |
| Does your proposal involve the loss, gain or change of use of non-residential floorspace?  Use class/typer of use  Use class/typer of use  Listing gross internal floorspace to be lost by change of use of floorspace (square metres)  A1 Shops Net Tradable Area  A2 Financial and professional services  A3 Restaurants and cafes  A4 Dirinking establishments  A5 Hot food takeaways  A6 Office (other than A2)  A7 Office (other than A2)  A8 Research and development  B1 (e)  Light industrial  A8 Storage or distribution  B1 (e)  Light industrial  A8 Storage or distribution  A9 Residential institutions  A9 Residential institutions |                                | Total pro                        | posed resi    | dential un   | its              |                                    | 1700                  |   |   |       |                      |  |         |         |  |
| Does your proposal involve the loss, gain or change of use of non-residential floorspace?    Secondary   Common  |                                | Total ex                         | isting resid  | lential uni  | ts               |                                    | 0                     |   |   |       |                      |  |         |         |  |
| Does your proposal involve the loss, gain or change of use of non residential floorspace?    Secondary   Common  |                                | umas of Davis                    | lannan        | t. Nasa s    | امر ما مراد      | ial Flac                           |                       |   |   |       |                      |  |         |         |  |
| A1   |                                |                                  |               |              | Exis<br>i<br>flo | sting gross<br>nternal<br>porspace | internal<br>lost by d | floorspace to be<br>change of use or<br>emolition | Total gross new internal floorspace proposed (including changes of use) |       |                      | Net additional gross<br>internal floorspace<br>following development |         |         |  |
| A2   | Δ1                             | Shons                            | Net Trada     | hle Area     |                  |                                    | 0                     |   |   |       |                      | 0.0  | ) 04    |         |  |
| A3 Restaurants and cafes 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.  |                                | -                                |               |              | COS              |                                    |                       |   |   |       |                      |  |         |         |  |
| A4   |                                | ·                                |               |              | ces              |                                    |                       |   |   |       |                      |  |         |         |  |
| A5   |                                |                                  |               |              |                  |                                    |                       |   |   |       |                      |  |         |         |  |
| B1 (a)   Office (other than A2)  |                                |                                  |               |              |                  |                                    |                       |   |   |       |                      |  |         |         |  |
| B1 (b)   Research and development   0.0    |                                |                                  |               |              |                  |                                    |                       |   |   |       |                      |  |         |         |  |
| B1 (c)   Light industrial  |                                |                                  |               | •            |                  |                                    |                       |   |   |       |                      |  |         |         |  |
| B2   General industrial   0.0   0    |                                |                                  |               | -            |                  |                                    |                       |   |   |       |                      |  |         |         |  |
| B8 Storage or distribution 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.  |                                |                                  |               |              |                  |                                    |                       | 0.0 0.0   |   |       |                      |  |         |         |  |
| C1 Hotels and halls of residence 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.  |                                |                                  |               |              |                  |                                    | 0                     | 0.0   |   |       |                      | 0.0  |         |         |  |
| C2 Residential institutions 0.0 0.0 0.0 0.0 0.0 0.1  D1 Non-residential institutions 0.0 0.0 0.0 0.0 0.0 0.0  D2 Assembly and leisure 0.0 0.0 0.0 0.0 0.0 0.0 0.0  OTHER Please specify 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.   |                                |                                  |               |              |                  |                                    | 0                     | 0.  |   |       |                      | 0.0  |         |         |  |
| D1 Non-residential institutions  0.0 0.0 0.0 0.0  D2 Assembly and leisure 0.0 0.0 0.0 0.0 0.0  OTHER Please specify 0.0 0.0 0.0 0.0 0.0  For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:  Use Class Types of use Existing rooms to be lost by change of use Total rooms proposed (including changes of use)  Net additional rooms  11. Employment  If known, please complete the following information regarding employees:  Full-time Part-time Equivalent number of full-time  Existing employees 0 0 0 0  Proposed employees 0 0 0 0  12. Hours of Opening  | C1                             | Hotels a                         | nd halls of   | residence    | <b>:</b>         |                                    | 0                     | 0   | 0.0   |       | 0.0                  |  |         | 0.0     |  |
| D2 Assembly and leisure 0.0 0.0 0.0 0.0 0.0  OTHER Please specify 0.0 0.0 0.0 0.0 0.0  For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:  Use Class Types of use Existing rooms to be lost by change of use or demolition rooms or demolition or demolition regarding employees:    Full-time   Part-time   Equivalent number of full-time   | C2                             | Resid                            | lential insti | tutions      |                  |                                    | 0                     | 0.0   |   | 0.0   |                      | 0.0  | 0.0 0.1 |         |  |
| OTHER Please specify 0.0 0.0 0.0 0.0 0.0  For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:  Use Class Types of use Existing rooms to be lost by change of use or demolition regarding employees:  If known, please complete the following information regarding employees:  Full-time Part-time Equivalent number of full-time  Existing employees 0 0 0 0  Proposed employees 0 0 0 0  Proposed employees 0 0 0 0  Proposed employees 0 0 0 0 0  Proposed of Opening   | D1                             | Non-res                          | sidential in  | stitutions   |                  |                                    | 0                     | 0.0   |   | 0.0   |                      | 0.0  | 0.0     |         |  |
| For hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms:  Use Class  Types of use  Existing rooms to be lost by change of use or demolition  Total rooms proposed (including changes of use)  Net additional rooms  Net additional rooms  Full-time  Part-time  Equivalent number of full-time  Existing employees  0 0 0 Proposed employees 0 0 0 12. Hours of Opening   | D2                             | Asse                             | embly and     | leisure      |                  |                                    | 0                     | 0.0   |   | 0.0   |                      | 0.0  | 0.0     |         |  |
| Use Class  Types of use  Existing rooms to be lost by change of use or demolition  Total rooms proposed (including changes of use)  Net additional rooms  Net additional rooms  Full-time Part-time Equivalent number of full-time  Existing employees  O O O O O O O O O O O O O O O O O O  | OTHER                          | OTHER Please specify 0.0 0.0 0.0 |               |              |                  |                                    |                       |   |   | 0.6   |                      |  |         |         |  |
| 11. Employment  If known, please complete the following information regarding employees:  Full-time Part-time Equivalent number of full-time  Existing employees 0 0 0 0  Proposed employees 0 0 0 0  12. Hours of Opening   | For hotels                     | s, residential insti             | tutions and   | d hostels, p | olease add       | litionally ir                      | ndicate the loss      | or gain of roo                                    | oms:  |       |                      |  |         |         |  |
| If known, please complete the following information regarding employees:    Full-time   Part-time   Equivalent number of full-time   | Use Class Types of use Existin |                                  |               | Existing ro  |                  |                                    |                       |   |   |       | Net additional rooms |  |         |         |  |
| Full-time Part-time Equivalent number of full-time  Existing employees 0 0 0 0  Proposed employees 0 0 0 0  12. Hours of Opening   | 11. Emp                        | oloyment                         |               |              |                  |                                    |                       |   |   |       |                      |  |         |         |  |
| Existing employees 0 0 0 0 0 0 Proposed employees 0 0 0 0 0 12. Hours of Opening   | If known,                      | please complete                  | the follow    | ing inform   | nation rega      | arding em                          | ployees:              |   |   |       |                      |  |         |         |  |
| Proposed employees 0 0 0 0   | Full-time Part-tir             |                                  |               |              |                  | Part-time                          |                       | Equivalent number of full-time                    |   |       |                      |  |         |         |  |
| 12. Hours of Opening   |                                |                                  |               |              |                  |                                    | ·                     | 0   |   |       |                      |  |         |         |  |
|  |                                | Proposed employees 0             |               |              |                  |                                    | 0                     | 0   |   |       |                      |  |         |         |  |
|  | 12 Lla                         | ure of Openia                    | <del></del>   |              |                  |                                    |                       |   |   |       |                      |  |         |         |  |
|  |                                | -                                | _             |              |                  |                                    |                       |   |   |       |                      |  |         |         |  |

9. Residential Units (continued)

Start Time

Monday to Friday t Time End Time

Start Time

Use

Saturday ne End Time

Sunday and Bank Holidays Start Time End Time

Not

Known

| 13. 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: |   |  |  |  |  |  |  |  |  |  |
| n/a   |   |  |  |  |  |  |  |  |  |  |
| Is the proposal for a waste management development?  Yes  No  |   |  |  |  |  |  |  |  |  |  |
| 14. Existir   | g Use   |  |  |  |  |  |  |  |  |  |
| Please descri   | pe the current use of the site:   |  |  |  |  |  |  |  |  |  |
| Agricultural I  | and   |  |  |  |  |  |  |  |  |  |
| Is the site cu  | rently vacant?  |  |  |  |  |  |  |  |  |  |
|   | posal involve any of the following?<br>I need to submit an appropriate contamination assessment with your application.        |  |  |  |  |  |  |  |  |  |
| Land which i  | s 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   |  |  |  |  |  |  |  |  |
| 15. Site Visit  |   |  |  |  |  |  |  |  |  |  |
| Can the site  | be seen from a public road, public footpath, bridleway or other public land?  • Yes   | ○ No   |  |  |  |  |  |  |  |  |
| If the plannir  | g authority needs to make an appointment to carry out a site visit, whom should they contact? (Please sel                     | ect only one)  |  |  |  |  |  |  |  |  |
| • The age   | nt  | ·  |  |  |  |  |  |  |  |  |
| 16. Certifi   | cates (Certificate B)   |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
|   | Certificate of Ownership - Certificate B<br>Town and Country Planning (Development Management Procedure) (England) Order 2010 | Certificate under Article 12                             |  |  |  |  |  |  |  |  |
| I certify/ The  | applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below)               |  |  |  |  |  |  |  |  |  |
| application, v  | vas the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) ar         | nd/or agricultural tenant ("agricultural tenant" has the |  |  |  |  |  |  |  |  |
| meaning give  | n in section 65(8) of the Town and Country Planning Act 1990) of any part of the land or building to which this               | application relates.                                     |  |  |  |  |  |  |  |  |
| Owner/Agric   | ultural Tenant  | Date notice served                                       |  |  |  |  |  |  |  |  |
| Name  | Catherine Murfitt   |  |  |  |  |  |  |  |  |  |
| Number:   | Suffix: House name: Himley Farm Bunga   |  |  |  |  |  |  |  |  |  |
| Street:   | Middleton Stoney Road   |  |  |  |  |  |  |  |  |  |
| Locality:   |   | 19/12/2014   |  |  |  |  |  |  |  |  |
| Town:   | Bicester  |  |  |  |  |  |  |  |  |  |
| Postcode:   | OX26 1RT  |  |  |  |  |  |  |  |  |  |
| Fosicode.   | UAZU IKI  |  |  |  |  |  |  |  |  |  |
| Name  | Philippa Pain   |  |  |  |  |  |  |  |  |  |
| Number:   | Suffix: House name: Old Coach House   |  |  |  |  |  |  |  |  |  |
| Street:   | Sunneyside  |  |  |  |  |  |  |  |  |  |
| Locality:   | Berg Apten 19/12/2014   |  |  |  |  |  |  |  |  |  |
| Town:   | Norwich   |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
| Postcode:   | NR15 1DD  |  |  |  |  |  |  |  |  |  |
| Name  | Georgina Pain   |  |  |  |  |  |  |  |  |  |
| Number:   | Suffix: House name: Old Coach House   |  |  |  |  |  |  |  |  |  |
| Street:   |   |  |  |  |  |  |  |  |  |  |
| Locality:   | 19/12/2014  |  |  |  |  |  |  |  |  |  |
| Town:   |   |  |  |  |  |  |  |  |  |  |
| Postcode: NR15 1DD  |   |  |  |  |  |  |  |  |  |  |
| 1 ostoodo.  | ····· · · · · · · · · · · · · · · · ·   |  |  |  |  |  |  |  |  |  |
| Title: Miss   | First name: Susie Surname: Rolls  |  |  |  |  |  |  |  |  |  |
| Person role:  | Agent Declaration date: 19/12/2014  | Declaration made   |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |

## 17. 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.

 $\boxtimes$ 

Date

19/12/2014