

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

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number: 

| Country Code         | National Number      | Extension Number     |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Mobile number: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Fax number: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Email address:

Are you an agent acting on behalf of the applicant?  Yes  No

**2. Agent Name, Address and Contact Details**

Title:  First Name:  Surname:

Company name:

Street address:

Town/City:

County:

Country:

Postcode:

Telephone number: 

| Country Code         | National Number                            | Extension Number     |
|----------------------|--|----------------------|
| <input type="text"/> | <input type="text" value="01772 369 669"/> | <input type="text"/> |

Mobile number: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Fax number: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Email address:

### 3. Site Address Details

Full postal address of the site (including full postcode where available)

Description:

|                 |   |         |                      |
|-----------------|---|---------|----------------------|
| House:          | <input type="text"/>                                    | Suffix: | <input type="text"/> |
| House name:     | <input type="text" value="Swalcliffe Park Equestrain"/> |         |                      |
| Street address: | <input type="text" value="Park Lane"/>                  |         |                      |
| Town/City:      | <input type="text" value="Swalcliffe"/>                 |         |                      |
| County:         | <input type="text" value="Oxfordshire"/>                |         |                      |
| Postcode:       | <input type="text" value="OX15 5EX"/>                   |         |                      |

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

|           |                                     |
|-----------|-------------------------------------|
| Easting:  | <input type="text" value="437239"/> |
| Northing: | <input type="text" value="237016"/> |

### 4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

Yes  No

### 5. Description of Proposal

Please provide a description of the approved development as shown on the decision letter:

Use of land at Grange Farm for mixed use comprising part agricultural, part equestrian training and competitions (Use Class D2); retention of 1no. access and relocation of 1no. access on to the road leading from the B4035 to Sibford Ferris; extension to existing parking area and retention of equestrian jumps and obstacles; as detailed in agent's letter dated 22nd December 2014.

Application reference number:  Date of decision:

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

Condition number(s):

Has the development already started?  Yes  No If Yes, please state when the development was started:

Has the development been completed?  Yes  No

### 6. Discharge of Condition(s)

Please provide a full description and/or list of the materials/details that are being submitted for approval:

Planting Plan Drawing Number 2181\_02\_B  
General Arrangement Plan Drawing Number 2181\_03\_B

### 7. Part Discharge of Condition(s)

Are you seeking to discharge only part of a condition?

Yes  No

### 8. 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)

The agent  The applicant  Other person

### 9. 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.

Date