

## **Public Protection & Development Management**

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

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

Application for a non-material amendment following a grant of planning permission.

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. Site Address          |                                                   |
|--------------------------|---------------------------------------------------|
| Number                   |                                                   |
| Suffix                   |                                                   |
| Property name            | Swalcliffe Park Equestrian                        |
| Address line 1           | Park Lane                                         |
| Address line 2           |                                                   |
| Address line 3           |                                                   |
| Town/city                | Swalcliffe                                        |
| Postcode                 | OX15 5EX                                          |
| Description of site loca | ation must be completed if postcode is not known: |
| Easting (x)              | 437242                                            |
| Northing (y)             | 237003                                            |
| Description              |                                                   |
|                          |                                                   |
|                          |                                                   |
| 2. Applicant Deta        | ails                                              |
| Title                    | Mrs                                               |
|                          |                                                   |

| Description       |                              |  |
|-------------------|------------------------------|--|
|                   |                              |  |
|                   |                              |  |
| 2. Applicant Deta | ils                          |  |
| Title             | Mrs                          |  |
| First name        | Kate                         |  |
| Surname           | Allen                        |  |
| Company name      |                              |  |
| Address line 1    | Hook Norton Veterinary Group |  |
| Address line 2    | White Hills Surgery          |  |
| Address line 3    | Hook Norton                  |  |
| Town/city         | Banbury                      |  |
|                   |                              |  |

| 2. Applicant Detai                                       | ils                           |                  |                                 |                                     |                                                |                             |          |          |                  |  |
|----------------------------------------------------------|-------------------------------|------------------|---------------------------------|-------------------------------------|------------------------------------------------|-----------------------------|----------|----------|------------------|--|
| Country                                                  |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Postcode                                                 | OX15 5DG                      | ì                |                                 |                                     |                                                |                             |          |          |                  |  |
| Primary number                                           |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Secondary number                                         |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Fax number                                               |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Email address                                            |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Are you an agent acting                                  | g on behalf o                 | of the applicar  | nt?                             |                                     | 1                                              |                             |          | No       |                  |  |
| O. America Destella                                      |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| 3. Agent Details  No Agent details were s                | submitted for                 | r this applicati | on                              |                                     |                                                |                             |          |          |                  |  |
|                                                          |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| 4. Eligibility                                           |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Do you, or the person of this amendment relates          | on whose be<br>s?             | ehalf you are r  | naking this app                 | olication, have a                   | n interest in the part of                      | the land to which           | Yes      | © No     |                  |  |
| If you are not the sole of Management Procedur           | owner, has n<br>re) (England) | notification und | der article 10 o<br>been given? | f the Town and                      | Country Planning (Dev                          | relopment                   | Yes      | □ No     | ○ Not Applicable |  |
| If you have answered Y                                   | es to this qu                 | uestion, please  | e give details o                | f persons notifie                   | ed                                             |                             |          |          |                  |  |
| Person Notified                                          |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Number                                                   |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Suffix                                                   |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Property name                                            | C                             | Grange Farm      |                                 |                                     |                                                |                             |          |          |                  |  |
| Address line 1                                           | F                             | Park Lane        |                                 |                                     |                                                |                             |          |          |                  |  |
| Address line 2                                           | 9                             | Swalcliffe       |                                 |                                     |                                                |                             |          |          |                  |  |
| Address line 3                                           |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| Town/city                                                | E                             | Banbury          |                                 |                                     |                                                |                             |          |          |                  |  |
| Postcode                                                 | C                             | Ox15 5EU         |                                 |                                     |                                                |                             |          |          |                  |  |
| Date Notified                                            | 1                             | 14/10/2019 00    | 0:00:00                         |                                     |                                                |                             |          |          |                  |  |
|                                                          |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
|                                                          |                               |                  |                                 |                                     |                                                |                             |          |          |                  |  |
| <ol><li>Description of `Please provide the des</li></ol> | -                             |                  | evelonment as                   | shown on the o                      | decision letter                                |                             |          |          |                  |  |
| Erection of a veterinary                                 |                               |                  | -                               | s snown on the c                    |                                                |                             |          |          |                  |  |
| Removal/variation of C exemption to the openi            | _                             |                  |                                 | /F - WE would re<br>ency care cases | equest that the wordings. 19/00835/F - 03.07.1 | g of Condition 8 is a<br>19 | mended t | o includ | e a 24-hour      |  |
| Reference number:                                        | 19/00171/F                    | =                |                                 |                                     |                                                |                             |          |          |                  |  |
| Date of decision                                         | 27/03/2019                    | )                |                                 |                                     |                                                |                             |          |          |                  |  |
| What was the original a                                  | application ty                | ype?             | FullPlanningPo                  | ermission                           | 1                                              |                             |          |          |                  |  |
| For the purpose of calc                                  | culating fees                 | . which of the   | following best                  | describes the o                     | riginal application type                       | ?                           |          |          |                  |  |
|                                                          |                               | ,                |                                 |                                     | 5                                              |                             |          |          |                  |  |

| i. Description of Yo                                                                                                                                              | our Proposal                                                                                                                                                                                  |                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
|                                                                                                                                                                   | ment: Development to an existing dwelling-house or development within its curtilage overed by the above category                                                                              |                                                    |
|                                                                                                                                                                   |                                                                                                                                                                                               |                                                    |
|                                                                                                                                                                   | nendment(s) Sought                                                                                                                                                                            |                                                    |
| Please describe the non-                                                                                                                                          | -material amendment(s) you are seeking to make                                                                                                                                                |                                                    |
| added a shower room 8 added a laundry, wash swapped the vet's office added a window in the put treatment room 1 (T added a larger rest room added 2 extra stables | re with the store room vet's office T1) and 2 next to each other and increased their size im Hoor on the SW elevation                                                                         |                                                    |
| Are you intending to sub                                                                                                                                          | ostitute amended plans or drawings?                                                                                                                                                           | ⊚ Yes         No                                   |
| yes please complete t                                                                                                                                             | the following                                                                                                                                                                                 |                                                    |
| Old plan/drawing numbe                                                                                                                                            | ers                                                                                                                                                                                           |                                                    |
| 3214 - A.02.2 - Vet Build                                                                                                                                         | ding Plan and Elevations                                                                                                                                                                      |                                                    |
| New plan/drawing number                                                                                                                                           | ers                                                                                                                                                                                           |                                                    |
| 122807-001A - Floor Pla                                                                                                                                           | ans, Section & Elevations                                                                                                                                                                     |                                                    |
| Please state why you wis                                                                                                                                          | sh to make this amendment                                                                                                                                                                     |                                                    |
| We want to make the mo                                                                                                                                            | ost of the space in the building, which is why we have made these changes. We believe that f this new space and provide our client's horses with the care they expect and deserve.            | at the submitted changes will allow us to          |
| We would like to put extr                                                                                                                                         | ra stabling in to ensure we have enough capacity for ill horses during very busy periods.                                                                                                     |                                                    |
| n addition, we are consovere concerned that the                                                                                                                   | cious that the more storage we can allocate, the better. Equine veterinarians have to use cleinitial plans did not allocate enough storage.                                                   | linical equipment which is quite large and we      |
| t makes more sense to sare of the opinion that an                                                                                                                 | situate the Vet's Office next to the Reception area, in case client's have a query. Not only the office with natural light and air will create a much better working environment that one wit | his, it is now adjacent to the rest room. We hout. |
| The Treatment Rooms ha                                                                                                                                            | have been put next to each other and made larger for practical reasons. They have direct and hey also need to house large stocks, which is why they have increased in size.                   | ccess to the walkway where horses will be          |
| The door has been move                                                                                                                                            | ed for practical reasons.                                                                                                                                                                     |                                                    |
| The addition of the laund acility.                                                                                                                                | dry, wash & shower rooms will ensure that our staff have access to both clinical and person                                                                                                   | nal wash areas which better reflect a modern       |
| We believe that the initia equine surgery.                                                                                                                        | al plans submitted do not make the most of the building's potential, but are convinced that the                                                                                               | he new plans meet the needs of a new               |
|                                                                                                                                                                   |                                                                                                                                                                                               |                                                    |
| '. Site Visit                                                                                                                                                     |                                                                                                                                                                                               |                                                    |
| Can the site be seen fror                                                                                                                                         | m a public road, public footpath, bridleway or other public land?                                                                                                                             |                                                    |
| f the planning authority r  The agent  The applicant  Other person                                                                                                | needs to make an appointment to carry out a site visit, whom should they contact?                                                                                                             |                                                    |
|                                                                                                                                                                   |                                                                                                                                                                                               |                                                    |
| 3. Pre-application A                                                                                                                                              | Advice                                                                                                                                                                                        |                                                    |
| ·                                                                                                                                                                 | advice been sought from the local authority about this application?                                                                                                                           |                                                    |
| Yes, please complete fficiently):                                                                                                                                 | the following information about the advice you were given (this will help the authori                                                                                                         | ty to deal with this application more              |
| Officer name:                                                                                                                                                     |                                                                                                                                                                                               |                                                    |
| Fitle                                                                                                                                                             |                                                                                                                                                                                               |                                                    |
|                                                                                                                                                                   |                                                                                                                                                                                               |                                                    |
|                                                                                                                                                                   |                                                                                                                                                                                               |                                                    |

| 8. Pre-application                                                                                                              | n Advice                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| First name                                                                                                                      |                                                                                                                                                                                                                                                                                                            |
| Surname                                                                                                                         |                                                                                                                                                                                                                                                                                                            |
| Reference                                                                                                                       |                                                                                                                                                                                                                                                                                                            |
| Date (Must be pre-app                                                                                                           | lication submission)                                                                                                                                                                                                                                                                                       |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                            |
| Details of the pre-applic                                                                                                       | cation advice received                                                                                                                                                                                                                                                                                     |
| a non-material amenda                                                                                                           | ick to ask his advice on how best to proceed with these alterations. Having summarised them for him, he advised that we should submit ment for his attention. The changes we are seeking approval for did not concern him and he confirmed that if he had any queries, he e the application was submitted. |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                            |
| 9. Authority Empl                                                                                                               | loyee/Member                                                                                                                                                                                                                                                                                               |
| With respect to the Au<br>(a) a member of staff<br>(b) an elected member<br>(c) related to a member<br>(d) related to an electe | er of staff                                                                                                                                                                                                                                                                                                |
| It is an important princi                                                                                                       | iple of decision-making that the process is open and transparent. □ Yes ■ No                                                                                                                                                                                                                               |
| For the purposes of this informed observer, have the Local Planning Auti                                                        | is question, "related to" means related, by birth or otherwise, closely enough that a fair-minded and ving considered the facts, would conclude that there was bias on the part of the decision-maker in thority.                                                                                          |
| Do any of the above sta                                                                                                         | atements apply?                                                                                                                                                                                                                                                                                            |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                            |
| 10. Declaration                                                                                                                 |                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                 | olanning permission/consent as described in this form and the accompanying plans/drawings and additional information. I/we confirm four knowledge, any facts stated are true and accurate and any opinions given are the genuine opinions of the person(s) giving them.                                    |
| Date (cannot be pre-<br>application)                                                                                            | 14/10/2019                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                            |
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