

Planning, Housing & Economy

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

> Telephone: 01295 221883/221884 Fax: 01295 221856 Website: www.cherwell-dc.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 planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

Please complete using block capitals and black ink.

It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

Title: First name: Title: MR First name: MERVYN Last name: DOBSON Company (optional): NORTH OXFORDSHIRE CONSORTIUM (optional): House number: Suffix: Unit: House suffix: Unit: Unit: House suffix: Unit: house suffix: Last name and Address Title: MR First name: MERVYN Last name: DOBSON Company (optional): PEGASUS PLANNING GROUP Unit: House number: 6-20 House suffix: Last name and Address	
Company (optional): NORTH OXFORDSHIRE CONSORTIUM Company (optional): House House House Unit: House 6-20 House	
(optional): NORTH OXFORDSHIRE CONSORTIUM (optional): PEGASUS PLANNING GROUP House House Unit: House 6–20 Fuffix:	
House House Unit: House 6–20 House suffix:	
House name: HEYFORD PARK HOUSE House name:	
Address 1: CAMP ROAD Address 1: SPITALGATE LANE	
Address 2: UPPER HEYFORD Address 2:	
Address 3: Address 3:	
Town: BICESTER Town: CIRENCESTER	
County: OXFORDSHIRE County: GLOUCESTERSHIRE	
Country: Country:	
Postcode: OX25 5HD Postcode: GL7 2DE	

3. Description of the Proposal

Please describe the proposal:

PROPOSED NEW SETTLEMENT FOR 1075 DWELLINGS, TOGETHER WITH ASSOCIATED WORKS AND FACILITIES INCLUDING EMPLOYMENT USES, COMMUNITY USES, A SCHOOL, PLAYING FIELDS AND OTHER PHYSICAL AND SOCIAL INFRASTRUCTURE

lude the details	gair of the	n, loss e chan	or cha ges ir	inge o	of use of re tables belo	esident ow:	ial units? Yes		lo	inger granner		and Delivers and Second	concernation of the contract o	·
ropos	ed I	dous	ing				Existing Housing						_	
Not		Numb	er of	Bedro	oms	Total	Market	Not		Numb	er of	Bedro	oms	Total
known	1	2	3	4+	Unknown		Housing		1	2	3	4+	Unknown	
						1.4	Houses							
						- 0	Flats and maisonettes							11
		ļ				:	Live-work units							
						(1	Cluster flats	17						
							Sheltered housing							1
		ļ				f	Bedsit/studios		,,,,,					ļ
		<u> </u>				Ŀ,	Unknown type		MINICHOM DITTORI	<u> </u>	***************************************			ļ
T.	otals	(a + b	+ C +	d+e	+f+g)=	÷,		T	otals	(a + b	+ c +	d+e	+ <i>t</i> + <i>g)</i> =	
· · · · · · · · · · · · · · · · · · ·						T1				Mumb	or of	Redro	വന്ന്യ	Total
Not known	1					 	Social Rented		1	2	3			
ļ		-				;3	Houses	Ø						13
		 				į,	Flats and maisonettes							*:
		 				7	Live-work units							
		1				: 1	Cluster flats							. /
		-				i,	Sheltered housing							**
		 				ţ,	Bedsit/studios							
一一		 	<u> </u>			ij	Unknown type							4
<u>' ' ' </u>	otals	(a + b) + <i>c</i> +	d + e	+f+g) =	8		T	otals	(a + b	+ c +	d + €	+f+g)=	7
Not		Num	ber of	Bedr	1	Total	Intermediate	Not					·	Total
ļ, —	1	2	3	4+	Unknowr	· · · · · · · ·	Houses	ļ	<u> </u>	 _	3	144	OTKHOW	0
 		-	<u> </u>	ļ	1					 		<u> </u>	<u> </u>	-
	ļ	- 		<u> </u>			 			-		ļ		+ -
		-	ļ	ļ				누는		 	<u> </u>			- 3
		-				-	<u> </u>			 		<u> </u>		<u> </u>
 	ļ	-			-		·			<u> </u>		ļ		
 		<u> </u>	 	-				 				<u> </u>		
				<u>l</u>		 	Unknown type	<u> </u>	otale	· (a : 1) c	<u> </u>	\downarrow $+ f + a = -a$	
Ţ	otal	s (a + l) + C +	d + e	(+t+g)=	(.			orals	iu t i	, ₇ , †	итс	9/	1
T	T	Num	her o	Red	noms	Total		Not	T	Num	ber of	Bedr	ooms	Tota
	1	2	3	4+			Key worker		1	2	3			n
Ø						17	Houses	Ø				<u> </u>		
s 🗆						1,	Flats and maisonettes					<u> </u>		
	1						Live-work units							;
		1				17	Cluster flats							s!
	1			<u> </u>		3.1	Sheltered housing							-
						1	Bedsit/studios							_
	 		1	1		ij	Unknown type							
7	otal	s (a +	b + c -	- d + e	: + f + g) =	13		٦	otal	s (a + 1	b + c +	- d + e	e + f + g) =	- 1

resider				r -	(D) = 1	005	Total existing	roeid.	ntial	unite	(F.	4 F + 4	G+H)=	70
	Not known	Not known 1	Not Number Not Number Not Not Number Number Not Number	Not Number of known 1 2 3	Not known 1 2 3 4+ Not kn	Not known 1 2 3 4+ Unknown Totals (a+b+c+d+e+f+g) = Not known 1 2 3 4+ Unknown Totals (a+b+c+d+e+f+g) = Not known 1 2 3 4+ Unknown Number of Bedrooms Number of Bedrooms Number of Bedrooms Number of Bedrooms 1 2 3 4+ Unknown Number of Bedrooms Totals (a+b+c+d+e+f+g) =	Not known 1 2 3 4 Unknown	Proposed Housing Not Number of Bedrooms Total Rhown 1 2 3 4 4 Unknown 2 1 1 2 1 3 4 4 Unknown 2 1 1 2 1 3 4 4 Unknown 2 1 1 2 3 3 4 4 Unknown 2 1 1 2 1 3 4 4 Unknown 2 1 1 2 1 3 4 4 Unknown 2 1 1 2 1 3 4 4 Unknown 2 1 1 1 2 1 3 4 4 Unknown 2 1 1 2 1 3 1 4 Unknown 2 1 1 2 1 3 1 4 Unknown 2 1 1 2 1 3 1 4 Unknown 2 1 1 2 1 3 1 4 Unknown 2 1 1 2 1 3 1 4 Unknown 2 1 1 2 1 3 1 4 Unknown 2 1 1 2 1 3 1 4 Unknown 2 1 1 2 1 3 1 4 Unknown 2 1 1 2 Unknown 2 1 2 Unknow	Not Number of Bedrooms Total Houses Flats and maisonettes Live-work units Live-work unit	Not Number of Bedrooms Total Number of Bedrooms Number of Bedrooms Total Number of Bedrooms Number of Bedrooms	Not Number of Bedrooms Total Known 1 2 3 4 Unknown 1 2 3 3 4 Unknown 3 3 3 3 3 3 3 3 3	Not Number of Bedrooms Total Known 1 2 3 4 Unknown 1 2 3 Unknown 1 2 3 4 Unknown 1 2 3 4 Unknown 1 2 3 Unknown	Not Number of Bedrooms Total Rnown 1 2 3 4 + Unknown 1 2 3 4	Live work units Live work

3. Description of the Proposal (continued)	4. Site Address Details
	Please provide the full postal address of the application site. House House
Has building or works already been Ci d out? Yes No	Unit: House number: suffix:
c, dout:	Heyford Park
If Yes, please state the date when building	Address 1: CAMP ROAD
or works were started (DD/MM/YYYY):	Address 2: UPPER HEYFORD
	Address 3:
(determine the reasonable tion submission)	Town: BICESTER
(date must be pre-application submission)	
Have the works been completed?	County: OXFORDSHIRE Postcode Oxford Transport
Trave the Works been completed.	(optional): OX25_5HD Description of location or a grid reference.
If Yes, please state when the works were	(must be completed if postcode is not known):
completed (DD/MM/YYYY):	Easting: Northing:
	Description:
(date must be pre-application submission)	
	6. Pre-application Advice
5. Assessment of Flood Risk	Has assistance or prior advice been sought from the local
Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and	authority about this application? Yes No
consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Yes V No	application more efficiently). Please tick if the full contact details are not
If yes, you will need to submit a Flood Risk Assessment to consider	known, and then complete as much as possible:
the risk to the proposed site.	Officer name:
Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No	JENNY BARKER / LINDA RAND
	Reference:
Will the proposal increase the flood risk elsewhere? Yes No Unknown	
h √ will surface water be disposed of?	Date (DD/MM/YYYY): (must be pre-application submission)
Sustainable drainage system Existing watercourse	Details of pre-application advice received?
	VARIOUS INVOLVEMENT / DISCUSSIONS ON PROPOSALS
Soakaway Pond/lake	
Main sewer Unknown	
	8. Council Employee / Member
7. Neighbour and Community Consultation Have you consulted your neighbours or	is the applicant or agent related to
the local community about the proposal? Yes No	any member of staff or elected member of the council?
IFV as plants provide details:	If Yes, please provide details:
If Yes, please provide details:	
REFER TO STATEMENT OF COMMUNITY INVOLVEMENT	
9. Site Area	
Please state the site area in hectares (ha) 505	

Yes No Orknown Ork					Von-residentia				7			No	Unknown		
Use class/type of use Section												110			
Use class/type of use Shops	'f you	ı have answer	ed Yes to th									<u> </u>	Not additional gross		
Net tradable area:	Use	e class/type o	f use	Not applicable	internal floorspace	to be use	lost by char or demoliti	ige of ion	Unknowr	floorspace propo (including chang	nai sed e of res)	Unknow	internal floorspace following development		
A3 Restaurants and cafes	A1	Sho	ps							743		믜			
A3 Restaurants and cafes		Net tradal	ble area:												
Ad Drinking establishments	A2	Financi professiona	al and al services												
AS Hot food takeaways	A3	Restaurants	and cafes												
B1 (a) Office (other than A2)	A4	Drinking esta	blishments							340					
B1 (b) Research and development	A5	Hot food to	akeaways												
B1 (c) development	B1 (a)	Office (othe	er than A2))					
B1 (c) Light industrial	B1 (b)									15,570					
Storage or distribution	B1 (c)	<u> </u>								<u> </u>					
C1 Hotels and halls of residence		General i	ndustrial							17,600					
Residential institutions	B8	Storage or o	distribution							83,250					
Residential institutions Refer R	C1														
D1 Non-residential institutions	C2									£ 1					
Assembly and leisure	D1														
Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Class Type of use Applicable applicable change of use or demolition applicable applicable applicable change of use or demolition applicable applicable changes of use applicable applicable change of use or demolition applicable appl	D2										Γ				
Use Class Type of use applicable Existing rooms to be lost by change of use or demolition Unknown Total rooms proposed (including changes of use) Unknown Net additional rooms	OTHER	Please	specify	10											
Use Class Type of use applicable Existing rooms to be lost by change of use or demolition Unknown Total rooms proposed (including changes of use) Unknown Net additional rooms															
Use class Type of use applicable applicable change of use or demolition applicable change of use or demolition applicable change of use or demolition applicable changes of use or demolities or demolities applicable changes or demolities or de		То	tal												
Use class Type of use applicable applicable change of use or demolition applicable change of use or demolition applicable change of use or demolition applicable changes of use or demolities or demolities applicable changes or demolities or de	In ac	ddition, for ho	tels, reside	ntial ir	nstitutions and ho	stels, p	lease additio	onally in	ndica	nte the loss or gai	n of r	oom	ns		
C2 Residential Institutions	Use		Not	Exis	ting rooms to be l	ost by	·]	Tota	al roc	oms proposed	!		1		
Other Hostels	1	Hotels]_			
Other Hostels	C2														
12. Employment Please complete the following information regarding employees: Full-time Part-time Total full-time equivalent Not known Existing employees CIRCA 1,000 Proposed employees CIRCA 1,500 13. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known	Other										[
Please complete the following information regarding employees: Full-time												Pagasan and Alle			
Full-time Part-time Total full-time equivalent Not known Existing employees CIRCA 1,000 Proposed employees CIRCA 1,500 13. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known				of a real	stion rogarding or	onlove	65.								
Existing employees CIRCA 1,000 Proposed employees CIRCA 1,500 13. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known	Please o	complete the	rollowing II	HOIIII		i pioye		e					Not known		
Proposed employees CIRCA 1,500 13. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known		* * * * * * * * * * * * * * * * * * * *		OTDO						equivaient					
13. Hours of Opening Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Sunday and Bank Holidays Not known						+			_						
Please state the hours of opening for each non-residential use proposed: Use Monday to Friday Saturday Saturday Bank Holidays Not known		oposea empre	-yees	CTK(JA 1,500										
Use Monday to Friday Saturday Sunday and Bank Holidays Not known	13. Ho	ours of Ope	ening												
Use Monday to Friday Saturday Bank Holidays Total Monday to Friday	Plea	ase state the h	nours of ope	ening 1	for each non-resid	lential (use propose	d:							
TO BE AGREED		Use		Monda	ay to Friday		Saturday		Sunday and Bank Holidays				Not known		
	LO B	E AGREED									,				

14. Industrial or Commercial Proces	ses	and M	adhine	ry				
Please describe the activities and processes which would be carried out on the site and the end products including processes which would be carried out on the site and the end products including processes which would a product including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out on the site and the end products including by the carried out of the carried out o								
Is the proposal a waste management develo		,	Yes	√ No	Uı	nknown		
If the answer is Yes, please complete the follo			j	C.Yi				
The diswer is respected early a			tal capacetres, include ge and market restorated	ity of the vuding englaking no a tion materior in the contract of the contract	oid in cubic neering Illowance for al (or tonnes quid waste)	Unknown	Maximum annual operational through put in tonnes (or litres if liquid waste)	Unknown
Inert landfill	z ø	II SOIR	ı waste c	i ittics ii iii	quia viuxey			
Non-hazardous landfill		<u> </u>		······································				
Hazardous landfill		<u> </u>						
Energy from waste incineration								
Other incineration	=							
Landfill gas generation plant								
Pyrolysis/gasification		<u> </u>					<u> </u>	
Metal recycling site	믐							
Transfer stations		 						
Material recovery/recycling facilities (MRFs)						十一一		
Household civic amenity sites	片					 		
Open windrow composting	片	<u> </u>						
In-vessel composting						1 =		
Anaerobic digestion	닏							
Any combined mechanical, biological and/ or thermal treatment (MBT)								
Sewage treatment works								
Other treatment			···					
Recycling facilities construction, demolition and excavation waste]						
Storage of waste							<u>.</u>	<u> </u>
Other waste management]						
Other developments	TE]						
Ise provide the maximum annual opera	tiona	l throug	hput of t	he followi	ng waste stre	ams:		
Municipal								
Construction, demolition and	exca	vation						
Commercial and indus								
I la varido y e								···
If this is a landfill application you will need planning authority should make clear wha	to pi t info	rovide fu ormation	ırther info it requir	ormation b es on its w	efore your ap ebsite.	oplication c	an be determined. Your w	aste
15. Existing Use								
Please describe the current use of the site:		MIX	ŒD USF	ES - RES	SIDENTIAL	, EMPLOY	MENT AND RETAIL P	RESENT
	Z N	L						
If Yes, please describe the last use of the sit	e:							
When did this use end (if known)? DD/MM,		Y			(date where	known ma	y be approximate)	
Does the proposal involve any of the follow						\(\sigma\)	′es No	
Land which is known to be contaminated? Land where contamination is suspected fo	r all c	or part of	the site?			Δ,		
A proposed use that would be particularly	vulne	erable to	the pres	ence of co	ntamination	Δ	tament of the same	-
If you have answered Yes to any of the abo		م الثيرين -	eed to s	shmit an a	opropriate co	ontaminatio	n assessment. SEE	E.6.
If you have answered Yes to any of the abo	ve, y	ou Will N	ieeu io si	wiiit ali a	propried co	.,,,,	SDate; 2007/08/22 15:20:04 \$	\$Revision: 1.23 \$

6. Certificates		éhov mišhého Nasiostare	al Holdings Cartificat	te with this application form
One Certificate A, B, C, or D, must b	CEDTIFICATE	OF OWNERSHIP - CERT	FICALEA	
ify/The applicant certifies that on t wuer (owner is a person with a freehold	nning (General De	velopment Procedure) C	order 1995 Certificate	
which the application relates. Signed - Applicant:	(Or signed - Agent:	Date (DD/MM/YYYY):	
	CENTIFICATE	OF OWNERSHIP - CERTI	FICATE B	
Town and Country Pla certify/ The applicant certifies that I h 1 days before the date of this applicat of to run) of any part of the land or bui	nning (General Der ave/the applicant h ion, was the owner	velopment Procedure) C las given the requisite no (owner is a person with a fi	order 1995 Certificate	
Name of Owner		Address		Date Notice Served
REFER TO ATTACHED SCHEDU				
<i></i>				
		O di Acont		 Date (DD/MM/YYYY):
Signed - Applicant:		Or signed - Agent:	DA	03/03/2008
		M.E. Du	7000	
certify/ The applicant certifies that: Neither Certificate A or B can be is All reasonable steps have been tal interest or leasehold interest with at unable to do so. The steps taken were:			ne other owners (owner g, or of a part of it , but	r is a person with a freehold I have/ the applicant has been
Name of Owner	T	Address		Date Notice Served
	re la			
	thiched in the follow	wing newspaper	On the following d	ate (which must not be earlier
Notice of the application has been pu (circulating in the area where the land	d is situated):		than 21 days befor	e the date of the application):
<u> </u>		Or signed - Agent:		Date (DD/MM/YYYY)
Signed - Applicant:	***************************************	J. Jigited Agend		

\$Date: 2007/08/22 15:20:04 \$ \$Revision: 1.23 \$

Schedule of Notices Served to Accompany Planning Application As submitted to LPA 3rd March 2008

Outline planning application for New Settlement Heyford Park, Camp Road, Upper Heyford

Certificate B: Notice served on 3rd March 2008:

Keith Watson 1 Larsden Road Upper Heyford Bicester Oxfordshire OX6 3TA

The Warden and Scholars St Mary College of Winchester New College Oxford Oxford OX1 3BN

Oxfordshire County Council County Hall New Road Oxford OX1 1ND

Agricultural Holdings Certificate – Notice served on 3rd March 2008:

Jersey Manor Farm Partnership Jersey Manor Farm Somerton Oxfordshire OX6 4LW

Mr H J Jones and Son Manor Farm Heyford Oxfordshire OX6 3LQ

Mr J C Pickford Ashgrove Farm Ardley Bicester Oxfordshire OX27 7PJ

16. Certificates (continued)	THE OF CHAIRMAN PROFILE	EICATED	
Town and Country Planning (Ger	TIFICATE OF OWNERSHIP - CERTI neral Development Procedure) C	FICATE D Order 1995 Certificate under Article 7	İ
I certify/ The applicant certifies that: Sizertificate A cannot be issued for this application all reasonable steps have been taken to find on this application, was the owner (owner is a perticular the land to which this application relates, but the steps taken were:	out the names and addresses of ever son with a freehold interest or leasel	eryone else who, on the day 21 days before the condinterest with at least 7 years left to run) of any able to do so.	date of / part of
Notice of the application has been published in the (circulating in the area where the land is situated)	he following newspaper):	On the following date (which must not be ea than 21 days before the date of the application)	on):
		Date (DD/MM/	
Signed - Applicant:	Or signed - Agent:		
Town and Country Planning (Ger	GRICULTURAL HOLDINGS CERTIF neral Development Procedure)O	ICATE rder 1995 Certificate under Article 7	
Agricultural Land Declaration - You Must Complete (A) None of the land to which the application r	relates is, or is part or, an agricultur	ral holding. Date (DD/MM/	/YYYY):
9' ed - Applicant:	Or signed - Agent:		
D) I have / The applicant has given the requisi	ite notice to every person other that	an myself/ the applicant who, on the day21 day: part of the land to which this application relates	 S
B) I have/ The applicant has given the requisi before the date of this application, was a tenant of as listed below:	of an agricultural holding on all or		
Name of Tenant	Address	Date Notice Se	erved
REFER TO ATTACHED SCHEDULE			
			_
Signed - Applicant:	Or signed - Agent:	Date (DD/MM	
	M.E. Doc	03/03/20	108
17. Planning Application Requiremen	ts - Checklist		
Please read the following checklist to make sure information required will result in your application		n support of your proposal. Failure to submit al	II ired by
information required will result in your application the Local Planning Authority has been submitted	on being deemed invalid. It will no d.	E CONSTRUCTION OF THE CONTROL OF THE	√ 1
A completed and dated application form with 3 o	copies:	rect fee: S of a design and access statement:	7
3 copies of the plan which identifies the land to with the application relates drawn to an identified scale and showing the direction of North:	which 3 copie	s of the completed, dated Article 7 ate (Agricultural Holdings):	<u> </u>
3 copies of other plans and drawings or informat	tion 3 copie	s of the completed dated ship Certificate (A, B, C, or D - as applicable):	√
necessary to describe the subject of the applicat	cion: 🔽 Owners	surp certained (AAA) et al. p. et approach.	
18. Declaration	ent as described in this form and t	he accompanying plans/drawings and addition	al
information.	Or signed - Agent:	Date (DD/MM/YYYY):	
Signed - Applicant:	M.F. Dalson	(date ca	annot b plicatior

19. Applicant Contact Details		20. Agent Co	ntactDetails		
Telephone numbers		Telephone num	bers		
Cratry code: National number:	Extension number:	Country code: 01285	National number	:	Extension number:
Country code: Mobile number (optional):		Country code:	Mobile number (d	optional):	
Country code: Fax number (optional): Email address (optional):		Country code: Email address (co	Fax number (opti	ional):	
21. Site Visit					
Can the site be seen from a public road, public footpath	n, bridleway or	other public land	Yes Yes	No	
If the planning authority needs to make an appointmer out a site visit, whom should they contact? (Please selec	nt to carry t only one)	Agent	Applicant	Other (if differ agent/applica	ent from the nt's details)
If Other has been selected, please provide:		- 1	la		
Contact name:		Telephone numl	oer:		
Email address:					