

**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.

**1. Applicant Name and Address**

Title:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

**2. Agent Name and Address**

Title:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

**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

### 10. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?  
 If Yes, please complete details of the changes in the tables below:

Yes  No

#### Proposed Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a+b+c+d+e+f+g) =</b>							4

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a+b+c+d+e+f+g) =</b>							8

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a+b+c+d+e+f+g) =</b>							0

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a+b+c+d+e+f+g) =</b>							0

**Total proposed residential units (A+B+C+D) =** 1005

#### Existing Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a+b+c+d+e+f+g) =</b>							0

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a+b+c+d+e+f+g) =</b>							0

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a+b+c+d+e+f+g) =</b>							0

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input checked="" type="checkbox"/>						a
Flats and maisonettes	<input type="checkbox"/>						b
Live-work units	<input type="checkbox"/>						c
Cluster flats	<input type="checkbox"/>						d
Sheltered housing	<input type="checkbox"/>						e
Bedsit/studios	<input type="checkbox"/>						f
Unknown type	<input type="checkbox"/>						g
<b>Totals (a+b+c+d+e+f+g) =</b>							0

**Total existing residential units (E+F+G+H) =** 70

**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):** 1075

### 3. Description of the Proposal (continued)

Has building or works already been carried out?  Yes  No

If Yes, please state the date when building or works were started (DD/MM/YYYY):

(date must be pre-application submission)

Have the works been completed?  Yes  No

If Yes, please state when the works were completed (DD/MM/YYYY):

(date must be pre-application submission)

### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:  House number:  House suffix:

House name: HEYFORD PARK

Address 1: CAMP ROAD

Address 2: UPPER HEYFORD

Address 3:

Town: BICESTER

County: OXFORDSHIRE

Postcode (optional): OX25 5HD

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

Easting:  Northing:

Description:

### 5. Assessment of Flood Risk

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 consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes  No

If yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  No

Will the proposal increase the flood risk elsewhere?  Yes  No  Unknown

How will surface water be disposed of?

- Sustainable drainage system  Existing watercourse  
 Soakaway  Pond/lake  
 Main sewer  Unknown

### 6. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?  Yes  No

If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently.)

Please tick if the full contact details are not known, and then complete as much as possible:

Officer name: JENNY BARKER / LINDA RAND

Reference:

Date (DD/MM/YYYY):   
(must be pre-application submission)

Details of pre-application advice received?  
VARIOUS INVOLVEMENT / DISCUSSIONS ON PROPOSALS

### 7. Neighbour and Community Consultation

Have you consulted your neighbours or the local community about the proposal?  Yes  No

If Yes, please provide details:

REFER TO STATEMENT OF COMMUNITY INVOLVEMENT

### 8. Council Employee / Member

Is the applicant or agent related to any member of staff or elected member of the council?  Yes  No

If Yes, please provide details:

### 9. Site Area

Please state the site area in hectares (ha)

### 11. All Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace?  Yes  No  Unknown

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Unknown	Total gross internal floorspace proposed (including change of use)(square metres)	Unknown	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>			<input type="checkbox"/>	743	<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A3	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
A4	<input type="checkbox"/>			<input type="checkbox"/>	340	<input type="checkbox"/>	
A5	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (a)	<input type="checkbox"/>			<input type="checkbox"/>	15,570	<input type="checkbox"/>	
B1 (b)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B1 (c)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
B2	<input type="checkbox"/>			<input type="checkbox"/>	17,600	<input type="checkbox"/>	
B8	<input type="checkbox"/>			<input type="checkbox"/>	83,250	<input type="checkbox"/>	
C1	<input type="checkbox"/>			<input type="checkbox"/>	REFER TO PLANNING STATEMENT	<input type="checkbox"/>	
C2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D1	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
D2	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
OTHER	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Total							

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Unknown	Total rooms proposed (including changes of use)	Unknown	Net additional rooms
A1	Hotels	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
C2	Residential Institutions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other	Hostels	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

### 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
TO BE AGREED				

### 14. 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 pollution control, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

TO BE ESTABLISHED

Is the proposal a waste management development?  Yes  No  Unknown

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Unknown	Maximum annual operational throughput in tonnes (or litres if liquid waste)	Unknown
Inert landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Non-hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hazardous landfill	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Energy from waste incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other incineration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Landfill gas generation plant	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Pyrolysis/gasification	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Metal recycling site	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Transfer stations	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Household civic amenity sites	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Open windrow composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
In-vessel composting	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Anaerobic digestion	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Sewage treatment works	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other treatment	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Storage of waste	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other waste management	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other developments	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

### 15. Existing Use

Please describe the current use of the site:

MIXED USES - RESIDENTIAL, EMPLOYMENT AND RETAIL PRESENT

Is the site currently vacant?  Yes  No

If Yes, please describe the last use of the site:

When did this use end (if known)? DD/MM/YYYY

(date where known may be approximate)

Does the proposal involve any of the following: and which is 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

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment. SEE E.S.

**16. Certificates**

One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form

**CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which the application relates.

Signed - Applicant:  Or signed - Agent:  Date (DD/MM/YYYY):

**CERTIFICATE OF OWNERSHIP - CERTIFICATE B**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of any part of the land or building to which this application relates.

Name of Owner	Address	Date Notice Served
REFER TO ATTACHED SCHEDULE		

Signed - Applicant:  Or signed - Agent:  Date (DD/MM/YYYY):

**CERTIFICATE OF OWNERSHIP - CERTIFICATE C**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

I certify/ The applicant certifies that:

- § Neither Certificate A or B can be issued for this application
- § All reasonable steps have been taken to find out the names and addresses of the other owners (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.

The steps taken were:

Name of Owner	Address	Date Notice Served

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:  Or signed - Agent:  Date (DD/MM/YYYY):

**Schedule of Notices Served to Accompany Planning Application  
As submitted to LPA 3<sup>rd</sup> March 2008**

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

Certificate B: Notice served on 3<sup>rd</sup> 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 3<sup>rd</sup> 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)**

**CERTIFICATE OF OWNERSHIP - CERTIFICATE D**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

I certify/ The applicant certifies that:

§ Certificate A cannot be issued for this application

§ All reasonable steps have been taken to find out the names and addresses of everyone else who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land to which this application relates, but I have/ the applicant has been unable to do so.

The steps taken were:

Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:  Or signed - Agent:  Date (DD/MM/YYYY):

**AGRICULTURAL HOLDINGS CERTIFICATE**

**Town and Country Planning (General Development Procedure) Order 1995 Certificate under Article 7**

Agricultural Land Declaration - You Must Complete Either A or B

(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:  Or signed - Agent:  Date (DD/MM/YYYY):

B) I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, as listed below:

Name of Tenant	Address	Date Notice Served
REFER TO ATTACHED SCHEDULE		

Signed - Applicant:  Or signed - Agent: M.E. Dolson Date (DD/MM/YYYY): 03/03/2008

**17. Planning Application Requirements - Checklist**

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

- |  |  |
|--|--|
| A completed and dated application form with 3 copies: <input checked="" type="checkbox"/>  | The correct fee: <input checked="" type="checkbox"/>   |
| 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: <input checked="" type="checkbox"/> | 3 copies of a design and access statement: <input checked="" type="checkbox"/>   |
| 3 copies of other plans and drawings or information necessary to describe the subject of the application: <input checked="" type="checkbox"/>  | 3 copies of the completed, dated Article 7 Certificate (Agricultural Holdings): <input checked="" type="checkbox"/>        |
|  | 3 copies of the completed dated Ownership Certificate (A, B, C, or D - as applicable): <input checked="" type="checkbox"/> |

**18. Declaration**

I hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:  Or signed - Agent: M.E. Dolson Date (DD/MM/YYYY): 03/03/2008 (date cannot be pre-application)



### 19. Applicant Contact Details

Telephone numbers

Country code:	National number:	Extension number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional):		
<input type="text"/>		

### 20. Agent Contact Details

Telephone numbers

Country code:	National number:	Extension number:
01285	641 717	<input type="text"/>
Country code:	Mobile number (optional):	
<input type="text"/>	<input type="text"/>	
Country code:	Fax number (optional):	
<input type="text"/>	<input type="text"/>	
Email address (optional):		
<input type="text"/>		

### 21. 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)*

Agent

Applicant

Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address: