

If you would rather make this application online, you can do so on our website: https://www.planningportal.co.uk/apply

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

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended).

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of its obligations in regards to the processing of your application. Please refer to its website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:

Publication of applications on planning authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website.

Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

If printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address					
Title:	Mr First name: Jonathan				
Last name:	Blackwell				
Company (optional):					
Unit:	House House suffix:				
House name:	Heath Barn				
Address 1:	Sibford Gower				
Address 2:					
Address 3:					
Town:	Banbury				
County:	Oxfordshire				
Country:					
Postcode:	OX15 5HQ				

2. Agent Name and Address							
Title:	Mr	First name:	Charlie				
Last name:	Luxton						
Company (optional):	Charlie Luxton Design						
Unit:	House House suffix:						
House name:	Beanacre Cottage						
Address 1:	Rope Way						
Address 2:							
Address 3:							
Town:	Hook Norton						
County:	Oxfordshire	3					
Country:							
Postcode:	OX15 5QE	3					
		- 1/	rsion 2018				

3. Site Address Details		4. Pr	e-applic	ation Advice		
Please provide the full postal address of the application site.				r prior advice been sought from the local this application?		
Unit:	House House suffix:		author	nly about t	this application? Yes No	
House name:	Heath Barn		If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this			
Address 1:	Address 1: Sibford Gower				e efficiently). full contact details are not	
Address 2:	Address 2:				complete as much as possible:	
Address 3:			Office	r name:		
Town:	Banbury		Refere	ence:		
County:	Oxfordshire					
Postcode (optional):	OX15 5HQ		Date (DD/MM/YYYY):			
Description (must be co	of location or a grid reference. mpleted if postcode is not known):		(must be pre-application submission) Details of pre-application advice received?			
Easting:	Northing:					
Description	:					
	ption Of Your Proposal		. 1			
and date of	ide a description of the approved development a decision in the sections below:	is shown	on the c	decision le	tter, including the application reference number	
Retrospectiv	ve - Change of use of land and associated works to form a vehicular acc	ess and exte	nsion to resi	dential curtilage	e associated with Heath Barn.	
Deference	Data of da		04 (00 (0	000	(Date must be pre-application	
Reference n		L	21/08/2	020	submission) (DD/MM/YYYY)	
Please state the condition number(s) to which this application relates 1. Condition 2 - Landscape Plan		6.				
2.		7.				
3.	3.		8.			
4.	4.		9.			
5.			10.			
Has the dev	velopment already started?			Yes	No	
If Yes, please state when the development started (DD/MM/YYYY):			03/2013	(date must be pre-application submission)		
Has the development been completed? Yes No						
If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)						
6 Discha	rge Of Condition					
6. Discharge Of Condition Please provide a full description and/or list of the materials/details that are being submitted for approval:						
213_03_320_P2 Proposed Landscape Plan						
7. Part Discharge Of Condition(s)						
Are you seeking to discharge only part of a condition? Yes No						
If Yes, please indicate which part of the condition your application relates to:						

8. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all t information required will result in your application being deemed the Local Planning Authority (LPA) has been submitted.	the information in support of your proposal. Failure to submit all invalid. It will not be considered valid until all information required by			
The original and 3 copies* of a completed and dated application form: \Box or	e original and 3 copies* of other plans and drawings nformation necessary to describe the subject of the application:			
The correct fee:				
genuine opinions of the person(s) giving them.	my facts stated are true and accurate and any opinions given are the			
Signed - Applicant:	Or signed - Agent:			
Date (DD/MM/YYYY):				
(date cannot be pre-application)				
10. Applicant Contact Details	11. Agent Contact Details			
Telephone numbers	Telephone numbers			
Country code: National number: Extension number:	Extension Country code: National number: number:			
Country code: Mobile number (optional):	Country code: Mobile number (optional):			
Country code: Fax number (optional):	Country code: Fax number (optional):			
Email address (optional):	Email address (optional):			
Email address (optional).	charlie@charlieluxton.com			
12. Site Visit				
Can the site be seen from a public road, public footpath, bridleway 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:	Tolophono number:			
Contact name: Jonathan Blackwell	Telephone number:			

Email address: