

**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:	<input type="text" value="Mr"/>	First name:	<input type="text" value="Chris"/>	Surname:	<input type="text" value="Womack"/>		
Company name:	<input type="text" value="Maria Mallaband Care Group"/>						
Street address:	<input type="text" value="Westcourt"/>			Country Code	National Number	Extension Number	
	<input type="text" value="Gelderd Road"/>	Telephone number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	Mobile number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Town/City:	<input type="text" value="Leeds"/>	Fax number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
County:	<input type="text"/>	Email address:	<input type="text"/>				
Country:	<input type="text" value="United Kingdom"/>						
Postcode:	<input type="text" value="LS12 6DB"/>						
Are you an agent acting on behalf of the applicant? <input checked="" type="radio"/> Yes <input type="radio"/> No							

2. Agent Name, Address and Contact Details

Title:	<input type="text" value="Mr"/>	First Name:	<input type="text" value="Adrian"/>	Surname:	<input type="text" value="Kearley"/>	
Company name:	<input type="text" value="AKA Planning"/>					
Street address:	<input type="text" value="Thorncroft Manor"/>			Country Code	National Number	Extension Number
	<input type="text" value="Thorncroft Drive"/>	Telephone number:	<input type="text"/>	<input type="text" value="0845 64 362 64"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Mobile number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Town/City:	<input type="text" value="Leatherhead"/>	Fax number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
County:	<input type="text" value="Surrey"/>	Email address:	<input type="text" value="adrian@akaplanning.co.uk"/>			
Country:	<input type="text" value="United Kingdom"/>					
Postcode:	<input type="text" value="KT22 8JB"/>					

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="Land North-East of Junction of"/>		
Street address:	<input type="text" value="Skimmingdish Lane/Launton Road"/>		
	<input type="text" value="Launton"/>		
Town/City:	<input type="text" value="Bicester"/>		
County:	<input type="text" value="Oxon"/>		
Postcode:	<input type="text" value="OX"/>		

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

Easting:	<input type="text" value="460158"/>
Northing:	<input type="text" value="223288"/>

4. 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):

Officer name:

Title:	<input type="text" value="Mr"/>	First name:	<input type="text" value="Andrew"/>	Surname:	<input type="text" value="Lewis"/>
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Reference:

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

Details of the pre-application advice received:

Initial conservation to discuss planning application procedure and to explain the nature of the details to be approved.

5. Description of Proposal

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

Construction of a 60 bedroom care home (Use Class C2) together with ancillary accommodation including café, hair salon and shop and associated development including car parking and servicing arrangements.

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:

Drawing 13 150 S500C

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