

## **Public Protection & Development Management**

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

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

Application for removal or variation of a condition following grant of planning permission. 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 N   | ame, Address a          | nd Contact Deta | ils               |                          |          |   |  |  |  |  |
|------------------|-------------------------|-----------------|-------------------|--------------------------|----------|---|--|--|--|--|
| Title: Mr & Mrs  | First Name:             | J               |                   | Surname:                 | Thompson |   |  |  |  |  |
| Company name:    |                         | 5               |                   | _                        |          | _ |  |  |  |  |
| Street address:  | Small House             |                 |                   |                          |          |   |  |  |  |  |
| Small House Lane |                         | Telephone num   | Telephone number: |                          |          |   |  |  |  |  |
|                  |                         |                 | Mobile number:    | Mobile number:           |          |   |  |  |  |  |
| Town/City:       | SIBFORD FERRIS          |                 | Fax number:       | Fax number:              |          |   |  |  |  |  |
| Country:         |                         |                 | Email address:    | Email address:           |          |   |  |  |  |  |
| Postcode:        | OX15 5RG                |                 |                   |                          |          |   |  |  |  |  |
| Are you an agent | acting on behalf of the | ne applicant?   | Yes               | No                       |          |   |  |  |  |  |
|                  |                         |                 |                   |                          |          |   |  |  |  |  |
| 2. Agent Name    | , Address and C         | Contact Details |                   |                          |          |   |  |  |  |  |
| Title: Mr        | First Name:             | Simon           |                   | Curnoma                  | Howward  | _ |  |  |  |  |
|                  |                         |                 |                   | Surname:                 | Hayward  |   |  |  |  |  |
| Company name:    | Hayward Smart Are       | chitects        |                   |                          |          |   |  |  |  |  |
| Street address:  | The Coach House         |                 |                   |                          |          |   |  |  |  |  |
|                  | 3a New Street           |                 | Telephone num     | ber: 0160                | 3661000  |   |  |  |  |  |
|                  |                         |                 | Mobile number:    |                          |          |   |  |  |  |  |
| Town/City:       | Shipston on Stour       |                 | Fax number:       |                          |          |   |  |  |  |  |
| Country:         | United Kingdom          |                 | Email address:    | Email address:           |          |   |  |  |  |  |
| Postcode:        | CV36 4EW                |                 | simon@hsarch      | simon@hsarchitects.co.uk |          |   |  |  |  |  |

| 3. Site Addre                        | ss De     | tails        |            |               |                 |            |                |          |            |       |                    |                    |            |         |
|--------------------------------------|-----------|--------------|------------|---------------|-----------------|------------|----------------|----------|------------|-------|--------------------|--------------------|------------|---------|
| Full postal addre                    | ess of t  | he site (in  | cluding    | full postcod  | e where avail   | lable)     | Descriptio     | n:       |            |       |                    |                    |            |         |
| House:                               |           |              | S          | Suffix:       |                 |            |                |          |            |       |                    |                    |            |         |
| House name:                          |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Street address:                      | Smal      | II House     |            |               |                 |            |                |          |            |       |                    |                    |            |         |
|                                      |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
|                                      |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Town/City:                           | SIBF      | ORD FER      | RRIS       |               |                 |            |                |          |            |       |                    |                    |            |         |
| Postcode:                            | OX15 5RG  |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Description of Is                    | nontion   | or a grid    | roforono   | •             |                 |            |                |          |            |       |                    |                    |            |         |
| Description of lo<br>(must be comple |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Easting:                             | 4359      | 22           |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Northing:                            | 2374      | 28           |            |               |                 |            |                |          |            |       |                    |                    |            |         |
|                                      |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| 4. Pre-applica                       | ation     | Advice       |            |               |                 |            |                |          |            |       |                    |                    |            |         |
|                                      |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Has assistance                       | •         |              |            | _             |                 | -          |                |          |            |       |                    | No                 |            |         |
| If Yes, please co                    | omplete   | e the follow | wing info  | rmation abo   | out the advice  | e you were | given (this    | will hel | p the au   | thori | ty to deal with th | is application mo  | ore effici | ently): |
| Officer name:                        |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Title: Ms                            |           | First nam    | ne:        | Emily         |                 |            |                |          | Surnan     | ne:   | Shaw               |                    |            |         |
| Reference:                           |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Date (DD/MM/Y                        | ,         | 10/03/20     |            |               | pre-applicati   | on submis  | sion)          |          |            |       |                    |                    |            |         |
| Details of the pre                   |           |              |            |               | narge the con   | dition but | Emily advis    | ed that  | further in | nforn | nation was requi   | red. Since it is n | ot possik  | ole to  |
|                                      |           |              |            |               |                 |            |                |          |            |       | ould be submitted  |                    |            |         |
|                                      |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| 5. Description                       | n of tl   | he Prop      | osal       |               |                 |            |                |          |            |       |                    |                    |            |         |
| D                                    |           |              |            |               | , ,             |            |                |          |            |       |                    |                    |            |         |
| Please provide a                     |           | •            | ne appro   | ved develo    | pment as sno    | own on the | decision le    | tter:    |            |       |                    |                    |            |         |
| Application refer                    | ence n    | number:      |            | 15/01863/1    | F               |            |                |          |            | Dat   | e of decision:     | 22/12/2015         |            |         |
| Please state the                     | condit    |              | er(s) to v | vhich this a  | pplication rela | ates:      |                |          |            |       |                    |                    |            | I       |
| Condition number                     | er(s):    |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
|                                      |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Has the develop                      | ment a    | already sta  | arted?     | Yes           | No              |            |                |          |            |       |                    |                    |            |         |
|                                      |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| 6. Condition(                        | s) - R    | emoval       |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| Diagon state why                     | ., .,     | wich the e   | ondition/  | a) ta ba ran  | acted or abou   | a a a du   |                |          |            |       |                    |                    |            |         |
| Please state why                     |           |              | onanion    | s) to be left | loved of Criai  | ngeu.      |                |          |            |       |                    |                    |            |         |
| It is not possible                   | e to full | ly design t  | the lands  | scaping sch   | eme prior to    | commence   | ement of bui   | ilding w | orks       |       |                    |                    |            |         |
| If you wish the e                    |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |
| We wish to cha                       | nge the   | e wording    | of the co  | ondition fror | n 'pre-comme    | encement'  | to 'prior to o | occupat  | ion'. This |       | ows the main bui   | Iding works to p   | rogress    | and the |
| landscaping sc                       | neme 1    | to be deve   | eiopea, c  | onullions d   | ischarged an    | u ine sche | me impiem      | енкеа р  | 1101 10 00 | cup   | auOII.             |                    |            |         |
|                                      |           |              |            |               |                 |            |                |          |            |       |                    |                    |            |         |

| 7. Site Visit             |                              |                              |   |                   |                       |             |                               |  |  |
|---------------------------|------------------------------|------------------------------|---|-------------------|-----------------------|-------------|-------------------------------|--|--|
| Can the site be seen      | from a public ro             | oad, public footpath, b      | oridleway or other public land?   |                   | ○ Yes ⊚               | No          |                               |  |  |
| If the planning author    | rity needs to ma             | ke an appointment to         | carry out a site visit, whom sh   | ould they con     | tact? (Please sel     | ect only or | ne)                           |  |  |
| The agent                 | The applicar                 | nt Other per                 | rson  |                   |                       |             |                               |  |  |
|                           |                              |                              |   |                   |                       |             |                               |  |  |
| 8. Certificates (C        | ertificate A)                |                              |   |                   |                       |             |                               |  |  |
|                           | Town and Cour                | ntry Planning (Develop       | Certificate of Ownership - Cert<br>ment Management Procedure) (l  |                   | r 2015 Certificate    | under Artic | cle 14                        |  |  |
| freehold interest or leas | sehold interest with         | h at least 7 years left to r | date of this application nobody ex run) of any part of the land to whic g" has the meaning given by refer | h the application | n relates, and that r | none of the | land to which the application |  |  |
| Title: Mr                 | First name:                  | Simon                        |   | Surname: Hayward  |                       |             |                               |  |  |
| Person role:              | rson role: AGENT Declaration |                              |   | 08/0              | ✓ Declaration made    |             |                               |  |  |
|                           |                              |                              |   |                   |                       |             |                               |  |  |
| 9. Declaration            |                              |                              |   |                   |                       |             |                               |  |  |
| .,                        |                              |                              |   |                   | ,                     |             |                               |  |  |
| drawings and additio      | nal information.             | I/we confirm that, to t      | cribed in this form and the acc<br>the best of my/our knowledge,<br>opinions of the person(s) givin       | any facts stat    |                       | Date        | 08/06/2016                    |  |  |
|                           |                              |                              |   |                   |                       |             |                               |  |  |
|                           |                              |                              |   |                   |                       |             |                               |  |  |
|                           |                              |                              |   |                   |                       |             |                               |  |  |