

Application for a non-material amendment following a grant of planning permission.
Town and Country Planning 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:	Mr	First Name:		Surname:	Dorchester Group
Company name:	Dorchester Group				
Street address:	c/o Agent				
		Telephone number:			
		Mobile number:			
Town/City:		Fax number:			
Country:	United Kingdom				
Postcode:					
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:	Mrs	First Name:	Amanda	Surname:	Stobbs
Company name:	Pegasus Group				
Street address:	Pegasus House				
	Whitworth Road				
	Cirencester				
Town/City:	Gloucestershire				
Country:	United Kingdom				
Postcode:	GL7 1RT				
		Telephone number:	01285641717		
		Mobile number:			
		Fax number:			
		Email address:	amanda.stobbs@pegasuspg.co.uk		

3. Site Address Details

Full postal address of the site (including full postcode where available)

Description:

House: Suffix:

House name:

Street address:

Town/City:

Postcode:

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

Easting:

Northing:

4. Eligibility

Do you, or the person on whose behalf you are making this application, have an interest in the part of the land to which this amendment relates? Yes No

If you are not the sole owner, has notification under article 10 of the Town and Country Planning (Development Management Procedure) (England) Order 2015 been given? Yes No Not Applicable

Person notified	Address	Date of notification (DD/MM/YYYY)
Mr and Mrs Ransome	Number: <input type="text" value="10"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Hampden Square"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5AH"/>	06/04/2016
Mr Williams and Mrs Bryan	Number: <input type="text" value="1"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Hampden Square"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5AJ"/>	06/04/2016
Mr Walker and Miss Eadle	Number: <input type="text" value="17"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Hampden Square"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5AJ"/>	06/04/2016
Mr Leyland and Miss Hung	Number: <input type="text" value="19"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Hampden Square"/>	06/04/2016

4. Eligibility

Person notified	Address	Date of notification (DD/MM/YYYY)
	<input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5AJ"/>	
Mr and Mrs Mallalieu	Number: <input type="text"/> Suffix: <input type="text"/> House name: <input type="text" value="c/o Mr Simon Fry, Dorchester Group"/> Street: <input type="text" value="Heyford Park"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5HD"/>	06/04/2016
Mr Shafiulazam	Number: <input type="text" value="6"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Old Chapel Close"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Kidlington"/> Postcode: <input type="text" value="OX25 2HN"/>	06/04/2016
Mrs Singer	Number: <input type="text" value="1"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Kidston Court"/> <input type="text" value="12 Oxford Road"/> <input type="text"/> Town: <input type="text" value="Kidlington"/> Postcode: <input type="text" value="OX5 1AA"/>	06/04/2016
Mr Williams	Number: <input type="text" value="26"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Soden Road"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5LR"/>	06/04/2016
Mr and Mrs Hanneman	Number: <input type="text" value="22"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Soden Road"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 4LR"/>	06/04/2016
Mr Bone and Miss Dunn	Number: <input type="text" value="20"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Soden Road"/> <input type="text"/>	06/04/2016

4. Eligibility

Person notified	Address	Date of notification (DD/MM/YYYY)
	<input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5LR"/>	
Mr and Mrs Markham	Number: <input type="text" value="10"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Soden Road"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5LR"/>	06/04/2016
Mr McKeown	Number: <input type="text" value="204"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Woodstock Road"/> <input type="text" value="Yarnton"/> <input type="text"/> Town: <input type="text" value="Kidlington"/> Postcode: <input type="text" value="OX5 1PP"/>	06/04/2016
Mr Lisiewicz	Number: <input type="text" value="2"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Hampden Square"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5AH"/>	06/04/2016
Mr and Mrs Dewis	Number: <input type="text" value="78"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Hampden Square"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5AH"/>	06/04/2016
Mr and Mrs Ismail	Number: <input type="text" value="7"/> Suffix: <input type="text"/> House name: <input type="text"/> Street: <input type="text" value="Hampden Square"/> <input type="text"/> <input type="text"/> Town: <input type="text" value="Upper Heyford"/> Postcode: <input type="text" value="OX25 5AJ"/>	06/04/2016

5. Description of Your Proposal

Description of Approved Development:

Outline - Proposed new settlement of 1075 dwellings including the retention and

5. Description of Your Proposal

change of use of 267 existing military dwellings to residential use Class C3 and the change of use of other specified buildings, together with associated works and facilities, including employment uses, a school, playing fields and other physical and social infrastructure

Reference number:

*Date of decision (DD/MM/YYYY):

What was the original application type?

For the purpose of calculating fees, which of the following best describes the original application type?

- Householder development:** Development to an existing dwelling-house or development within its curtilage
- Other:** anything not covered by the above category

6. Non-Material Amendment(s) Sought

*Please describe the non-material amendment(s) you are seeking to make:

Are you intending to substitute amended plans or drawings? Yes No

Old plan/drawing numbers:

New plan/drawing numbers:

Please state why you wish to make this amendment:

7. 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: First name: Surname:

Reference:

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

Details of the pre-application advice received:

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. Authority Employee/Member

With respect to the Authority, I am:

- (a) a member of staff
(b) an elected member
(c) related to a member of staff

Do any of these statements apply to you?

Yes No

9. Authority Employee/Member

(d) related to an elected member

10. 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