Oxford Planning Control and Conservation St Aldate's Chambers, 109-113 St Aldate's Oxford, OX1 1DS

EIRST SUBMISSION REFUSED 20/0270 OXFORD
SECOND SUBMISSION REVISED DRGS COUNCIL Tel: 01865 249811planning@oxford.gov.uk Email:

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

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.

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. Applica	ent Name and Address	2. Agent Name and Address					
Title:	MR First name: MOHAMMED SAJID	Title: MR First name: MOHAMMED					
Last name:	KARIM	Last name: EHSAN					
Company (optional):		Company (optional):					
Unit:	House number: 97 House suffix:	Unit: House number: 418 House suffix:					
House name:		House name:					
Address 1:	RIDGEFIELD ROAD	Address 1: COWLEY ROAD					
Address 2:		Address 2:					
Address 3:		Address 3:					
Town:	OXFORD	Town: OXFORD					
County:	OXFORDSHIRE	County: OXPORDSHIRE					
Country:		Country:					
Postcode:	0X4 3BY	Postcode: OX4 2 BX					
3. Description of Proposed Works Please describe the proposed works: SINGLE STOREY REAR EXTENSION (TO ORIGINAL APPRINED DRAWINGS) AND INSERTION OF I NO ROOFLIGHT TO SIDE ELEVATION							

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	2018 (date must be pre-application submission)
Has the work already been completed? Yes No	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.	Is a new or altered vehicle access proposed to or from the public highway? Yes
Unit: House number: 97 House suffix:	Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes No Do the proposals require any diversions,
Address 1: RIDGEFIELD ROAD	extinguishments and/or creation of public rights of way? Yes No
Address 2:	If Yes to any questions, please show details on your plans or
Address 3:	drawings and state the reference number(s) of the plan(s)/ drawing(s):
Town: OXFORD	
County: OXFORD SHIRE	
Postcode (optional): $0x43BY$	
Has assistance or prior advice been sought from the local authority about this application? 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 possible: Officer name: Reference: Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings: Will any trees or hedges need to be removed or pruned in order to carry out your proposal? If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
8. Parking Will the proposed works affect existing car parking arrangements? If Yes, please describe:	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 (d) related to an elected member If Yes, please provide details of the name, relationship and role

Walls 300 CAVITY EXTERNAL LEAF TO MATCH. Roof EXTENSION TO EXTING FELTED FLAT ROOF Windows Upve WHITE TO HEATCH. Doors Boundary treatments (e.g. fences, walls) Vehicle access and hard-standing Lighting Chappened Construction STOP TEMPS CANSTRUCTION (please specify) Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Lighting Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Lighting Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Lighting Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Lighting Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Lighting Lig		Existing (where applicable)	Proposed	Not applicable	Don't Know
Windows Upyce WHITE TO MATCH. Doors Boundary treatments (e.g. fences, walls) Vehicle access and hard-standing Lighting Cothers (please specify) (Approved Construction STEP TEMPORARLY DUE TO CROWN 19 —)	Walls				
Doors Do	Roof		EXTENSION TO EXTING FELTED FLAT ROOF		
Boundary treatments (e.g. fences, walls) Vehicle access and hard-standing Lighting Chers (please specify) (Approved Construction (please specify)	Windows		UPYE WHITE TO MATCH.		
Vehicle access and hard-standing Lighting Chers (please specify) As Exis TING (Apprice Construction STEP TEmporariy DUE To CRENA 19—)	Doors		opre white		
As EXISTING Lighting Others (please specify) (Approved Construction STOP TempoRarly Bue To CROWA 19—)			AS EXISTING		
Others (please specify) (Approved Construction STOP TEMPORARLY DUE TO CRONA 19—)			AS EXISTING		
(please specify) STOP TEMPORARLY DUE TO CROWA 19 -)	Lighting				
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? [7] Yes [7] N			STEP TEMPORARLY DUE		
If Yes, please state references for the plan(s)/drawing(s)/design and access statement:			TAXABANA ATAMA		∏ No

11. Ownership Certificates				
One Certificate A, B, C, or D, mu	st be completed, tog	gether with the Agricultu	aral Holdings Certificate with	this application form
	CERTIFICAT (Development Man on the day 21 days be	E OF OWNERSHIP - CERT agement Procedure) (En	rificate A Igland) Order 2010 Certificate Cation pobody except myself/th	under Article 12
Cianad Analisant		Or signed - Agent:		Date (DD/MM/YYYY):
				16.2.2021
Town and Country Planning I certify/ The applicant certifies that 21 days before the date of this applicant to run) of any part of the land or be	(Development Mana I have/the applicant cation, was the owner	has given the requisite no r lowner is a person with a	gland) Order 2010 Certificate	below) who on the day
Name of Owner		Address		Date Notice Served
Signed - Applicant:		O		
Jigited Applicant.		Or signed - Agent:		Date (DD/MM/YYYY):
Neither Certificate A or B car All reasonable steps have be interest or leasehold interest v been unable to do so. The steps taken were:	en taken to find out t	he names and addresses	of the other owners (owner is a part of it, but I hav	person with a freehold e/ the applicant has
Name of Owner		Address		Date Notice Served
•				
Notice of the application to the				
Notice of the application has been positive (circulating in the area where the land	d is situated):	ing newspaper	On the following date (which than 21 days before the date of	must not be earlier of the application):
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):

11. Ownership Certificates (continued)					
CERTIFICATE OF OWNERSHIP - CERTIFICATE D Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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:	relates, but i have/ the applic	Lant has been unable to do so.			
Notice of the application has been published in the follo (circulating in the area where the land is situated):	wing newspaper	On the following date (which than 21 days before the date	must not be earlier of the application):		
Cianad Applicants					
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):		
Town and Country Planning (Development Man	aration - You Must Complete	and) Order 2010 Certificate u Either A or B	nder Article 12 Date (DD/MM/YYYY):		
	1				
			16.2.2021		
before the date of this application, was a tenant of an ag as listed below:	every person other than my ricultural holding on all or pa	yself/ the applicant who, on the art of the land to which this ap	e day 21 days olication relates,		
Name of Tenant	Address		Date Notice Served		
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):		
13. Planning Application Requirements - Che Please read the following checklist to make sure you have information required will result in your application being the Local Planning Authority has been submitted.	sent all the information in s	upport of your proposal. Failu e considered valid until all info	re to submit all rmation required by		
The original and 3 copies of a The original completed and dated application form:	ginal and 3 copies of a and access statement if	The correct fee:			
identifies the land to which the application relates drawn to an identified scale World I	ed works fall within a vation area or Heritage Site, or relate to a Building:	The original and 3 cop completed, dated Own Certificate (A, B, C or D	ies of the nership - as applicable):		
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:		The original and 3 cop completed, dated Artic (Agricultural Holdings)	cle 12 Certificate		

14. Declaration						
I/we hereby apply for planning permission/conse information. I/we confirm that, to the best of my/	ent as described in the	is form and the accor	npanying plan	s/drawings and a	additional given are the	
genuine opinions of the person(s) giving them.	our knownedge, arry					
Signed - Applicant:	Or signed - Agent:		Date	(DD/MM/YYYY):	7	
			16	5.2.2021	(date cannot be pre-application)	
15. Applicant Contact Details		16. Agent Cont	tact Details			
Telephone numbers		Telephone number	rs			
Country code: National number:	Extension number:	Country code: N	ational numbe). [**	Extension number:	
Country code: Mobile number (optional):		Country code: M	lobile number	(optional):		
Country code:		Country code: Fa	ax number (op	tional):		
Email address (optional):	Email address (opti	ional):		7		
17. Site Visit						
Can the site be seen from a public road, public footpath, bridleway or other public land? Ves No						
If the planning authority needs to make an appoint out a site visit, whom should they contact? (Pleas	Agent	Applicant	Other (if o	lifferent from the olicant's details)		
If Other has been selected, please provide:				5 , ,		
Contact name:	7	Telephone number	*e •			
THE APPLICANT.						
Email address:						