

Council Offices • Elmfield • New Yatt Road Witney • Oxfordshire • OX28 IPB

Application for listed building consent for alterations, extension or demolition of a listed building.

Planning (Listed Buildings and Conservation Areas) 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.

**Applicant Name and Address** 

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

2. Agent Name and Address

Title:	MR, First name: WATT	Title: First name:		
Last name:	RIPPON	Last name:		
Company (optional):		Company (optional): 1, C. ARCSUTEGES		
Unit:	House number: House suffix:	Unit: House House suffix:		
House name:	horseshoe house	House name: SWAYNE PLACE		
Address 1:	HORSE SHOE LANE	Address 1: 23 WITNEY ROAD		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	MOOTON	TOWN: LONG HANBORD WEAH		
C_unty:	OXW.	County: OXON.		
Country:	h.K.	Country: U.K.		
Postcode:	0×20 lbr.	Postcode: 0×29 8BH,		
3. Descrip	otion of Proposed Work			
Please desc	ribe the proposals to alter, extend or demolish the listed	building(s):		
REPLACEMENT OF WILLPOWS & DOOR FRAME ON SOUTH EAST & SOUTH				
WEST ELEVATIONS WITH NEW TLUBER				
SINGRE GLAZED PRAMES.				
		\$Date:: 2014-02-10 #\$ \$Revision: 5975 \$		

Has the work already   Started without consent?   Yes   No   Work was started (DO/MM/YYY):   House   House   House   Started without consent?   Yes   Work was started (DO/MM/YYY):   House	3. Description of Proposed Work (continued)	4. Site Address Details
Freshmen work area with consent?   Ves   No   House   N	Si destination of the second s	
## Address 1:   House   House	Has the work already	
Address 1:   HORSESHOE LAWE   Address 2:   Address 3:   Town:   W POTTON   County:   Postcode   Management	started without consent?	number: suffix:
Address 3:    Town:   WOTTON	If Yes, please state when the work was started (DD/MM/YYYY):	100 miles (100 miles (
(date must be pre-application submission)  Has the work been completed without consent?  If Yes, please state the date when the work was completed (DD/MM/YYYY):  [County:		Address 2:
Has the work been completed without consent?    Yes   No		Address 3:
Completed without consent?  If Yes, please state the date when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)	
(date must be pre-application submission)    S. Related Proposals	Has the work been	County: OXON
If Yes, please state the date when the work was completed (DD/MM/YYYY):	completed without consent?	(optional): Unco 194.
Description:		(must be completed if postcode is not known):
(date must be pre-application submission)    S. Related Proposals   Are there any current applications, previous proposals or demolitions for the site?   Yes   No   If Yes please describe and include the planning application reference number(s), if known:    Description   Reference number   Reference number   Please tick if the full contact details are not known, and then complete as much as possible:   Officer name:   Date (DD/MM/YYY); must be pre-application advice received?   Please tick if the full contact details are not known, and then complete as much as possible:   Officer name:   Date (DD/MM/YYY); must be pre-application advice received?   Please tick if the full contact details are not known, and then complete as much as possible:   Officer name:   Date (DD/MM/YYY); must be pre-application advice received?   Please tick if the full contact details are not known, and then complete as much as possible:   Officer name:   Do any of these statements apply to you?   Please tick if the authority, I am:   Do any of these statements apply to you?   Please tick if the authority is application advice received?   Please tick if the authority is application advice received?   Please tick if the full contact details are not known, and then complete as much as possible:   Officer name:   Do any of these statements apply to you?   Please tick if the full contact details are not known, and then complete as much as possible:   Do any of these statements apply to you?   Please tick if the full contact details are not known, and then complete as much as possible:   Do any of these statements apply to you?   Please tick if the full contact details are not known, and then complete as much as possible:   Please tick if the full contact details are not known, and then complete as much as possible:   Please tick if the full contact details are not known, and then complete as much as possible:   Please tick if the full contact details are not known, and then complete as much as possible:   Please tick if the full contact detai	work was completed (DD/M/M/1111).	
5. Related Proposals  Are there any current applications, previous proposals or demolitions for the site?  If Yes please describe and include the planning application reference number(s), if known:  Description  Reference number  Door R. (AS TRILS APP.)  7. Neighbour and Community Consultation  Have you consulted your neighbours or the local authority about this application more efficiently.  Details of pre-application advice received?  8. Authority Employee / Member  With respect to the Authority, I am:  (a) a member of staff (b) related to an elected member  Yes No  If Yes, please provide details:		Description:
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Are there any current applications, previous proposals or demolitions for the site?    Yes   No   If Yes please describe and include the planning application reference number(s), if known:    Description   Reference number   Papulate   No   No   No   No   No   No   No   N	(date must be pre-application submission)	
Are there any current applications, previous proposals or demolitions for the site?    Yes   No   If Yes please describe and include the planning application reference number(s), if known:    Description   Reference number   Papulate   No   No   No   No   No   No   No   N		
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If Yes please describe and include the planning application reference number(s), if known:  Description  Reference number  PROBLE WILLOWS F  DOOR. (AS TRIS KOP.)  Please tick if the full contact details are not known, and then complete as much as possible:  Officer name:  Details of pre-application advice received?  7. Neighbour and Community Consultation  Have you consulted your neighbours or the local community about the proposal?  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 as possible:  Officer name:    Date (DD/MMYYY): (must be pre-application advice received?      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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Volume   Community   Consultation   Petalis of pre-application   Details	If Yes please describe and include the planning application	
Please tick if the full contact details are not known, and then complete as much as possible:    Date (DD/M/YYYY): (must be pre-application advice received?   Do any of these statements apply to you? (b) an elected member (c) related to a member of staff (d) related to an elected member   Yes   No		
Reference:   Continue   Continu		application more efficiently).
7. Neighbour and Community Consultation  Have you consulted your neighbours or the local community about the proposal?  If Yes, please provide details:  Officer name:    Date (DD//MM/YYY): (must be pre-application submission)	POPLACE WILLDOWS \$ 19/	
7. Neighbour and Community Consultation Have you consulted your neighbours or the local community about the proposal? Yes No  If Yes, please provide details:    Reference:	DOOR (AS THIS KOD) 01323/	
Date (DD//w/YYY): (must be pre-application advice received?    Date (DD//w/YYY): (must be pre-application advice received?	Tech.	Officer Harrie.
Date (DD//w/YYY): (must be pre-application advice received?    Date (DD//w/YYY): (must be pre-application advice received?		Reference:
(must be pre-application submission)  Details of pre-application advice received?  7. Neighbour and Community Consultation  Have you consulted your neighbours or the local community about the proposal?  Yes  No  No    S. Authority Employee / Member   Do any of these statements apply to you?		The control of the co
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the local community about the proposal?  Yes  No  (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member		With respect to the Authority, I am:  Do any of these
If Yes, please provide details:  (c) related to a member of staff (d) related to an elected member		(b) an elected member Yes No
If Yes, please provide details of the name, relationship and role		
	If Yes, please provide details:	
	If Yes, please provide details:	(d) related to an elected member
	If Yes, please provide details:	(d) related to an elected member

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls				
Roof covering				
Chimney				
Windows	TIMBER SIVENE CHATED	HW. TIMBER SINGNE GRAZES	,	
F-*ernal doors	SOFTWOOP BOARDED	HW. TIMBER SINGLE GRATES SOFTWOOD BOARDED		
Ceilings				
Internal walls				
Floors				
Internal doors				
Rainwater goods				
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard standing				
Lighting				
Others (add description)				
	tional information on submitted drawings (s)/drawing(s) references:	or plans? Yes No		
	HERITAGE	STATEMENT, & GLAS	S INFO.	

Co. P. W.	Cas I'm ID III'm Nicon
10. Demolition	11. Listed Building Alterations
Does the proposal include the partial or total demolition of a listed building?  Yes  No	Do the proposed works include alterations to a listed building?
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include:
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)
b) Demolition of a building within the curtilage of the listed building:	a) Works to the interior of the building? Yes No
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building?  No
If the answer to c) is Yes:	c) Works to any structure or object fixed to the property (or buildings within
i) What is the total volume of the listed building?(cubic metres)	its curtilage) internally or externally?
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)  Please provide a brief description of the building or part of the	If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of
building you are proposing to demolish:	structural support and state references for the plan(s)/drawing(s):
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	DRA. 2213/001 + PANNING STATEMENT & GLASS DETAILS
	+
	HERITAGE REPORT
	1
12. Listed Building Grading	13. Immunity From Listing
Please state the grading (if known) of the building in the list of	Has a Certificate of Immunity from Listing been sought in respect of
Buildings of Special Architectural or Historic interest? (Note: only	this building?
box must be ticked)	Yes No Don't know
Grade 🔲 Ecclesiastical Grade 📗	If Yes, please provide the result of the application:
Grade II* Ecclesiastical Grade II*	
Grade II Ecclesiastical Grade II	
Don't know	

14. Ownership Certificates				
One Certificate A, B, C, or D, must be completed with this application form				
Regulation 6 of the		E OF OWNERSHIP - CERTI ed Buildings and Conserv	FICATE A vation Areas) Regulations 199	90
I certify/ The applicant certifies that on the owner* of any part of the land or building	ne day 21 days be	fore the date of this applic	ation nobody except myself/th	ne applicant was the
* "owner" is a person with a freehold intere	est or leasehold inte	erest with at least 7 years lat	t to run	
Signed - Applicant:		Or		
•				
		5.05		
Regulation 6 of the light of th	ve/the applicant hat tation, was the o	ed Buildings and Conservents  has given the requisite not owner* of any part of the	e land or building to which t	below) who, on the day
Name of Owner		Address		Date Notice Served
		/		
Signed - Applicant:		Or signed - Agent:		Date DD/MM/YYYY):
CERTIFICATE OF OWNERSHIP - CERTIFICATE C  Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990  I certify/ The applicant certifies that:  Neither Certificate A or B can be issued for this application  All reasonable steps have been taken to find out the names and addresses of the other owners* of the land or building, or of a part of it, but I have/ the applicant has been unable to do so.  *"owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.  The steps taken were:				
Name of Owner		Address		Date Notice Served
Notice of the application has been published in the following newspaper (circulating in the area where the land is situated):  On the following date (which must not be earlier than 21 days before the date of the application):				
Signed - Applicant:		Or signed - Agent:		Date DD/MM/YYYY):
эідпец - Арріісапі.		or signed ingent.		
×				

(14 Ownership Contificates (continued)				
14. Ownership Certificates (continued)  CERTIFICATE OF OWNERSHIP - CERTIFICATE D  Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990  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* of any part of the land to which this application relates, but I have, the applicant has been unable to do so.  * "owner" is a person with a freehold interest or leasehold interest with at least 7 years left to run.  The steps taken were:				
			t t be cardiar	
Notice of the application has been published in the following ne (circulating in the area where the land is situated):	ewspaper	On the following date (which than 21 days before the date	of the application):	
Signed - Applicant: Or sig	ned - Agent:		Date DD/MM/YYYY):	
Signed - Applicant.	neu - Agent.		Date 30, min	
P. Je read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority (LPA) has been submitted.  The original and propies of a completed and dated application form:  The original and propies of a completed and dated application relates and drawn to an identified scale and showing the direction of North:  *National legislation specifies that the applicant must provide the original plus three copies of the form and supporting documents (a total of four copies), unless the application is submitted electronically or, the LPA indicate that a smaller number of copies is required. LPAs may also accept supporting documents in electronic format by post (for example, on a CD, DVD or USB memory stick). You can check your LPA's website for information or contact their planning department to discuss these options.				
16. 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 genuine opinions of the person(s) giving them.  Signed - Applicant:	and the she she had a re-	true and accurate and any enir	Vent diven 3re the	
17. Applicant Contact Details				
Telephone numbers				
Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):  Email address (optional):				

19. Site Visit				
		_/	_	
Can the site be seen from a public road, public footpath, bridleway or other p		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	Agent	Applicant	Other (if different from the agent/applicant's details)	
If Other has been selected, please provide:				
Contact name:	Telephone numb	Telephone number:		
			_	
Email address:				
Elliali address.				