WOKINGHAM BOROUGH COUNCIL

Wokingham Borough Council
Planning Services
PO Box 157, Civic Offices, Shute End
Wokingham, Berkshire
RG40 1WR
email: development.control@wokingham.gov.uk
Phone: 0118 974 6000

Application for Approval of Details Reserved by Condition

Town and Country Planning Act 1990 (as amended); Planning (Listed Buildings and Conservation Areas) Act 1990 (as amended)

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.

Site Location

Disclaimer: We can only make recommendations based on the answers given in the questions.

If you cannot provide a postcode, the description of site location must be completed. Please provide the most accurate site description you can, to help locate the site - for example "field to the North of the Post Office".

Number

Suffix

Property Name

The Old Cottage

Address Line 1

Pearson Road

Address Line 2

Address Line 3

Wokingham

Town/city

Sonning

Postcode

RG4 6UH

Description of site location must be completed if postcode is not known:

Easting (x)

475753

Northing (y)

175403

Description

Applicant Details

Name/Company

Title

Mr and Mrs

First name

Surname

Dwight

Company Name

Address

Address line 1

The Old Cottage

Address line 2

Pearson Road

Address line 3

Town/City

Sonning

County

Wokingham

Country

Postcode

RG4 6UH

Are you an agent acting on behalf of the applicant?

- [x] Yes
- [ ] No

Applicant Contact Details

Primary number

***** REDACTED ******

Secondary number

Fax number

Email address

***** REDACTED ******

Agent Details

Name/Company

Title

Ms

First name

Claire

Surname

Truman

Company Name

Heritage Revival

Address

Address line 1

Markham House

Address line 2

20 Broad Street

Address line 3

Town/City

Wokingham

County

Berkshire

Country

Postcode

RG40 1AH

Contact Details

Primary number

***** REDACTED ******

Secondary number

Fax number

Email address

***** REDACTED ******

Description of the Proposal

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

Application for Listed Building consent for the proposed repair of a cracked first floor ceiling timber beam

Reference number

261787

Date of decision (date must be pre-application submission)

10/11/2026

Please state the condition number(s) to which this application relates

Condition number(s)

3 and 5

Has the development already started?

◯ Yes
⊘ No

Part Discharge of Conditions

Are you seeking to discharge only part of a condition?

◯ Yes
⊘ No

Discharge of Conditions

Please provide a full description and/or list of the materials/details that are being submitted for approval

Condition 3: method statement for the protection of historic smoke-blackened roof timber.
Condition 5: method statement and specification for the identification of locations of repairs and/or replacement of laths, plaster and ceiling finishes where required

Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

- [x] Yes
- [ ] No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact?

- [x] The agent
- [ ] The applicant
- [ ] Other person

Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

- [x] 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

***** REDACTED ******

First Name

***** REDACTED ******

Surname

***** REDACTED ******

Reference

n/a

Date (must be pre-application submission)

10/11/2026

Details of the pre-application advice received

Following a review of both draft methodologies for conditions 3 and 5 it was confirmed the details are acceptable to be submitted for discharge.

Declaration

I/We hereby apply for Approval of details reserved by a condition (discharge) as described in the questions answered, details provided, 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.
I/We also accept that, in accordance with the Planning Portal's terms and conditions:
- Once submitted, this information will be made available to the Local Planning Authority and, once validated by them, be published as part of a public register and on the authority's website;
- Our system will automatically generate and send you emails in regard to the submission of this application.

☑ I / We agree to the outlined declaration

Signed

Claire Truman

Date

12/11/2026