

Application for approval of details reserved by condition

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

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Local Planning Authority details:



**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

Publication on Local Planning Authority websites

Information provided on this form and in supporting documents may be published on the authority's planning register and website. Please ensure that the information you submit is accurate and correct and does not include personal or sensitive information. If you require any further clarification, please contact the Local Planning Authority directly.

1. Applicant Name and Address

Title:		First name:	
Last name:	C/O AGENT		
Company (optional):	UNIVERSITY OF READING		
Unit:		House number:	
		House suffix:	
House name:			
Address 1:	C/O AGENT		
Address 2:	C/O AGENT		
Address 3:	C/O AGENT		
Town:			
County:	C/O AGENT		
Country:	UNITED KINGDOM		
Postcode:			

2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):			
Unit:		House number:	
		House suffix:	
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

3. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:					
Address 1:					
Address 2:					
Address 3:					
Town:					
County:					
Postcode (optional):					
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:	472512	Northing:	167658		
Description: LAND EAST OF HYDE END LANE, SHINFIELD					

4. 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).

Please tick if the full contact details are not known, and then complete as much as possible: ☐

Officer name:

Reference:

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

Details of pre-application advice received?

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

APPLICATION TO CARRY OUT THE DEVELOPMENT AS DESCRIBED AND PERMITTED UNDER PLANNING PERMISSION 012010/1432; FOR RESIDENTIAL DEVELOPMENT OF UP TO 1,200 DWELLINGS, 150 UNITS OF SPECIALIST HOUSING (INCLUDING SHELTERED HOUSING) FOR ELDERLY PERSONS, A LOCAL CENTRE TO INCLUDE A FOODSTORE (2500 SQ. M) AND OTHER RETAIL AND LEISURE USES, A COMMUNITY BUILDING; THE PROPOSED EXTENSION OF EXISTING PRIMARY SCHOOLS, THE ERECTION OF A NEW PRIMARY SCHOOL, PUBLIC OPEN SPACE, SPORTS PAVILION AND SUITABLE ALTERNATIVE NATURAL GREENSPACE (SANG) AND ACCESS AND LANDSCAPING, AT LAND WEST OF SHINFIELD, WEST OF HYDE ROAD AND HOLLOW LANE AND SOUTH OF CHURCH LANE, SHINFIELD, WITHOUT COMPLYING WITH CONDITION 48 TO THAT PERMISSION.

Reference number: VAR/2014/0624 (141016) Date of decision: 08/11/2012 (Date must be pre-application submission) (DD/MM/YYYY)

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

1.	11	6.	22
2.	17	7.	27
3.	18	8.	30
4.	19	9.	31
5.	20	10.	32 , 37 , 69

Has the development already started?

☐ Yes ☒ No

If Yes, please state when the development started (DD/MM/YYYY):

(date must be pre-application submission)

Has the development been completed?

☐ Yes ☐ No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

6. Discharge Of Condition

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

PLEASE SEE ACCOMPANYING COVER LETTER

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition?

☐ Yes

☒ No

If Yes, please indicate which part of the condition your application relates to:

8. Planning Application Requirements - Checklist

Please 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 3 copies* of a completed and dated application form:

☐

The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:

☐

The correct fee:

☐

*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.

9. 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.

Signed - Applicant:

Or signed - Agent:

CAITLIN DALY

Date (DD/MM/YYYY):

28/08/2025

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

12. 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)

☒ Agent

☐ Applicant

☐ Other (if different from the agent/applicant's details)

If Other has been selected, please provide:

Contact name:

Telephone number:

Email address:

