



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

Privacy Notice

This form is provided by Planning Portal and based on the requirements provided by Government for the sole purpose of submitting information to the Local Planning Authority in accordance with the legislation detailed on this form and 'The Town and Country Planning (Development Management Procedure) (England) Order 2015 (as amended)'.

Please be aware that once you have downloaded this form, Planning Portal will have no access to the form or the data you enter into it. Any subsequent use of this form is solely at your discretion, including the choice to complete and submit it to the Local Planning Authority in agreement with the declaration section.

Upon receipt of this form and any supporting information, it is the responsibility of the Local Planning Authority to inform you of their obligations in regards to the processing of your application. Please refer to their website for further information on any legal, regulatory and commercial requirements relating to information security and data protection of the information you have provided.

Local Planning Authority details:



Email: planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 Development Management Camden Town Hall Extension Argyle Street London WC1H 8EQ

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 authority directly.

If printed, please complete using block capitals and black ink.

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

1. Applicant Name and Address				
Title:	MRS	First name:	EMMA	
Last name:	CHAPMAN	J		
Company (optional):				
Unit:	l I	House 19	9150	House suffix:
House name:				
Address 1:	CEDARHU	RST		
Address 2:				
Address 3:				
Town:	DEEPHAV	EN		
County:	MN			
Country:	USA			
Postcode:	55391			

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

3. Description of Proposed Works				
Please describe the proposed works:				
Erection of single-storey rear extension, conversion of garage to h	abitable room and replacement of garage door with window.			
Has the work already started? Yes X No				
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)			
Has the work already been completed? Yes X 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. Unit: House 24 House suffix:	Is a new or altered vehicle access proposed to or from the public highway? Yes X No			
House Sunix:	Is a new or altered pedestrian access proposed to or from the public highway? Yes X No			
name: Address 1: LOWER MERTON RISE	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes X 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: LONDON				
County:				
Postcode (optional): NW3 3SP				
6. Pre-application Advice Has assistance or prior advice been sought from the local authority about this application? Yes X 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 possible: Officer name:	7. Trees and Hedges 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:			
Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received:	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? Yes X No					
If Yes, please describe:					
means related, by birth	oyee / Member ple of decision-making that the process is open and or otherwise, closely enough that a fair minded and s bias on the part of the decision-maker in the local	d informed obs	erver, having considered the facts,		o"
Do any of the following	Do any of the following statements apply to you and/or agent? Yes X No 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 d	etails of their name, role and how you are related t	o them.			
10. Materials					
If applicable, please sta	te what materials are to be used externally. Include	e type, colour a	nd name for each material:		
	Existing (where applicable)	Proposed		Not applicable	Don't Know
	BROWN BRICK	BROWN BRIC	K TO MATCH EXISTING		
Walls					
Roof		EPDM, BLAC	K OR DARK GREY		
Windows		PAINTED WI	FRAMED WINDOWS, FRAMES HITE. ALUMINIUM FRAMED BLACK FRAME		
			// FRAMED SLIDING DOORS,		
Doors		FRAMES PA	IINTED BLACK		
Boundary treatments (e.g. fences, walls)				x	

10. Materials				
If applicable, please sta	te what materials are to be used externally. Include type, colour and name for each material:			
Vehicle access and hard-standing		x		
Lighting		X		
Others (please specify)				
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? X Yes No				
If Yes, please state references for the plan(s)/drawing(s)/design and access statement:				
PLEASE REFER TO INFORMATION SUBMITTED WITH APPLICATION NO. 2023/2420/P				

11. Ownership Certificates and Agricultural Land Declaration

One Certificate A, B, C, or D, must be completed with this application form **CERTIFICATE OF OWNERSHIP - CERTIFICATE A**

Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant was the owner* of any part of the land or building to which the application relates, and that none of the land to which the application relates is, or is part of, an agricultural holding**

NOTE: You should sign Certificate B, C or D, as appropriate, if you are the sole owner of the land or building to which the application relates but the land is, or is part of, an agricultural holding.

- a novem with a freshold interest or logs shold interest with at logs t 7 years left to run

** "agricultural holding" has the meaning			n 65(8) of the Act.	
Signed - Applicant:	Or signe	ed - Agent:	Date (DD/I	MM/YYYY):
Town and Country Planning (De I certify/ The applicant certifies that I ha 21 days before the date of this application relates. *"owner" is a person with a freehold intere ** "agricultural tenant" has the meaning g	relopment Managemen re/the applicant has give on, was the owner* and/ it or leasehold interest with	or agricultural tenant** of any part of n at least 7 years left to run.	e (as listed below) who,	, on the day
Name of Owner / Agricultural Tenant		Address	Date Notic	e Served
JONATHAN CHAPMAN	19150 CEDARHURS	T, WAYZATA, MN, 55391	04/06/202	!3

Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY
		10/09/2023

11. Ownership Certificates and Agricultural Land Declaration (continued) **CERTIFICATE OF OWNERSHIP - CERTIFICATE C** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 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* and/or agricultural tenants** 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. stst "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990 The steps taken were: Name of Owner / Agricultural Tenant **Date Notice Served Address** Notice of the application has been published in the following newspaper On the following date (which must not be earlier than 21 days before the date of the application): (circulating in the area where the land is situated): Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): **CERTIFICATE OF OWNERSHIP - CERTIFICATE D** Town and Country Planning (Development Management Procedure) (England) Order 2015 Certificate under Article 14 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* and/or agricultural tenant** 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.

** "agricultural tenant" has the meaning given in section 65(8) of the Town and Country Planning Act 1990

The steps taken were:

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):	
Ступта түрүнчий			

12. Planning Application Requirements - Checklist Please read the following checklist to make sure you have sent all the	
information required will result in your application being deemed inv the Local Planning Authority (LPA) has been submitted.	
The original and 3 copies* of a The original and 3 completed and dated application form:	statement if
The original and 3 copies* of a plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North: The original and 3 copies* of other plans and drawings or information necessary to describe the subject of the application:	or completed, dated Ownership
*National legislation specifies that the applicant must provide the or total of four copies), unless the application is submitted electronically LPAs may also accept supporting documents in electronic format by You can check your LPA's website for information or contact their pla	y or, the LPA indicate that a smaller number of copies is required. post (for example, on a CD, DVD or USB memory stick).
13. Declaration	
I/we hereby apply for planning permission/consent as described in tl information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):
	10/09/2023 (date cannot be pre-application
14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
+1 6122071980	
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
EHUCKETT@GMAIL.COM	
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	r other public land? 🗸 Yes 🗌 No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	
Contact name:	Telephone number:
1 ·	T Company of the Comp

Email address: