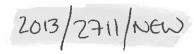


planning@camden.gov.uk

Phone: 020 7974 4444 Fax: 020 7974 1680 -7 MAY 2013

Development Management Camden Town Hall Extension Argyle Street London WC1H 8EQ

Application for Planning Permission. **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.

1. Applicant Name and Address

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

1. Applicant Name and Address	2. Agent Name and Address
Title: MR First name: M.	Title: MR First name: S
Last name: KHAN	Last name: KENN
Company (optional):	Company (optional):
Unit: House number: 263 A House suffix:	Unit: House number: 59B House suffix:
House name:	House name:
Address 1: CRICKLEWOOD LANE	Address 1: FERNTOWER RO
Address 2:	Address 2:
Address 3: CHILDS HILL	Address 3:
Town:	Town: LOWON
County: LOWON	County:
Country:	Country:
Postcode: NWZZJJ.	Postcode: NS2JE
3. Description of the Proposal Please describe the proposed development, including any change of	use:
GROUND FLOOR REAL EXTEN	
Has the building, work or change of use already started?	Yes JNo
If Yes, please state the date when building, work or use were started (DD/MM/YYYY):	(date must be pre-application submission)
las the building, work or change of use been completed?	Yes No
If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):	(date must be pre-application submission)
	\$Date:: 2013-01-09 #\$ \$Revision: 4684 \$

4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local
Unit: House number: 28A House suffix:	authority about this application?
House number: 604 suffix:	to Van alang gamalata the fallouism information about the estimation
name:	If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1: HOWITT RO	application more efficiently).
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:
Address 3:	Officer name:
Town:	
County:	Reference:
Postcode (optional): NW3 4LL	
(optional): 1000 TEE Description of location or a grid reference.	Date (DD/MM/YYYY):
(must be completed if postcode is not known):	(must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	
11	
.	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed	
to or from the public highway?	Do the plans incorporate areas to store and aid the collection of waste? Yes No
Is a new or altered pedestrian	If Yes, please provide details:
access proposed to or from	
the public highway? Yes Vo	
Are there any new public roads to be	
provided within the site?	
Are there any new public rights of way to be provided	
within or adjacent to the site?	
Do the proposals require any diversions	Have arrangements been made
/extinguishments and/or	for the separate storage and
creation of fights of way:	collection of recyclable waste?
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan	If Yes, please provide details:
(s)/drawings(s)	BINS AND RECYCLE ITEMS
	TOBE STORED IN FRONT
	CAMPE
	1 671.000
8. Authority Employee / Member	
With respect to the Authority, I am: (a) a member of staff	Do any of these statements apply to you? Yes
(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	
in rea, prease provide details of the name, relationship and role	

9. Materials If applicable, please sta	ite what materials are to be used e	externally. Include	de type, colour and name i	for each material:		
	Existing (where applicable)		Proposed		Not applicable	Don
Walls	BRICK	- Д	BRICK			
Roof						
Windows	W000		WOOD			
Doors	wood		Waa			
Boundary treatments (e.g. fences, walls)						
Vehicle access and hard-standing			/			
Lighting			/			
Others (please specify)			/			
	ional information on submitted plances for the plan(s)/drawing(s)/de		statement:	ment?	es [] No
0. Vehicle Parking						
Please provide inform Type of Vehicle	nation on the existing and propose Total		proposed (including	Differe		
Cars	Existing	9	spaces retained)	in space		\Box
Light goods vehicle public carrier vehic Motorcycles	es/ les					
Disability spaces			4			_
Cycle spaces						_
Other (e.g. Bus)						_
Other (e.g. Bus)				1/		_

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of: Mains sewer Cess pit	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	TYES TUNG
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? If Yes, please include the details of the existing system on the	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Will the proposal increase
application drawings and state references for the plan(s)/drawing(s):	the flood risk elsewhere?
	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Place describe the summer and a state of
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological	FIST
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	
Having referred to the guidance notes, is there a reasonable	Is the site currently vacant?
likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to	If Yes, please describe the last use of the site:
or near the application site?	asserting the last use of the site.
a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development No	When did this use end (if known)?
b) Designated sites, important habitats or other biodiversity	DD/MM/YYYY (date where known may be approximate)
features: Yes, on the development site	Does the proposal involve any of the following? If yes, you will need to submit an appropriate contamination
yes, on land adjacent to or near the proposed development	assessment with your application.
No	Land which is known to be contaminated? Yes
c) Features of geological conservation importance: Yes, on the development site	Land where contamination is suspected for all or part of the site? Yes Yes
Yes, on land adjacent to or near the proposed development No	A proposed use that would be particularly vulnerable to the presence of contamination? Yes No
15. Trees and Hedges	
Are there trees or hedges on the proposed development site?	16. Trade Effluent Does the proposal involve the need to dispose of trade effluents or waste? Yes
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal
development or might be important as part of the local landscape character? Yes	of trade effluents or waste
f Yes to either or both of the above, you may need to provide a full	
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be submitted alongside your application. Your local planning authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to design, demolition and construction - Recommendations'.	

17. Residential U Does your proposal in If Yes, please complet	clude th	ne qa	in, los	s or c	hange	e of use of	resider low:	ntial units? Yes	UK	10					
Proposed Housing							Existi	ng l	lous	ing					
Market	Not		Numl	ber of	Bedr	ooms	Total	Market	Not		Numl	oer of	Bedro	ooms	Total
Housing	known	1	2	3	4+	Unknown		Housing	known	1	2	3	4+	Unknown	
Houses								Houses							
Flats and maisonettes								Flats and maisonettes			<u> </u>				
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios		_						Bedsit/studios							
Unknown type								Unknown type							
	To	otals	(a + b)+c+	d+e	+f+g)=			To	otals	(a+b	+ c +	d+e	+f+g)=	
			•						*						
Social Rented	Not		Numi	ber of	Bedr	ooms	Total	Social Rented	Not		Numl	oer of	Bedro	ooms	Total
Jocial Neillea	known	1	2	3	4+	Unknown			known	1	2	3	4+	Unknown	
Houses			<u> </u>					Houses							
Flats and maisonettes			ļ					Flats and maisonettes							
Live-work units			<u> </u>					Live-work units							
Cluster flats			<u> </u>					Cluster flats							
Sheltered housing						ļ		Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
Totals $(a+b+c+d+e+f+g) =$							Te	otals	(a + b	+ c +	d+e	+f+g)=			
							I = .								
Intermediate	Not known	1	Numl 2	ber of	Bedr 4+	ooms Unknown	Total	Intermediate	Not known	1	Num 2	oer of		ooms Unknown	Total
Houses								Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing	_ 🗆 –				_			Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	Te	otals	(a + b) + C +	d+e	+f+g)=			To	otals	(a + t) + c +	d+e	+ f + g) =	
	1														
Key worker	Not known		Numl 2	ber of		ooms Unknown	Total	Key worker	Not known	1	Numl 2	ber of		ooms Unknown	Total
Houses		,	12	3	47	Onknown		Houses		<u>'</u>	1 2	3	4+	Unknown	-
Flats and maisonettes				-	 			Flats and maisonettes			+		_	 	
Live-work units			 	 		 		Live-work units		<u> </u>	<u> </u>		ļ	-	
Cluster flats						-		Cluster flats						1	
								11						1	ļ
Sheltered housing Bedsit/studios			-	-				Sheltered housing Bedsit/studios						-	
			-			<u> </u>]				-		ļ	
Unknown type								Unknown type					4:	1	<u> </u>
	To	otals	(a+b) + C +	a+e	+f+g)=			Te	otals	(a+t) + <i>c</i> +	d+e	+ f + g) =	
Total proposed i	esident	tial u	nits	(A +	B + C	+ D) =		Total existing	resider	ntial	units	(E -	+ <i>F</i> + 0	G + H) =	
TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):															

18. All	18. All Types of Development: Non-residential Floorspace							
Does yo	ur proposal ir	volve the lo	ss, ga	in or change of us	se of non-resid	ential floors	pace? Yes	QNo.
If you	u have answe	red Yes to t		estion above plea			ing table:	
Us	Use class/type of use internal floorspace		Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)		Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)	
A1	Sho	ops						
	Net trada	ble area:						
A2	Financ profession	ial and al services						
A3	Restaurant	s and cafes						
A4	Drinking est	ablishment:						
A5	Hot food t	akeaways						
B1 (a)	Office (other							
B1 (b)	Resear develo				•			
B1 (c)	Light in							
B2	General i	ndustrial						
B8	Storage or o							
C1	Hotels an resid	d halls of ence						
C2	Residential							
D1	Non-res institu							
D2	2 Assembly and leisure							
OTHER	HER							
Please Specify								
Total								
In add	dition, for hot		tial ins	stitutions and hos	tels, please ad	 	dicate the loss or gain of	rooms
Use class	Type of use	Not applicable	Existi	ng rooms to be lo of use or demo	st by change olition		ns proposed (including langes of use)	Net additional rooms
C1	Hotels			·····	 			· · · · · · · · · · · · · · · · · · ·
	Residential Institutions							
OTHER								
Please Specify								
19. Em	ployment							
Please co	omplete the f	ollowing inf	ormat	ion regarding em	ployees:			
				Full-time	Part-	time		al full-time quivalent
Exi	sting employ	ees						
Pro	posed emplo	yees						
20. Ho	urs of Ope	ning					· · · · · · · · · · · · · · · · · · ·	
Pleas	Please state the hours of opening for each non-residential use proposed:							
	Use	М	onday	to Friday	Saturda	у	Sunday and Bank Holidays	Not known
								<u> </u>
21. Site	e Area		_					
Please sta	Please state the site area in hectares (ha)							

22. Industrial or Commercial Proce	sses	and Machine	ry				
Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:							
Is the proposal a waste management develo	pmer	nt? Yes	 No No				
If the answer is Yes, please complete the foll	owing	g table:					
	Not applicable	The total capac including engine allowance for c tonnes if solid	city of the void in eering surcharge cover or restoratio I waste or litres if l	and making no n material (or	Maximum annual operational throughput in tonnes (or litres if liquid waste)		
Inert landfill						\neg	
Non-hazardous landfill						٦	
Hazardous landfill						\neg	
Energy from waste incineration							
Other incineration						\exists	
Landfill gas generation plant						٦	
Pyrolysis/gasification						٦	
Metal recycling site							
Transfer stations							
Material recovery/recycling facilities (MRFs)			· · · · · · · · · · · · · · · · · · ·			٦	
Household civic amenity sites							
Open windrow composting							
In-vessel composting						٦	
Anaerobic digestion						٦	
Any combined mechanical, biological and/ or thermal treatment (MBT)		_					
Sewage treatment works							
Other treatment							
Recycling facilities construction, demolition and excavation waste							
Storage of waste							
Other waste management							
Other developments							
Please provide the maximum annual operati	onal t	throughput of the	following waste	streams:			
Municipal							
Construction, demolition and e		ition					
Commercial and industr	ial						
Hazardous			- transfer of		La lacate Lacate		
If this is a landfill application you will need to planning authority should make clear what i	o prov inforn	nation it requires	nation before you on its website.	ir application can	be determined. Your waste		
23. Hazardous Substances						=	
Does the proposal involve the use or storage the following materials in the quantities stat			[]\No	Not applical	ble		
If Yes, please provide the amount of each sul	bstan	 ce that is involved	f:	_			
Acrylonitrile (tonnes)	E	thylene oxide (tor	nnes)		Phosgene (tonnes)]	
Ammonia (tonnes)	Hydr	ogen cyanide (tor	nnes)	Sul	phur dioxide (tonnes)		
Bromine (tonnes) Liquid oxygen (to			nnes)		Flour (tonnes)]	
Chlorine (tonnes)	etroleum gas (tor	nnes)	Refined	white sugar (tonnes)]		
Other:			Other:				
Amount (tonnes):			Amount (ton	nes):			

24. Ownership Certificates and Agricultural Land Declaration (continued) CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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. *"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				Address		Date Notice Serv	ed
PADDINGTON CHURCHES	28BHOW 28CHOW)III	RD	NW3	466	17/03/201	2
u	28 cHou	NITT	-Rr	> NW3	44LL	12/03/2012	_
		·-· · · · · · · · · · · · · · · · · · ·				' /	_
Alain file and intim has been subti	ah a dia dha Salla				On the fallowing date (which	movest mat ha apulia	
Notice of the application has been publi (circulating in the area where the land is		wing ne	wspape	it.	On the following date (which than 21 days before the date		
Signed Applicants		Orsian	ned - A	vont:	<u></u>	Date (DID/MM/Y)	
Signed - Applicant:		Of sign	led yat	jent.		12/03/20	
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* 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 public (circulating in the area where the land is		ving nev	vspape	r	On the following date (which than 21 days before the date		
Signed - Applicant:		Or sign	ed - Ag	ent:		Date (DD/MM/YY	YY):
		<u></u>	· · · · ·				
25. 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 has been submitted.							
The original and 3 copies of a completed application form:				The correct	fee:		
The original and 3 copies of the plan whi	ch identifies drawn to an				l and 3 copies of a design and see help text and guidance no		
identified scale and showing the direction of North: The original and 3 of Ownership Certification.				l and 3 copies of the complete Certificate (A, B, C, or D - as a	ed, dated oplicable):		
The original and 3 copies of other plans and drawings or information necessary to describe the subject of the application: The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):							

24. Ownership Certificates and	Agricultural L	and Declaration		
One Certificate A, B, C, or D, must be		ether with the Agricultural Holdi E OF OWNERSHIP - CERTIFICATE	_	nis application form
Town and Country Planning (De I certify/The applicant certifies that on the country owner (owner is a person with a freehold is which the application relates, and that note: You should sign Certificate B, Capplication relates but the land is, or in "owner" is a person with a freehold interest "agricultural holding" has the meaning	ne day 21 days be interest or leasehol one of the land to or D, as appropr s part of, an agri ist or leasehold into	d interest with at least 7 years left to a which the application relates is, or iate, if you are the sole owner of cultural holding. erest with at least 7 years left to pur	body except myself/ the run) of any part of the lates is part of, an agricultur the land or building to	e applicant was the and or building to al holding** o which the
Signed - Applicant:		Or signed - Agent:		Date (DD/MM//YYYY):
				1~
 		OF OWNERSHIP - CERTIFICATE		
application relates. * "owner" is a person with a freehold intere ** "agricultural tenant" has the meaning g Name of Owner / Agricultural Tenant	st or leasehold into iven in section 65(erest with at least 7 years left to run. 8) of the Town and Country Planning Address	Act 1990	Date Notice Served
Name of Owner / Agricultural Terrant		Address		Date Notice Served
Ci:		,	,	
	,	-	**************************************	James,
				(7)
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):

26. Declaration	
I/we hereby apply for planning permission/consent as described in the information. I/we confirm that, to the best of my/our knowledge, any genuine opinions of the person(s) giving them.	is form and the accompanying plans/drawings and additional facts stated are true and accurate and any opinions given are the
Signed - Applicant: Or signed - Agent:	Date (DD/MM/Y/YYY):
	12 04 2013 (date cannot be pre-application)
27. Applicant Contact Details	28. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional):	Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): SHAMEKENNY 42 GOOGLEMAIL: COM
29. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or	rother public land? \[\textstyle \textstyle
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:
	07515531959
Email address: SHANET	(ENNY 42 GOOGLEMAIL · COM