

Email: planning@camden.gov.uk

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

Householder Application for Planning Permission for works or extension to a dwelling.

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.

First name:

1. Applicant Name and Address

Title:

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

Title:

2. Agent Name and Address

First name: N(U)

Last name: SVTCL/14E							
Company (optional): WATKINSON + COSCRAVE							
Unit: House number: 39-51 House suffix:							
House name: LINTON HOVSE							
Address 1: HICHGATE ROAD							
Address 2:							
Address 3:							
Town: LONDON							
County:							
Country:							
Postcode: NWS 1RT							
3. Description of Proposed Works							
LOFT CONVERSION WITH FRONT MANSARD SLOPE AND ADDITIONAL STORET TO BACK ADDITION.							

3. Descri	iption of Proposed Works (continued)			
Has the wo	rk already started? Yes No			
If Yes, pleas	se state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)		
Has the wo	rk already been completed?			
1677		(date must be pre-application submission)		
If Yes, pleas	se state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)		
4. Site A	ddress Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way		
Please prov	ride the full postal address of the application site.	Is a new or altered vehicle access		
Unit:	House number: <b>38</b> House suffix:	proposed to or from the public highway? Yes No		
House name:		Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No		
Address 1:	GRAFTON TERRACE	Do the proposals require any diversions, extinguishments and/or creation of public rights of way?  Yes		
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:		N/A		
Postcode (optional):	NWS 4HY			
6. Pre-ar	pplication Advice	7. Trees and Hedges		
authority al If Yes, pleas you were gi application Please tick i	nce or prior advice been sought from the local bout this application?  Yes  No se complete the following information about the advice iven. (This will help the authority to deal with this more efficiently).  If the full contact details are not then complete as much possible:	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:		
Officer flam	N/A	<b> </b>  //		
Reference:				
		Will any trees or hedges need to be removed or pruned in		
	Date (DD MM YYYY):	order to carry out your proposal? Yes Yes		
•	re-application submission)  he pre-application advice received:	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)/		
Details of t	The pie application darries received.	drawing(s) and indicate the scale.		
	N/A	N/A		
8. Parkir	na	9. Authority Employee / Member		
Will the pro	pposed works affect	With respect to the Authority, I am:		
_	parking arrangements? Yes V No	(b) an elected member statements apply to you?		
If Yes, plea	se describe:	(c) related to a member of staff (d) related to an elected member		
	N/A	If Yes, please provide details of the name, relationship and role		
	'*// <b>*</b>	N/A		

f applicable, please state	what materials are to be used externally. Inclu	ide type, colour and name for each material:		
	Existing (where applicable)	Proposed	Not applicable	Don Kno
Walls	BRICK	BRICK TO MATCH EXISTING		
Roof	SL CONCRETE TILES/ FELT	FIBRE CEMENT SLATE/		
Windows	PAINTED TIMBER	PAINTEU TIMBER		
Doors			7	
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard-standing			V	
Lighting				
Others (please specify)				
	onal information on submitted plan(s)/drawing		es [	No

<u> </u>							
14. 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:	Date (DD/MM/YYYY):					
		23/01/2015 (date cannot be pre-application)					
15. Applicant Contact Details		16. Agent Contact Details					
Telephone numbers		Telephone numbers					
Country code:  National number:  Mobile number (optional):  Country code:  Fax number (optional):	Extension number:	Country code: National number:  Country code: Mobile number (optional):  Country code: Fax number (optional):					
Email address (optional):		Email address (optional):					
		NIUL B WATCOS. CO. UK					
17. 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 appoint a site visit, whom should they contact? (Pleas	intment to carry e 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:					
	A /	<u>/</u>					

Email address: