



Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

Email (enquiries only): env.devcon@camden.gov.uk

: 020 7974 1911

Fax

: 020 7974 5713

For office use

Date

Payee App. No. Fee

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.

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

1. Applica	ant Name and Address	2. Agent Name and Address
Title:	MR First name: SHRAGA	Title: MR First name: BEN
Last name:	MICHELSON	Last name: HALEVI
Company (optional):		Company (optional): SIAW LTO.
Unit:	House number: S House suffix:	Unit: 332 House number: 2 House suffix:
House name:		House name: DOLLIS PARK
Address 1:	KIDDERPORE AVENUE	Address 1: WOLLIS PARK
Address 2:		Address 2:
Address 3:		Address 3:
Town:	LONDON	Town: 20000
County:		County:
Country:		Country:
Postcode:	NW3 75x	Postcode: N3 1HF

3. Description of Proposed Works

Please describe the proposed works:

TRECTION OF A REAR EXTENSION SPANNING GROUND

FIRST AND SECOND THOORS, SIDE EXTENSION AT SECOND

FLOOR LEVEL, NEW ROOF FOLLOWING DEMOLITON OF EXISTING

NEW TRONT PORCH, AND ALTERATIONS TO THENESTRATED

TO INCLUDE THE ADDITION OF 6 NEW DORNERS TO

ROOTSLOPES OF DWELLING HOUSE (CLASS C3)

3. Description of Proposed Works (continued)	
Has the work already started?	
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 number: House suffix: House name: Address 1: KIDDER POR AVENUE Address 3: Town: County: Postcode (optional): Town: Tow	Is a new or altered vehicle access proposed to or from the public highway? Is a new or altered pedestrian access proposed to or from the public highway? Do the proposals require any diversions, extinguishments and/or creation of public rights of way? If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/drawing(s): 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 No If Yes, please describe:	9. Authority Employee / Member 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 details of the name, relationship and role

	Existing (where applicable)	type, colour and name for each material: Proposed	Not applicable	Don't Know
/alls	WHITE RENDER	WHITE RENDER TO MATCH EXISTING		
toof	DARK CLAY TILES	DARK CLAY TILES TO MATCH TEXISTING		
Vindows	BLACK ALUMINIUM	BLACK ALLMINING TO MATCH EXISTING		
Doors	TIMBER	TMBER TO MATCH EXISTING		
Boundary treatments (e.g. fences, walls)	FRONT: 2m WHITE RENDE WALL BACK AND SIDZS: TIMBGE FENCE AND WALLS ON BOUNDARIES WITH NEGH	TO BE RETAINED		
Vehicle access and hard-standing	2 CROSSOUTHS AND FRONT PANCED PARKING			
Lighting	SECURITY LIGHTS ON EAVES, LOW LEVEL GARDEN LIGHTS	SECURITY CIGHTS CON LEVEL DIRECTIONAL CIGHT ON EXTERNAL WALLS LIGHTS IN PLANTERS GA LIGHTS IN FLOWER BELL	s vepen] [
Others (please specify)				
Are you supplying ac If Yes, please state re	dditional information on submitted plan(s)/drawing ferences for the plan(s)/drawing(s)/design and acco	g(s)/design and access statement.	es	× N

1. Ownership Certificates		Contilients with this application form
One Certificate A, B, C, or D, must be co	mpleted, together with the Agricultural Holdings CERTIFICATE OF OWNERSHIP - CERTIFICATE A	Certificate with this application form
ertify/The applicant certifies that on the d vner (owner is a person with a freehold inter	opment Management Procedure) (England) Order ay 21 days before the date of this application nobody est or leasehold interest with at least 7 years left to run)	
nich the application relates. gned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	RP. My	17/10/2012
	TOTAL CATE D	
certify/ The applicant certifies that I have/	certificate of ownership - certificate B opment Management Procedure) (England) Order the applicant has given the requisite notice to every was the owner (owner is a person with a freehold interest in the base of the control of the control of the control of the certification relates.	
t to run) of any part of the land or building	Address	Date Notice Served
Name of Owner	, and a second	
gned - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY
gned - Applicant.		
All reasonable steps have been tak interest or leasehold interest with at been unable to do so. The steps taken were:	en to find out the names and addresses of the other of least 7 years left to run) of the land or building, or of a	part of it , but I have/ the applicant has
Name of Owner	Address	Date Notice Served
Hame of Owner		
Notice of the application has been publish circulating in the area where the land is si		lowing date (which must not be earlier ays before the date of the application):
		D. L. IPP GILLBOAR
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY

Town and Country Planning (Develor I certify/ The applicant certifies that: Certificate A cannot be issued for thi All reasonable steps have been taken date of this application, was the own	CERTIFICATE OF OWNERSHIP - CERTIF opment Management Procedure) (Eng is application in to find out the names and addresses of her (owner is a person with a freehold inter application relates, but I have/ the application	f everyone else who, on the day 21 days before the est or leasehold interest with at least 7 years left to run)
(circulating in the area where the land is situa		than 21 days before the date of the application):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
Agricultura Annone of the land to which the application Signed - Applicant: (B) I have/ The applicant has given the require	or signed - Agent: Or signed - Agent:	olding. Date (DD/MM/YYYY):
as listed below: Name of Tenant	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
13. Planning Application Requirem Please read the following checklist to make s information required will result in your application required will result in your application required will result in your application form. The original and 3 copies of a completed and dated application form: 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:	ure you have sent all the information in cation being deemed invalid. It will not	The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):

15. Applicant Contact Details Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Info@G Qw Co. Wk 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 appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:	t: Date (DD/MM/YYYY):	Or signed - Agent:	licant:
Telephone numbers Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Information Country code: National number: Country c	17/10/2012 (date cannot be pre-application)	RP.	
Country code: National number: Country code: Mobile number (optional): Country code: Fax number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Info@siaw Co. Mc To. 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) If Other has been selected, please provide:	16. Agent Contact Details		ant Contact Details
Country code: National number: Country code: National number:	Telephone numbers		umbers
Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Email address (optional): Info@siaw Co. We To 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) If Other has been selected, please provide:	Country code: National number: number:		P' National number:
Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Email address (optional): Email address (optional): Email address (optional): Info@siaw Co. Wc 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 appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide:		Trumber.	National number.
Email address (optional): Info@			e: Mobile number (optional):
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If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one) If Other has been selected, please provide: Applicant			
out a site visit, whom should they contact? (Please select only one) X Agent Applicant agent/applicant If Other has been selected, please provide:			·
If Other has been selected, please provide:	X Agent Other (if different from the agent/applicant's details)	ntment to carry e select only one)	ig authority needs to make an appo t, whom should they contact? (Plea
Talanhana number			een selected, please provide:
Contact name: Telephone number:	Telephone number:		ne: