

Planning Services
Camden Town Hall
Argyle Street

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

Telephone Fax : 020 7974 1911 : 020 7974 5713 For office use Date Payee

App. No.

Fee

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.

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

1. Applic	cant Name and Address	2. Agent Name and Address
Title:	Mr. First name: Christophe	Title: Mr First name: Joe
Last name:	Louis	Last name: Fletcher
Company (optional):		Company (optional):
Unit:	House number: House suffix:	Unit: House number: 24 House suffix:
House name:		House name:
Address 1:	C/o agent	Address 1: Swanage Road
Address 2:		Address 2: Wandsworth
Address 3:		Address 3:
Town:		Town: London
County:		County:
Country:		Country:
Postcode:		Postcode: SW18 2DY

Please describe the proposed works:

Erection of single storey "glass box" type extension at lower ground floor level. Installation of new glazed panels around perimeter of repositioned retaining wall.

3. Descri	ption of Proposed Works (continued)						
Has the wo	rk already started?						
If Yes, pleas	e state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)					
Has the wo	rk already been completed? Yes x No						
If Yes, pleas	te 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	ide the full postal address of the application site.	Is a new or altered vehicle access					
Unit:	House number: 18 House suffix:	proposed to or from the public highway? Yes x No					
House name:		Is a new or altered pedestrian access proposed to or from the public highway? Yes No					
Address 1:	Belsize Crescent	Do the proposals require any diversions, extinguishments and/or creation of public rights of way? Yes X No					
Address 2:		rights of way? Yes x No 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 5QU						
application Please tick i known, and Officer nan	iven. (This will help the authority to deal with this more efficiently). If the full contact details are not then complete as much possible: The: The planner of the possible in the possible in the possible in the planner of the	If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:					
Reference:		Will any trees or hedges need					
Belsize	Crescent	l to be removed or pruned in					
	Date (DD MM YYYY): e-application submission)	order to carry out your proposal? Yes No If Yes, please show on your plans which trees by giving them					
Officer conserva proposal Drawings illustra	he pre-application advice received: advised that as the property is in a lation area then drawings showing the scaled at 1:50 must be submitted. It is scaled at 1:100 should also be supplied atting the overall site context. Both sets included with the application.	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.					
8. Parkin	na .	9. Authority Employee / Member					
Will the pro existing car	posed works affect parking arrangements? Yes X No se describe:	With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff With respect to the Authority, I am: Do any of these statements apply to you? Yes X No					
		(d) related to an elected member If Yes, please provide details of the name, relationship and role					

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls		Structural glazing		
Roof		Structural glazing		
Windows		Structural glazing		
Doors		Structural glazing		
Boundary treatments (e.g. fences, walls)		Clear glazed panels with stainless steel handrails		
Vehicle access and hard-standing			x	
Lighting			x	
Others (please specify)				
f Yes, please state refe	l itional information on submitted pla rences for the plan(s)/drawing(s)/des aying drawings and design and		es [No

11. Ownership Certificates One Certificate A, B, C, or D, mus	st be completed, together with the Agricultural Holdings	Certificate with this application form
I certify/The applicant certifies that of	CERTIFICATE OF OWNERSHIP - CERTIFICATE A (Development Management Procedure) (England) Order in the day 21 days before the date of this application nobody old interest or leasehold interest with at least 7 years left to run) of	except myself/ the applicant was the
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	-5 FLETCHER	03/10/2012
I certify/ The applicant certifies that 21 days before the date of this applic	CERTIFICATE OF OWNERSHIP - CERTIFICATE B (Development Management Procedure) (England) Order I have/the applicant has given the requisite notice to everyo ation, was the owner (owner is a person with a freehold interes uilding to which this application relates.	ne else (as listed below) who, on the day
Name of Owner	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
 All reasonable steps have be 	n be issued for this application een taken to find out the names and addresses of the other over with at least 7 years left to run) of the land or building, or of a p	wners (owner is a person with a freehold art of it , but I have/ the applicant has
Name of Owner	Address	Date Notice Served
Name of Owner	Address	Date Notice Serveu
Notice of the application has been p (circulating in the area where the lan	ublished in the following newspaper On the following situated: than 21 days	wing date (which must not be earlier before the date of the application):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

\$Date:: 2012-07-17 #\$ \$Revision: 4636 \$

Certify/ The applicant certifies that: Certificate A cannot be issued All reasonable steps have been date of this application, was the of any part of the land to whice. The steps taken were:	CERTIF Development for this applic to taken to find the owner (own the this applicat	ation I out the names and address per is a person with a freehold ion relates, but I have/ the a	ses of every interest or lapplicant ha	Order 2010 Certificate under Article one else who, on the day 21 days before easehold interest with at least 7 years le as been unable to do so.	ore the ft to run)
Notice of the application has been put (circulating in the area where the land	olished in the f is situated):	following newspaper	On than	ne following date (which must not be 21 days before the date of the applica	earlier ition):
Signed - Applicant:		Or signed - Agent:		Date (DD/MI	M/YYYY):
12. Agricultural Land Declarat	ion				
Town and Country Planning (D Agric (A) None of the land to which the appl	AGF evelopment f cultural Land D	Declaration - You Must Com s is, or is part of, an agricultu	England) C plete Either		
Signed - Applicant:		Or signed - Agent:	~	Date (DD/M	
(D) I have / The applicant has given the	vom dolto voti			03/10/20	1.2
(B) I have/ The applicant has given the before the date of this application, was as listed below:	s a tenant of a	n agricultural holding on all	or part of t	he land to which this application relat	es,
Name of Tenant		Addre	ess	Date Notice	Served
Signed - Applicant:		Or signed - Agent:		Date (DD/M	M/YYYY):
13. Planning Application Requirements of the following checklist to minformation required will recult in your formation required will recult in your formation required will recult in your formation required will require the following checklist to make the following checklist the following chec	nake sure you	have sent all the informatio	n in suppor	t of your proposal. Failure to submit a	
information required will result in your the Local Planning Authority has been a The original and 3 copies of a completed and dated application form The original and 3 copies of a plan whicidentifies the land to which the applica relates drawn to an identified scale and showing the direction of North: The original and 3 copies of other plans	submitted. The Key des Ch cortion Key Ch Cortion Key	eing deemed invalid. It will e original and 3 copies of a sign and access statement it oposed works fall within a nservation area or orld Heritage Site, or relate t ted Building:	•	The correct fee: See cover letter The original and 3 copies of the completed, dated Ownership Certificate (A, B, C or D - as applicable)	r 🗆
and drawings or information necessary describe the subject of the application:	to			The original and 3 copies of the completed, dated Article 12 Certific (Agricultural Holdings):	ate 🗓

Signed - Applic	ant:	Or signed - Agent:			Date (DD/MM/YY)	/Y):	
		5 FLETO	HEX		03/10/2012	(date cannot be pre-application)	
15. Applicar	nt Contact Details		16. Agent Co	ontact De	tails		
Telephone num	nbers		Telephone num	nbers			
Country code:	National number:	Extension number:	Country code:	National n	umber:	Extension number:	
Country code:	Mobile number (optional):		Country code:	Mobile nur	mber (optional):		
				0789-903	3-4470		
Country code:	Fax number (optional):		Country code:	Fax number	er (optional):		
Email address (optional):		Email address (optional):			
			cad@cadcom.co.uk				
If the planning a out a site visit, v	seen from a public road, public f authority needs to make an appo whom should they contact? (Plea n selected, please provide:		Telephone num	Appl	x No licant x Other agent/	(if different from the applicant's details)	