

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ Email (enquiries only): env.devcon@camden.gov.uk

Telephone : 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

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.

| 1. Applicant N | ame, Address and | l Contact Details | | | | | |
|---|---|-------------------|---------------------|-----------------|--------------------|---------------------|--|
| Title: Mr | First name: Eli | İ | Surname: Bai | ron | | | |
| Company name | | | | | | | |
| Street address: | C/O Agent | | | Country Code | National Number | Extension Number | |
| | | | Telephone number: | | | | |
| | | | Mobile number: | | | | |
| Town/City | | | Foundati | | | | |
| County: | | | Fax number: | | | | |
| Country: | | | Email address: | | | | |
| Postcode: | | | | | | | |
| Are you an agent a | acting on behalf of the a | pplicant? | ○ No | | | | |
| | | | | | | | |
| 2. Agent Name | e, Address and Co | ntact Details | | | | | |
| Title: Mr | Title: Mr First Name: Jeff Surname: Gillett | | | | | | |
| Company name: | The Gillett Macleod Pa | artnership | | | | | |
| Street address: | 1 high road | |] | Country Code | National Number | Extension Number | |
| | old eastcote | | Telephone number: | | 02088681333 | | |
| | Old Eastcote | | Mobile number: | | | | |
| Town/City | Pinner | | Fax number: | | 7 | | |
| County: | London | | Tax number. | | | | |
| Country: | United Kingdom | | Email address: | | | | |
| Postcode: | HA5 2EW | | gmpartnership@yahoo | o.co.uk | | | |
| 2. Decembration | of Duon on al 10/out | - | | | | | |
| - | of Proposed Work | KS | | | | | |
| Please describe the proposed works: Single storey rear extension and rooflight | | | | | | | |
| Has the work already been started without planning permission? Yes No | | | | | | | |

| 4. Site Address | Details | | | | | |
|---|--|---|--|--|--|--|
| Full postal address of | of the site (including full postcode where available) | Description: | | | | |
| House: | 7 Suffix: | | | | | |
| House name: | | | | | | |
| Street address: | Kylemore Road | | | | | |
| | | | | | | |
| Town/City: | London | | | | | |
| County: | | | | | | |
| Postcode: | NW6 2PS | | | | | |
| | ion or a grid reference I if postcode is not known): | | | | | |
| Easting: | 525277 | | | | | |
| Northing: | 184484 | | | | | |
| (F. B. de de de de | - IV-list Assess Basel and Bishter 6Wee | | | | | |
| Is a new or altered vaccess proposed to the public highway: | or from access proposed to or | Do the proposals require any diversions, extinguishment and/or creation of public rights of way? Yes No Yes No | | | | |
| 6. Pre-applicati | on Advice | | | | | |
| Has assistance or pr | ior advice been sought from the local authority about this application | on? Yes • No | | | | |
| 7. Trees and He | edges | | | | | |
| Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? Yes No | | | | | | |
| Will any trees or hed | ges need to be removed or pruned in order to carry out your propo | ssal? Yes • No | | | | |
| 8. Parking | | | | | | |
| Will the proposed w | orks affect existing car parking arrangements? | Yes No | | | | |
| Q Authority Em | anlovoo/Mombor | | | | | |
| 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 Do any of these statements apply to you? Yes No | | | | | | |
| 10. Site Visit | | | | | | |
| Can the site be seen | from a public road, public footpath, bridleway or other public land | ? Yes No | | | | |
| If the planning auth | ority needs to make an appointment to carry out a site visit, whom s | should they contact? (Please select only one) | | | | |
| The agent Other person Other person | | | | | | |
| 11. Materials | | | | | | |
| Please state what m | aterials (including type, colour and name) are to be used externally | (if applicable): | | | | |
| Walls - description | | | | | | |
| Description of <i>existi</i> Brick | ng materials and finishes: | | | | | |
| | osed materials and finishes: | | | | | |
| To match existing | | | | | | |
| Roof - description: | | | | | | |
| Tiles | ng materials and finishes: | | | | | |
| | osed materials and finishes: | | | | | |
| To match existing till Flat roof | les | | | | | |
| | | | | | | |

| 11. | (Mate | rials co | ntinued) | | | | | | |
|-----------------------------|---|---|--|--|--|--|--|--|--|
| Are yo | Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes • No | | | | | | | | |
| 12. C | ertific | cates (C | ertificate A) | | | | | | |
| | | pplicant c | ertifies that on t | ntry Planning (Developmer he day 21 days before the da | te of this application | cedure) (England nobody except n | A d) Order 2010 Certificate under Article 12 myself/ the applicant was the owner (owner is a person with a ownich the application relates. | | |
| Title: | Mr | | First name: | Jeff | | Surname: | Gillett | | |
| Persor | n role: | Agent | | Declaration dat | re: 23/08/2 | 012 | Declaration made | | |
| (A) No (B) I ha was a | one of th ave/The tenant o | and Declane land to applicant of an agric | ration - You Mu which the appli has given the r ultural holding | ast Complete Either A or B ication relates is, or is part of a equisite notice to every perso on all or part of the land to w | an agricultural holdir on other than myself, hich this application | ng. /the applicant wh relates, as listed b | | | |
| , | | | an agricultural st column of the | 0 | nt is the sole tenant, | the applicant sho | ould complete part (B) of the form by writing 'sole tenant - | | |
| Title: | Mr | | First Name: | Jeff | | Surname: | Gillett | | |
| Persor | n role: | Agent | | Declaration date: | 23/08/2012 | | Declaration Made | | |
| I/we h additio | onal info | pply for pl ormation. | I/we confirm th | ion/consent as described in t at, to the best of my/our know as of the person(s) giving ther | wledge, any facts sta | | | | |