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Application Overview

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Certificate Of Ownership - Certificate B
Certificate under Article 12 - Town and Country Planning
(Development Management Procedure) (England)
Order 2010 & Regulation 6 - Planning
(Listed Buildings and Conservation Areas)
Regulations 1990

*Indicates a required field

I certify/ The applicant certifies that I have/the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (*owner is a person with a freehold interest or leasehold interest with at least 7 years left to run*) of any part of the land or building to which this application relates.

Notice recipient	Date notice served (DD/MM/YYYY)
<div>Name <input type="text" value="Redcourt Limited"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text" value="c/o Eagerstates Limited, P.O Box 1369"/></div> <div>Locality <input type="text" value="Camden Town"/></div> <div>Town <input type="text" value="London"/></div> <div>Post Code <input type="text" value="NW11 7EH"/></div>	<div><input type="text" value="06/08/2012"/></div>
<div>Name <input type="text"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text"/></div> <div>Locality <input type="text"/></div> <div>Town <input type="text"/></div> <div>Post Code <input type="text"/></div>	<div><input type="text"/></div>
<div>Name <input type="text"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text"/></div> <div>Locality <input type="text"/></div> <div>Town <input type="text"/></div> <div>Post Code <input type="text"/></div>	<div><input type="text"/></div>
<div>Name <input type="text"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text"/></div> <div>Locality <input type="text"/></div> <div>Town <input type="text"/></div> <div>Post Code <input type="text"/></div>	<div><input type="text"/></div>
<div>Name <input type="text"/></div> <div>Number <input type="text"/> Suffix <input type="text"/></div> <div>Street <input type="text"/></div> <div>Locality <input type="text"/></div> <div>Town <input type="text"/></div> <div>Post Code <input type="text"/></div>	<div><input type="text"/></div>

Person role

*Title

*First name

*Surname

*Declaration date (DD/MM/YYYY):

☒ *Declaration made

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