## Application for Planning Permission. 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.

1. Applic	cant Name and Address	2. Agent Name and Address						
Title:	First name:	Title: MISS First name: HOLLY						
Last name:		Last name: FARROW						
Company (optional):	WESTHEATH PROJECTS LIMITED	Company (optional): DP9						
Unit:	House number: House suffix:	Unit: House number: 100 House suffix:						
House name:	C/O AGENT	House name:						
Address 1:		Address 1: PALL MALL						
Address 2:		Address 2:						
Address 3:		Address 3:						
Town:		Town: LONDON						
County:		County:						
Country:		Country:						
Postcode:		Postcode: SW1Y 5NQ						
3. Description of the Proposal  Please describe the proposed development, including any change of use:  ALTERATIONS AND REAR EXTENSION UP TO GROUND FLOOR, TO THE EXISTING PROPERTY, FOR CONTINUED USED AS A SINGLE FAMILY DWELLING HOUSE.								
	ilding, work or change of use already started?	Yes No						
Has the bui								
f Yes, pleas	se state the date when building, e were started (DD/MM/YYYY):	(date must be pre-application submission)						
If Yes, pleas work or use las the buil	se state the date when building, e were started (DD/MM/YYYY):  Iding, work or change of use been completed? se state the date when the building, work	(date must be pre-application submission)  Yes  No						

4. Site A	ddress Details				5. Pre-application Advice
Please prov	ide the full postal add	lress of the ap	_	te.	Has assistance or prior advice been sought from the local authority about this application?
Unit:	House number:	58	House suffix:		authority about this application?   Yes   No
House name:					If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this
Address 1:	REGENTS PARK F	ROAD			application more efficiently).  Please tick if the full contact details are not
Address 2:					known, and then complete as much as possible:
Address 3:					Officer name:
Town:	LONDON				
County:					Reference:
Postcode (optional):	NW1 7SX				
Description (must be co	n of location or a grid ompleted if postcode	reference. is not known)	):		Date (DD/MM/YYYY): (must be pre-application submission)
Easting:		Northing:			Details of pre-application advice received?
Description	า:				
					][
6. Pedest	rian and Vehicle Ad	cess, Roads	and Right	ts of Way	7. Waste Storage and Collection
	altered vehicle access	proposed			Do the plans incorporate areas to store
	he public highway?		Yes	<b>★</b> No	and aid the collection of waste? Yes No
	altered pedestrian oosed to or from				If Yes, please provide details:
the public h			Yes	<b>★</b> No	EXISTING WASTE STORAGE AND RECYCLING WILL BE MAINTAINED. THIS WILL BE PROVIDED TO THE RIGHT
	ny new public roads to	o be		Le N	HAND SIDE OF THE HOUSE AS VIEWED FROM THE FRONT.
	ny new public		Yes	<b>★</b> No	
rights of wa	y to be provided		Vas	Ma Ma	
	djacent to the site? Dosals require any div	ersions	Yes	<b>★</b> No	
/extinguish	ments and/or	51310113	Vos	A No	Have arrangements been made for the separate storage and
	rights of way?		Yes	<b>★</b> No	collection of recyclable waste?
details on y	vered Yes to any of the your plans/drawings a	above quest and state the r	tions, please reference of	the plan	If Yes, please provide details:  EXISTING WASTE STORAGE AND RECYCLING WILL BE
(s)/drawing	js(s)	Personal State of the State of	γ		MAINTAINED.
				1	
<u></u>					
	rity Employee / Note to the Authority, I are		ber of staff	V 1000000000000000000000000000000000000	Do any of these statements apply to you? Yes X No
	,	(b) an elec (c) related	cted memb I to a memb	er per of staff	
If Vac place	se provide details of tl		d to an elect		er
ii res, pieds	be provide details of the	ie name, reia	donamb au	u TOIE	

	Existing (where applicable)		Proposed		Not applicable	Don' Knov
Walls						
Roof						
Windows	PLEASE SEE DESIG	GN AND ACCESS				
Doors						
Boundary treatments (e.g. fences, walls)						
Vehicle access and hard-standing						
Lighting						
Others (please specify)				-		
If Yes, please state refe PLEASE SEE ENCL(	rences for the plan(s)/d OSED DRAWING SCI	rawing(s)/design an	awing(s)/design and access sta d access statement: SIGN AND ACCESS STATEN	Van.	<b>Y</b> es	No
10. Vehicle Parkin Please provide information		and proposed numl	ber of on-site parking spaces:			
Type of Vehic		otal isting	Total proposed (including spaces retained)		ference spaces	
Cars	0	0		0		
Light goods vehi public carrier veh	icles/ nicles					
Motorcycles						
Disability spac	es					
Cycle spaces	5 4	4		4		
Other (e.g. Bu	s)					
Other (e.g. Bu	s)					

11. Foul Sewage	12. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and
Mains sewer Cess pit	consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes X No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to connect to the existing drainage system? Yes No	Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)?  Yes  No
If Yes, please include the details of the existing system on the application drawings and state references for the	Will the proposal increase the flood risk elsewhere?  Yes  No
plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
13. Biodiversity and Geological Conservation	14. Existing Use
To assist in answering the following questions refer to the guidance	Please describe the current use of the site:  RESIDENTIAL
notes for further information on when there is a reasonable likelihood that any important biodiversity or geological	
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	
Having referred to the guidance notes, is there a reasonable	Is the site currently vacant? Yes X No
likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to	If Yes, please describe the last use of the site:
or near the application site?	iii 100, produce decerrice dre lace de ce d'are crea
a) Protected and priority species:	* %
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	1/21
<b>⋉</b> No	When did this use end (if known)? DD/MM/YYYY
b) Designated sites, important habitats or other biodiversity	(date where known may be approximate)
features:  Yes, on the development site	Does the proposal involve any of the following?  If yes, you will need to submit an appropriate contamination assessment with your application.
Yes, on land adjacent to or near the proposed development	Land which is known to be contaminated? Yes No
<b>⋉</b> No	Land where contamination is
c) Features of geological conservation importance:	suspected for all or part of the site?  Yes  No
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development	be particularly vulnerable to the presence of contamination?
₩ No	
15. Trees and Hedges	16. Trade Effluent
Are there trees or hedges on the proposed development site?	Does the proposal involve the need to dispose of trade effluents or waste?
And/or: Are there trees or hedges on land adjacent to the	If Yes, please describe the nature, volume and means of disposal
proposed development site that could influence the development or might be important as part	of trade effluents or waste
of the local landscape character?  If Yes to either or both of the above, you may need to provide a full	
Tree Survey, at the discretion of your local planning authority. If a Tree Survey is required, this and the accompanying plan should be	
submitted alongside your application. Your local planning	
authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to	
construction - Recommendations'.	) (

17. Residential Ur Does your proposal ind If Yes, please complete	clude th	e gai	n, loss	or ch	ange	of use of r	esiden	tial units? Yes	× N	0					
P	ropos	ed l	Hous	ing					Existi	ng ŀ	lous	ing			
Market	Not		Numt	er of	Bedro	ooms	Total	Market	Not		Numb	per of	Bedro	ooms	Total
	known	1	2	3	4+	Unknown		Housing	known	1	2	3	4+	Unknown	
Houses							â	Houses							a
Flats and maisonettes							b	Flats and maisonettes							Ď
Live-work units							C	Live-work units							C
Cluster flats							đ	Cluster flats							the state of the s
Sheltered housing							<u></u> {3	Sheltered housing							8
Bedsit/studios							f	Bedsit/studios							*
Unknown type							g	Unknown type							g
	T	otals	(a + t	) + C +	d + e	+ f + g) =	A		To	otals	(a + t	) + C +	d + e	+ f + g) =	E
Social Rented	Not		Numl	per of	Bedr		Total	Social Rented	Not			T		ooms	Total
	known	1	2	3	4+	Unknown			known	1	2	3	4+	Unknown	1
Houses			-				a	Houses							- ¿3
Flats and maisonettes							b	Flats and maisonettes							10
Live-work units							ξ.	Live-work units			-				C
Cluster flats							1,1	Cluster flats							d
Sheltered housing							0	Sheltered housing							0
Bedsit/studios							1	Bedsit/studios							f
Unknown type							9	Unknown type							g
	Т	otals	(a + t	) + C +	d + e	+f+g)=	R		To	otals	(a + b	) + C +	d + e	+f+g)=	F
Intermediate	Not known	1	Num 2	per of	T	ooms Unknown	Total	Intermediate	Not known	1	Numl 2	ber of	Bedr 4+	ooms Unknown	Total
Houses	KIIOWII	'	2	3	4+	UNKNOWN	а	Houses			-	3	4+	UTIKTIOWIT	8
Flats and maisonettes			-				0	Flats and maisonettes							b
Live-work units			-				6	Live-work units			-	-			1
Cluster flats			-				a ·	Cluster flats			-				d
			-					Sheltered housing			-				+
Sheltered housing		-	+				0	Bedsit/studios			-		-		S Year
Bedsit/studios			-				-				-				-
Unknown type							G	Unknown type			(- 1			)	g
		otals	s (a + l	0 + C +	d + e	(x+f+g)=	0		10	otals	(a + t	0 + C +	d + e	+ f + g) =	6
Key worker	Not known	1	Num 2	ber of	Bedr 4+	ooms Unknown	Total	Key worker	Not known	1	Num 2	ber of	Bedr 4+	ooms Unknown	Total
Houses			1				13	Houses							3
Flats and maisonettes							b	Flats and maisonettes							b
Live-work units							<i>c</i>	Live-work units							6
Cluster flats			+				=	Cluster flats							1
Sheltered housing							6	Sheltered housing							8
Bedsit/studios								Bedsit/studios							1
Unknown type							.,,	Unknown type			-		-		9
oninown type	T	otale	(a + 1	1+0.4	d + c	(+f+g)=	0	J	T.	otale	(a + 1	) + C +	d + 0	+ f + g) =	H
Total proposed	residen	tial t	ınits	(A +	B + C	(+ D) =		Total existing	resider	itial	units	(E -	+++(	G + H) =	

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

A1 Shops   Sho		Types of Developm ur proposal involve the lo			•		pace? Yes	<b>▼</b> No		
A1   Shops	If you	u have answered Yes to t	he que	estion above plea	ase add details i	n the follow	ing table:			
Net tradable ares:	Us	se class/type of use	Not applicable	Existing gross internal floorspace (square metres)	to be lost by use or den	change of nolition	floorspace proposed (including change of	internal floorspace following development		
A2   Financial services	A1	Shops								
A2 Restaurants and cafe		Net tradable area:								
A3	A2									
Bit (a) Office (other than A2)	А3									
B1 (a) Office (other than A2)	A4	Drinking establishments								
B1 (b)	A5	Hot food takeaways								
B1 (c) Light industrial	B1 (a)	Office (other than A2)								
B1 (c)   Light industrial	B1 (b)									
See Storage or distribution	B1 (c)									
C1   Hotels and halls of residence	B2	General industrial								
C2 Residential institutions D3 Assembly and leisure D4 Assembly and leisure D5 Assembly and leisure D6 Assembly and leisure D7 Assembly and leisure D8 Assembly and leisure D9	B8	Storage or distribution	$T_{D}$							
C2 Residential institutions	C1	Hotels and halls of	$\overline{\Box}$							
D1 Non-residential institutions	C2									
OTHER Please Specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use applicable of use or demolition of use or demolition of use or demolition institutions and hostels, please additionally indicate the loss or gain of rooms  Net additional rooms of use or demolition	D1	Non-residential				<u> </u>				
OTHER Please Specify Total Total Institutions and hostels, please additionally indicate the loss or gain of rooms  Use Type of use applicable of use or demolition of use or demoliticate use or demoliticate use or demoliticate use or demolit	D2									
Please   Specify   Total   Total   Institutions and hostels, please additionally indicate the loss or gain of rooms										
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use applicable of use or demolition  C1 Hotels	Please				-					
Use   Not applicable   Existing rooms to be lost by change of use or demolition   Not applicable   Existing rooms to be lost by change of use or demolition   Net additional rooms    C1   Hotels	Specify	Total								
Use   Not applicable   Existing rooms to be lost by change of use or demolition   Total rooms proposed (including changes of use)   Net additional rooms	land		tialia	atitutions and ba	atala places ad	ditionally inc	dianta tha laga ar agin of			
class Type of dise applicable of use or demolition changes of use)  Net additional rooms  C1 Hotels		Tune of the Not								
C2 Residential Institutions	class	applicable				ch	panges of use)			
OTHER Please Specify N/A  Please Specify N/A  Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees  Proposed employees  Proposed employees  N/A  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known										
Please Specify  19. Employment  N/A  Please complete the following information regarding employees:  Full-time Part-time Part-time Existing employees Proposed employees  Proposed employees  Please state the hours of Opening Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Saturday Not known  Not known										
Specify   Spec										
Please complete the following information regarding employees:    Full-time	Specify									
Existing employees Proposed employees Proposed employees  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Saturday Sunday and Bank Holidays Not known	19. Em	ployment				N	I/A			
Existing employees  Proposed employees  Popening  Please state the hours of opening for each non-residential use proposed:  Use  Monday to Friday  Saturday  Sunday and Bank Holidays  Not known	Please co	omplete the following in	forma	tion regarding er	nployees:		-			
Proposed employees  20. Hours of Opening Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known		=		Full-time	Part-	time				
Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sank Holidays Not known  Bank Holidays	Ex	isting employees								
Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known	Pro	posed employees								
Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known	20. Ho	urs of Opening					N/Δ			
Bank Holidays Not known										
		Use N	londa	y to Friday	Saturda	,		Not known		
							Darik Holludys			
							<u> </u>			
21 Sito Aron	21. Site	o Aros								

\$Date:: 2010-09-10 #\$ \$Revision: 2999 \$

22. Industrial or Commercial Proce	sses	and Machiner	у		
Please describe the activities and processes be carried out on the site and the end produplant, ventilation or air conditioning. Please type of machinery which may be installed or	icts in includ	cluding			
Is the proposal a waste management develo		nt? Yes	<b>⋉</b> No		
If the answer is Yes, please complete the following					
	Not applicable		city of the void in eering surcharge over or restorati waste or litres if	and making no on material (or	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill					
Non-hazardous landfill					
Hazardous landfill					
Energy from waste incineration					
Other incineration		,			
Landfill gas generation plant					
Pyrolysis/gasification					
Metal recycling site					
Transfer stations					
Material recovery/recycling facilities (MRFs)					
Household civic amenity sites					
Open windrow composting					
In-vessel composting					
Anaerobic digestion					
Any combined mechanical, biological and/ or thermal treatment (MBT)					
Sewage treatment works					
Other treatment					
Recycling facilities construction, demolition	П				
and excavation waste Storage of waste					
Other waste management					
Other developments					
Please provide the maximum annual operat	ional	throughout of the	following waste	streams.	
Municipal			Tollowing waste	e streams.	
Construction, demolition and e	xcava	ation			
Commercial and indust					
Hazardous		7			
If this is a landfill application you will need t planning authority should make clear what	o pro	vide further inforn nation it requires (	nation before yo on its website.	ur application can	be determined. Your waste
23. Hazardous Substances			***************************************		
Does the proposal involve the use or storage the following materials in the quantities state			No	<b>▼</b> Not applicab	ole
If Yes, please provide the amount of each su	bstan	ce that is involved	l:		
Acrylonitrile (tonnes)	E	thylene oxide (tor	nnes)		Phosgene (tonnes)
Ammonia (tonnes)	Hydr	ogen cyanide (tor	ines)	Sulp	ohur dioxide (tonnes)
Bromine (tonnes)	I	_iquid oxygen (tor	ines)		Flour (tonnes)
Chlorine (tonnes)	quid p	petroleum gas (tor	nnes)	Refined	white sugar (tonnes)
Other:			Other:		
Amount (tonnes):			Amount (tor	nnes):	

\$Date:: 2010-09-10 #\$ \$Revision: 2999 \$

24. Ownership Certificates		
One Certificate A, B, C, or D, must be o	completed, together with the Agricultural Holdings Ce	rtificate with this application form
I cortify/The applicant certifies that on the	CERTIFICATE OF OWNERSHIP - CERTIFICATE A elopment Management Procedure) (England) Order 20 day 21 days before the date of this application nobody exerest or leasehold interest with at least 7 years left to run) of a second control of the control	kcept myself/ the applicant was the
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	DP9 DP9	27/07/2012
	CERTIFICATE OF OWNERSHIP - CERTIFICATE B	
I certify/ The applicant certifies that I have	elopment Management Procedure) (England) Order 20 e/the applicant has given the requisite notice to everyone , was the owner ( <i>owner is a person with a freehold interest</i>	e else (as listed below) who, on the day
Name of Owner	Address	Date Notice Served
******		
	Ossisas di Assarti	Data (DD/MM/VVVV)
Signed - Applicant.	Or signed - Agent:	Date (DD/MM/YYYY):
<ul> <li>I certify/ The applicant certifies that:</li> <li>Neither Certificate A or B can be is</li> <li>All reasonable steps have been to</li> </ul>	elopment Management Procedure) (England) Order 20 ssued for this application sken to find out the names and addresses of the other own that least 7 years left to run) of the land or building, or of a par	ners (owner is a person with a freehold
Name of Owner	Address	Date Notice Served
Notice of the application has been publis	hed in the following newspaper On the follow	ving date (which must not be earlier
(circulating in the area where the land is		before the date of the application):
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
organia Application	S. S.grica rigoria	

Town and Country Planning (D I certify/ The applicant certifies that: Certificate A cannot be issued for this application, was the of any part of the land to which the steps taken were:  Notice of the application has been pub (circulating in the area where the land in the steps taken)	certificate of overlapment Manageme or this application taken to find out the name owner (owner is a person this application relates, but the control of the	nes and addresses on with a freehold interpolated have the application.	gland) Order 2010 Certificate of everyone else who, on the de	ay 21 days before the t least 7 years left to run)
2	Orsigu	A A ROOM		Date (DD/MM/YYYY):
Signed - Applicant:	- Or Sigi	ned - Agent:		
Town and Country Planning (De Agricu  (A) None of the land to which the appli  Signed - Applicant:	otural Land Declaration - \ cation relates is, or is part Or sign	You Must Complete	Either A or B	Date (DD/MM/YYYY):
(B) I have/ The applicant has given the before the date of this application, was as listed below:	requisite notice to every partenant of an agricultura	al holding on all or p	nyself/ the applicant who, on the land to which this a	he day 21 days pplication relates,  Date Notice Served
Name of Tenant		Address		Date Notice Served
	1			
Signed - Applicant.	Or sig	ned - Agent:		Date (DD/MM/YYYY):
olgitus Appli		<u> </u>		
26. Planning Application Requipments of the following checklist to minformation required will result in your the Local Planning Authority has been so the original and 3 copies of a complete application form:  The original and 3 copies of the plan with the land to which the application related identified scale and showing the direction.	nake sure you have sent al application being deemed submitted. d and dated nich identifies es drawn to an	Il the information in d invalid. It will not The correct The origina if required The origina	be considered valid until all in	I access statement, otes for details):
The original and 3 copies of other plans information necessary to describe the s	and drawings or ubject of the application:		al and 3 copies of the complete Certificate (Agricultural Holding	

I/we hereby apply for planning permission/con information. Signed - Applicant:	sent as described in the Or signed - Agent:	is form and the ac		ans/drawings and te (DD/MM/YYYY)	
Signed - Applicant.	DP9 DP9			7/07/2012	(date cannot be pre-application)
28. Applicant Contact Details		29. Agent Co	ontact Detail	ls	
Telephone numbers		Telephone num	bers		
Country code: National number:	Extension number:	Country code:	National num		Extension number:
Country code: Mobile number (optional):		Country code:	Mobile number		
Country code: Fax number (optional):		Country code:	Fax number (c	optional):	
Email address (optional):		Email address (d	pptional):		
30. Site Visit					
Can the site be seen from a public road, public	footpath, bridleway or	other public land	? X Yes	No	
If the planning authority needs to make an app out a site visit, whom should they contact? (Plea		X Agent	Applicar		different from the oplicant's details)
If Other has been selected, please provide:					,
Contact name:		Telephone numl	oer:		
Email address:					