

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

Telephone Fax

: 020 7974 1911 : 020 7974 5713 For office use

Date Payee

2. Agent Name and Address

App. No.

Fee

Application for listed building consent for alterations, extension or demolition of a listed building. Planning (Listed Buildings and Conservation Areas) 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. Applicant Name and Address

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

Title:	MS First name: NEMAT	Title:	MRS First name: JULIETTE
Last name:	SHAFIK	Last name:	SONABEND
Company (optional):	•	Company (optional):	Heath & Hampsread societ
Unit:	House number: 27 House suffix:	Unit:	House number: 31 House suffix:
House name:		House name:	
Address 1:	WELL WALK	Address 1:	M PLATTS LANE
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	LONDON	Town:	LONDON
County:		County:	
Country:		Country:	
Postcode:	NM3 IBA	Postcode:	NW3 7NN
	tion of Proposed Work		
	ibe the proposals to alter, extend or demolish the listed		PLAQUE
			\$Date 2010-09-10 #\$ \$Revision- 2000 \$

Please provide the full postal address of the application site. Unit: House number: 27 House suffix: House name: Address 1: WELL WALK Address 3: (date must be pre-application submission) Has the work been completed without consent? Yes No Yes No Please provide the full postal address of the application site. Unit: House number: 27 House suffix: House name: Address 1: WELL WALK Address 3: Town: London County: Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known):	3. Description of Proposed Work	(continue	ed)	4. Site Address Details
Has the work already If Yes, please state when the work was started (I/DI/MM/YYYY): Address 1: WELL WALK Address 1: WELL WALK Address 3: WELL WALK Address 4: WE				Please provide the full postal address of the application site.
If Yes, please state when the work was started (DD/MM/YYYY): WELL WALK	Has the work already		_/	
If Yes, please state when the work was started (DD/MM/YYYY): Address 1: WELL WALK		Yes	No	
Address 1: Address 2: Address 2: Address 3: Town: London Lond	1536			name:
Address 3: Address 3:	work was started (DD/MM/YYYY):			Address 1: WELL WALK
(date must be pre-application submission) Has the work been completed without consent? If Yes, please state the date when the work was completed (DD/MM/YYYY): N/A				Address 2:
Has the work been completed without consent? Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known): Easting: \$2.6131 Northing: \$8.612.6	N/A			Address 3:
Has the work been completed without consent? Postcode (optional): Description of location or a grid reference. (must be completed if postcode is not known): Easting: \$2.6131 Northing: \$8.612.6	(date must be pre-application submission)			Town: LONDON
Has the work been completed without consent? If Yes, please state the date when the work was completed (DD/MM/YYYY): Second	(date must be pre application submission)			
(doptional): If Yes, please state the date when the work was completed (DD/MM/YYYY): N/A		□ Vos		
If Yes, please state the date when the work was completed (DD/MM/YYYY): N/A	completed without consent?	Yes	NO	
Free, please state the date when the work was completed (DD/MM/YYY): NA				Description of location or a grid reference.
Description: Resipent Duelling	If Yes, please state the date when the			
(date must be pre-application submission) Resipential Dubling	work was completed (DD/MM/YYYY):			
(date must be pre-application submission) Resident Proposals	N/A			Description.
5. Related Proposals Are there any current applications, previous proposals or demolitions for the site? If Yes please describe and include the planning application reference number(s), if known: Description Reference number Show number of staff (d) related to an elected member				PRSIDENTIAL DUFILING
5. Related Proposals Are there any current applications, previous proposals or demolitions for the site?	(data must be pre application submission)			Restrict this backer
Are there any current applications, previous proposals or demolitions for the site? Yes No If Yes please describe and include the planning application reference number(s), if known: Description Reference number Description Reference number Reference number Reference number Officer name: Reference: Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application advice received? Authority Employee / Member With respect to the Authority, I am: Do any of these statements apply to you? (a) a member of staff (b) an elected member (b) authority about this application? Yes No If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: Reference: Date (DD/MM/YYYY): (must be pre-application advice received? **No and then complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: **Reference:** Date (DD/MM/YYYY): (must be pre-application advice received? **No and the complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: **Reference:** Date (DD/MM/YYYY): (must be pre-application submission) Details of pre-application submission) Details of pre-application submission) Please tick if the full contact details are not known, and then complete the office the submission in the pre-application submission in the pre-appl	(date must be pre-application submission)			
Have you consulted your neighbours or he local community about the proposal? Yes No 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	proposals or demolitions for the site? If Yes please describe and include the plar reference number(s), if known:	Yes	cation	authority about this application? If Yes, please complete the following information about the advice you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not known, and then complete as much as possible: Officer name: Reference: Date (DD/MM/YYYY): (must be pre-application submission)
Have you consulted your neighbours or the local community about the proposal? Yes No 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	7. Neighbour and Community Con	sultation	1	8. Authority Employee / Member
If Yes, please provide details: (b) an elected member (c) related to a member of staff (d) related to an elected member	lave you consulted your neighbours or		_/	With respect to the Authority, I am: Do any of these
If Yes, please provide details: (c) related to a member of staff (d) related to an elected member	the local community about the proposal?	163	140	(b) an elected member
If Yes, please provide details of the name, relationship and role	If Yes, please provide details:			(c) related to a member of staff
				If Yes, please provide details of the name, relationship and role
				, , , , , , , , , , , , , , , , , , ,

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	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls				
Roof covering				
Chimney				
Windows				
External doors				
Ceilings				
Internal walls				
Floors				
Internal doors				
Rainwater goods				
Boundary treatments (e.g. fences, walls)				
Vehicle access and nard standing				
ighting				
Others add description)				
	ional information on submitted drav s)/drawing(s) references:	vings or plans? Yes No		

10. Demolition	11. Listed Building Alterations
Does the proposal include the partial or total demolition of a listed building? Yes No	Do the proposed works include alterations to a listed building?
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include: (you must answer each of the questions)
a) Total demolition of the listed building: Yes No	
b) Demolition of a building within the curtilage of the listed building: Yes No	a) Works to the interior of the building? Yes No
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building? Yes No
If the answer to c) is Yes:	c) Works to any structure or object fixed
i) What is the total volume of the listed building?(cubic metres)	to the property (or buildings within its curtilage) internally or externally? Yes No
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes No
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission) Please provide a brief description of the building or part of the building you are proposing to demolish:	If the answer to any of these questions is Yes, please provide plans, drawings, photographs sufficient to identify the location, extent and character of the items to be removed, and the proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	COMMEMORATIVE PLAQUE
12. Listed Building Grading	13. Immunity From Listing
Please state the grading (if known) of the building in the list of Buildings of Special Architectural or Historic interest? (Note: only one box must be ticked)	Has a Certificate of Immunity from Listing been sought in respect of this building? Yes No Don't know
Grade I Ecclesiastical Grade I	If Yes, please provide the result of the application:
Grade II* Ecclesiastical Grade II*	
Grade II Ecclesiastical Grade II	
Don't know	

14. Certificates One Certificate A, B, C, or D, must be completed with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/The applicant certifies that on the day 21 days before the date of this application nobody except myself/ the applicant 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 the application relates. Signed - Applicant: CERTIFICATE OF OWNERSHIP - CERTIFICATE B Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 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. Name of Owner Date Notice Served Address Signed - Applicant: Or signed - Agent: Date DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE C Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 I certify/ The applicant certifies that: Neither Certificate A or B can be issued for this application All reasonable steps have been taken to find out the names and addresses of the other owners (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run) of the land or building, or of a part of it, but I have/the applicant has been unable to do so. The steps taken were: Name of Owner Address Date Notice Served Notice of the application has been published in the following newspaper On the following date (which must not be earlier (circulating in the area where the Jand is situated): than 21 days before the date of the application):

Or signed - Agent:

Date DD/MM/YYYY):

Signed - Applicant:

14. Certificates (continued)		DELUD CENTER	CATED		
Certificate under Regulation 6 of the I certify/ The applicant certifies that: Certificate A cannot be issued for this appli All reasonable steps have been taken to fin date of this application, was the owner (ow of any part of the land to which this applica	cation d out the names a	I Buildings and C and addresses of a a freehold intere	Conservation Areas everyone else who, of	on the day 21	days before the
The steps taken were:					
Notice of the application has been published in the (circulating in the area where the land is situated):	following newspa	aper	On the following da than 21 days before	te (which mu the date of t	ust not be earlier the application):
				D-	- t- DD/MM 00000
Signed - Applicant:	Or signed -	Agent:		Da	ate DD/MM/YYYY):
15. Planning Application Requirements			_		
Please read the following checklist to make sure you information required will result in your application be the Local Planning Authority has been submitted.	peing deemed inv	alid. It will not be	considered valid ur	ntil all inform	nation required by
The original and 3 copies of a completed and dated application form:		nformation nece The original and 3	3 copies of other pla ssary to describe the 3 copies of the comp	subject of the	he application:
The original and 3 copies of a plan which identifies t land to which the application relates and drawn to a identified scale and showing the direction of North:	in 🟒	The original and 3	cate (A, B, C, or D - a 3 copies of a design a elp text and guidanc	and access st	tatement,
	as described in the signed - Agent:		Date (É	drawings an	():
az Andinas Grand Bataila		(10. 1			
17. Applicant Contact Details			ontact Details		
Telephone numbers	Extension	Telephone nun	nbers		Extension
Country code: National number:	number:	Country code:	National number:		number:
001202 333 0833		14 4	0207791		5
Country code: Mobile number (optional):		Country code:	Mobile number (o		
Country code: Fax number (optional):		Country code:	Fax number (option		<u>4</u>
Email address (optional): minouche1232 hotmail.	com	Email address (. 1	
MINIOUCHETE 32 NOT MACTI.	<u> </u>	Junecce	asonabe	n a. w.	uk
19. Site Visit					
Can the site be seen from a public road, public footp	م برمین ما امام ماه	other nublic land	? Yes	No	
	ath, bridleway or	other public land			
If the planning authority needs to make an appoint out a site visit, whom should they contact? (<i>Please se</i>	nent to carry	Agent	Applicant	Other (in	f different from the pplicant's details)
out a site visit, whom should they contact? (<i>Please se</i> If Other has been selected, please provide:	nent to carry	Agent		Other (in	
out a site visit, whom should they contact? (Please se	nent to carry			Other (in	
out a site visit, whom should they contact? (<i>Please se</i> If Other has been selected, please provide:	nent to carry	Agent		Other (in	