Planning Services Camden Town Hall

Arayle Street London WC1H 8EQ Email (enquiries only): env.devcon@camden.gov.uk

Telephone

Fax

: 020 7974 1911

: 020 7974 5713

For office use

Date

Pavee App. No. Fee

Householder Application for Planning Permission for works or extension to a dwelling and listed building consent.

Town and Country Planning Act 1990

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.

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

1. Applic	ant Name and Address	2. Agent Name and Address			
Title:	Miss First name: JACQUENINE	Title: First name:			
Last name:	PEACOCK	Last name:			
Company (optional):		Company (optional):			
Unit:	House number: 68 House suffix:	Unit: House House suffix:			
House name:		House name:			
Address 1:	GLOUCESTER CRESCENT	Address 1:			
Address 2:		Address 2:			
Address 3:		Address 3:			
Town:	CAMDEN	Town:			
County:	LONDON	County:			
Country:		Country:			
Postcode:	NW1789.	Postcode:			
	ption of Proposed Works				

CHANGE EXISTING FRONT GARDEN GATES TO ALLOW FOR EASIER ACCESS AND TO BE ABLE TO LOCK GATES.

Has the work already started?	Yes	No No	
If Yes, please state when the work was sta	rted (DD/MM/Y	YYY):	(date must be pre-application submissio
Has the work already been completed?	Yes	X No	
If Yes, please state when the work was co	mpleted (DD/MI	VI/YYYY):	(date must be pre-application submission
4. Site Address Details Please provide the full postal address of t Unit: House number: 6 House name: Address 1: Ghoucester Address 2: Address 3: CAMDE County: Note TEG Description of location or a grid reference (must be completed if postcode is not kn Easting: North Description:	House suffix: CRESC CRESC CON CON CON CON CON CON CON C		5. Pre-application Advice Has assistance or prior advice been sought from the local 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) Details of pre-application advice received?
6. Pedestrian and Vehicle Access, Rels a new or altered vehicle access proposed to or from the public highway? Is a new or altered pedestrian access proposed to or from the public highway? Do the proposals require any diversions, extinguishments and/or creation of public rights of way? If Yes to any questions, please show deta drawings and state the reference number drawing(s)	Yes Yes Yes Yes Yes ils on your plans	No No No or	7. Trees and Hedges Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development? If Yes, please mark their position on a scaled plan and state the reference number of any plan(s)/drawing(s): Will any trees or hedges need to be removed or pruned in order to carry out your proposal? Yes No If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s), drawing(s) and indicate the scale.

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

	Existing (where applicable)	Proposed	Not applicable	Don
External walls				
Roof covering				
Chimney				
Windows				
External doors				
Ceilings				
Internal walls				
Floors				
Internal doors				
Rainwater goods				
Boundary treatments (e.g. fences, walls)	WRONGHTIRON GATES	CAST IRON GATES.		
Vehicle access and hard standing				
Lighting				
Others (add description)				
	itional information on submitted drawings or p	lans? 🔀 Yes 🗌 No		
Reference	e 1. PHOTOGRAPH OF e 2. DRAWING OF e 3. SITE BOUNDAR	1010304		

total demolition of a listed building?	Yes	No No	Do the proposed works include alterations to a listed building?	X Yes	No	
If Yes, which of the following does the propo	sal involve?		If Yes, do the proposed works include:			
a) Total demolition of the listed building:	Yes	No	(you must answer each of the questions)			
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?	X Yes	☐ No	
If the answer to c) is Yes: i) What is the total volume of the	1		a) Waste to an extrusting as a big of fined			
listed building?(cubic metres)			c) Works to any structure or object fixed to the property (or buildings within	No.	□ No	
ii) What is the volume of the part to be demolished?(cubic metres)			its curtilage) internally or externally?	Yes	No	
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YY (date must be pre-application submission)	YY)		d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?	Yes	⋈ No	
Please provide a brief description of the b building you are proposing to demolish:	uilding or p	part of the	If the answer to any of these questions is Ye plans, drawings, photographs sufficient to i extent and character of the items to be rem proposal for their replacement, including a structural support and state references for t	dentify the lo oved, and the ny new means	cation, s of	
			TO REMOVE EXISTIN	34		
Why is it necessary to demolish or extend (as	applicable)	all or part	GARDEN LATES AND REPLACE			
of the building(s) and or structure(s)?			wiTH PROPOSED G	ATES. 1	NEW	
			GATES WILL FIT !	U EXACT	rky	
			THE CAME SITE BY	IT WILL	BE	
			FITTED FROM GROUND HUNG OF	CATHER -	THAN 15.	
11. Listed Building Grading		=	12. Immunity From Listing			
Please state the grading (if known) of the bui			Has a Certificate of Immunity from Listing be	en sought in	respect o	
Buildings of Special Architectural or Historic i one box must be ticked)	nterest? (No	te: only	this building?	□ Don't knov	,	
	al Grade I		Yes . No	_ Don't know	V	
		_	If Yes, please provide the result of the applic	cation:		
Grade II* Ecclesiastica	I Grade II* [
Grade II Ecclesiastic	al Grade II					
D	on't know [
42 Parking		=	(14 Authority Employee / Member			
13. Parking Will the proposed works affect existing car parking arrangements? If Yes, please describe:	Yes	No No	i i (a) a membel of stati	any of these ements apply	to you?	
			If Yes, please provide details of the name, re	lationship an	d role	
		14				
			\$ Date:: 2010-	09-10 #\$ \$ Revision: 29	991	

Town and Country Planning Regulation 6 I certify/The applicant certifies tha owner (owner is a person with a free which the application relates.	(Development Mana of the Planning (List) t on the day 21 days	TE OF OWNERSHIP - CE agement Procedure) (E ted Buildings and Cons before the date of this	RTIFICATE A Ingland) Order 2010 Certificate servation Areas) Regulations 19	under Article 12 &		
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):		
g penior p	,			19/4/2012		
I certify/ The applicant certifies that 21 days before the date of this appli left to run) of any part of the land or	(Development Mana of the Planning (List I have/the applicant cation, was the owner	has given the requisite	ngland) Order 2010 Certificate (servation Areas) Regulations 19	90		
Name of Owner		Address	3	Date Notice Served		
Signed - Applicant:		Or signed - Agent:	.v	Date (DD/MM/YYYY):		
certify/ The applicant certifies that: Neither Certificate A or B can All reasonable steps have be	n be issued for this ap	plication he names and addresses	igland) Order 2010 Certificate uservation Areas) Regulations 195 s of the other owners (owner is a publishing, or of a part of it, but I have	orron with a freehold		
Name of Owner		Address		Date Notice Served		
Notice of the application has been pocification has been pocification in the area where the lan	ublished in the follow d is situated):	ing newspaper	On the following date (which r than 21 days before the date o	nust not be earlier f the application):		
Signed - Applicant:		Or signed - Agent:	J L	Date (DD/MM/YYYY):		

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

3rtify/ The applicant certifies that:

Certificate A cannot be issued for this application

All reasonable steps have been taken to find out the names and addresses of everyone else 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 to which this application relates, but I have/ the applicant has been unable to do so.

e steps taken were:	this application relates, but I have/ the	s applicant has been unable to do so.	
otice of the application has been publiculating in the area where the land is	ished in the following newspaper s situated):	On the following date (which must not be than 21 days before the date of the applic	earlier cation):
jned - Applicant:	Or signed - Agent:	Date (DD/M	MM/YYYY):
3. Agricultural Land Declarati Town and Country Planning (Declaration Agricultural Land Declaration Country Planning (Declaration Country Planning Country Planning (Declaration Country Planning Country Planning Country Planning (Declaration Country Planning Country P	AGRICULTURAL LAND DECL	(England) Order 2010 Certificate under Article	e 12
.) None of the land to which the applic	cation relates is, or is part of, an agricul		
igned - Applicant:	Or signed - Agent:		MM/YYYY):
gpenier	2	19/4	12012
) I have/ The applicant has given the r	equisite notice to every person other t	than myself/ the applicant who, on the day 21 day all or part of the land to which this application rela	rs ates,
Name of Tenant	Add	Iress Date Notic	ce Served
	Ossimud Assat	Date (DD)	
igned - Applicant:	Or signed - Agent:	Date (DD/	/MM/YYYY):
7. Planning Application Requisase read the following checklist to ma formation required will result in your are Local Planning Authority has been see original and 3 copies of a impleted and dated application form: see original and 3 copies of a plan which entifies the land to which the application lates drawn to an identified scale and showing the direction of North:	ake sure you have sent all the informate application being deemed invalid. It was ubmitted. The original and 3 copies of design and access statemen proposed works fall within a conservation area or	t if The original and 3 copies of the	quired by
ne original and 3 copies of other plans and drawings or information necessary to escribe the subject of the application:	to 🗹	completed, dated Article 12 Certifi (Agricultural Holdings):	icate

ormation.	ly for planning permission/consent		ns form and the ac		DD/MM/YYYY):	
ned - Applica	gfearach.	r signed - Agent:			14/2012	(date cannot be pre-application)
. Applican	t Contact Details		20. Agent Co	ntact Details		
lephone num	bers		Telephone num	bers		
untry code:	National number:	Extension number:	Country code:	National number	:	Extension number:
o 44 juntry code:	0207 267 2212 Mobile number (optional):		Country code:	Mobile number (optional):	
ountry code:	Fax number (optional):		Country code:	Fax number (opti	onal):	_
nail address (d	ontional):		Email address (d	optional):		
jacqu	eline pea Ogooglen	roul. com				
. Site Visit				/		
n the site be	seen from a public road, public foot	path, bridleway o	r other public land	7 Yes	No	
he planning a t a site visit, v	uthority needs to make an appoint whom should they contact? (Please :	ment to carry select only one)	Agent	Applicant	Other (if agent/ap	different from the oplicant's details)
	n selected, please provide:		Telephone num	her		
ontact name:		·	Telephone num	501.		
nail address:						