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For office use Date Pavee

Fee App. No.

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. t is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application. 1. Applicant Name and Address 2. Agent Name and Address ПV First name: Title: NAVIN MV Title: First name: FREDERIC KUTNEW Last name: AUUHO Last name: Company Company KUTNEW ASSOCIATES AUTON LTD (optional): (optional): House House House House Unit: 56 0 Unit-28-29 number: suffix: number: House House name: name: UPPER MONTAGU STREET Address 1: GREAT SUTTON STREET Address 1: Address 2: Address 2: Address 3: Address 3: CONDON Town: CONBON Town: County: County: UK Country: au Country: WIH ISN ECIV OUS Postcode: Postcode: 3. Description of the Proposal Please describe the proposed development, including any change of use: PROPOSED DEVELOPMENT FOR A 3BED 3STORY TOWN HOUSE ONTHE VACANT SITE WEHIND THE KENTISH TOWN SUMTS-CENTREFACING GRAFTON ROAD. Has the building, work or change of use already started? Yes No If Yes, please state the date when building, work or use were started (DD/MM/YYYY): (date must be pre-application submission) Has the building, work or change of use been completed? Yes ✓ No If Yes, please state the date when the building, work (date must be pre-application submission) or change of use was completed: (DD/MM/YYYY):

	ddress Details				5. Pre-application Advice		
Please prov	ide the full postal a	ddress of the a			Has assistance or prior advice been sough authority about this application?	t from the lo	. /
Unit:	House numbe	r:	House suffix:		authority about this application?	Yes	∑ No
House name:	KENTISHTO	INN SPON	ets CEN	TVE	If Yes, please complete the following infor you were given. (This will help the authori		
Address 1:	GRAFTO	UROAN			application more efficiently). Please tick if the full contact details are no		n this
Address 2:					known, and then complete as much as po	_	
Address 3:					Officer name:		
Town:	CONDON						
County:	UK				Reference:		
Postcode (optional):	NW5 3K	2U					
Description (must be co	of location or a grid impleted if postcod	d reference. e is not known	ı):		Date (DD/MM/YYYY): (must be pre-application submission)		
Easting:		Northing:			Details of pre-application advice received	?	
Description							
	ANT SITE I	SEHIND	THES	POUTS			
CENT	TEV.						
				=			
	ian and Vehicle A		and Righ	ts of Way	7. Waste Storage and Collection		
	ltered vehicle acce: ne public highway?	s proposed	Yes	No	Do the plans incorporate areas to store and aid the collection of waste?	Yes	□ No
	ltered pedestrian		_	_	If Yes, please provide details:	∑ res	No
access propo the public hi	osed to or from	ſ		₩	ir res, please provide details.		
			Yes	⊠ No			
	y new public roads thin the site?	to be	Yes	No			
	y new public						
	to be provided acent to the site?	1	Yes	No			
-	osals require any di	versions		Δ	L		
/extinguishn	nents and/or		Yes	No.	Have arrangements been made for the separate storage and		
	ights of way?			_	collection of recyclable waste?	Yes	No
details on yo	ered Yes to any of th our plans/drawings	ne above quest and state the r	tions, please reference of	the plan	If Yes, please provide details:		
(s)/drawings	s(s)				bwg 509-02-1200		
	ity Employee / I to the Authority, I a		har of shaff		Do any of these statements and a second		₩
with respect	to the Authority, 12		cted membe	er	Do any of these statements apply to you?	Yes	M No
			to a memb				
If Yes, nlease	provide details of		to an elect		T		
res, preuse	. provide details of	are name, relat	nonsinp and	Tole			
1							

Materials If applicable, please state what materials are to be used externally. Include type, colour and name for each material: Existing Don't Proposed (where applicable) Know RECCAIMED BRICK TO Walls MATCH EXISTING WOAW SINGLE VLY MEMUSUANE Roof FLAT NOOF COMPOSITE ALUMINIUM Windows TIMBER ACUMINIUM Doors BRICK, TIMBER CONCRETE, BRICK Boundary treatments (e.g. fences, walls) Vehicle access and hard-standing

Others (please specify)		X	

Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?

Ī	res, piease sta	te referer	nces for the pla	an(s)/drawing(s)/de	sign and access sta	atement:		
	DESIGN	AND	ACCESS	STATEME	NT - MATE	MIALS		

Yes

10. Vehicle Parking

Lighting

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars	0	0	0
Light goods vehicles/ public carrier vehicles	6	0	0
Motorcycles	0	0	0
Disability spaces	0	0	0
Cycle spaces	6	0	0
Other (e.g. Bus)	0	0	0
Other (e.g. Bus)	0	0	0

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
Mains sewer Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local
Septic tank Other	planning authority requirements for information as necessary.) Yes 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?	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 plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere?
DESIGN AND ACCESS STATEMENT	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:
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	VACANT
they are likely to be affected by your proposals. Having referred to the guidance notes, is there a reasonable	
likelihood of the following being affected adversely or conserved	Is the site currently vacant? Yes No
and enhanced within the application site, or on land adjacent to or near the application site?	If Yes, please describe the last use of the site: SPORTS CENTRE
a) Protected and priority species:	III SPORTS CENTRE
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	
⊠ No	When did this use end (if known)? DD/MM/YYYY 2009
 b) Designated sites, important habitats or other biodiversity features: 	(date where known may be approximate)
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 No	Land which is known to be contaminated? Yes No
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?
Yes, on the development site	A proposed use that would
Yes, on land adjacent to or near the proposed development No	be particularly vulnerable to the presence of contamination? Yes No
15. Trees and Hedges	16 7-1-5
Are there trees or hedges on the	16. Trade Effluent Does the proposal involve the need to
proposed development site? Yes No	dispose of trade effluents or waste? Yes No
And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
If Yes to either or both of the above, you <u>may</u> 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'.	

	Propos	sed	Hou	sing					Exist	ing	Hous	ing			
Market	Not		Num	ber o	f Bed	rooms	Total	Market	Not		Num	ber o	f Bed	rooms	Tot
Housing	known	1	2	3	4+	Unknown	1	Housing	known	1	2	3	4+	Unknowr	-
Houses			1	1				Houses							
Flats and maisonettes								Flats and maisonettes	S 🗆						
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studios								Bedsit/studigs							
Unknown type								Unknown type							
	To	otals	(a + b) + c +	+ d + e	e + f + g) =	-		Т	otals	(a + b	+ c +	d + e	e + f + g) =	
	Not		Numl	ner of	f Bedi	rooms	Total		Nes		Numb	201.0	f Dod	rooms	Total
Social Rented	known	1	2	3	4+			Social Rented	Not known	1	2	3	4+	Unknown	
Houses								Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats		/						Cluster flats							\Box
Sheltered housing								Sheltered housing							
Bedsit/studios /								Bedsit/studios /							
Unknown type								Unknown type							
	То	tals	(a + b	+ c +	d + e	+f+g)=			T	otals	(a + b	+ c +	d + e	+ f + g) =	
Intermediate Not Number of Bedrooms T		Total		Not Number of Bedrooms					Tota						
	known	1	2	3	4+	Unknown		Intermediate	known		2	3		Unknown	_
Houses								Houses							
Flats and maisonettes				_				Flats and maisonettes				/			
Live-work units								Live-work units							
Cluster flats		_						Cluster flats							
Sheltered housing								Sheltered housing	Ø						
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	То	tals	(a + b	+ c +	d + e	+ f + g) =			To	otals	(a + b	+ c +	d + e	+ f + g) =	
Key worker	Not		Numb	er of	Bedr	ooms	Total	Various	Not		Numb	er of	Bedro	ooms	Tota
	known	1	2	3	4+	Unknown			known	1	2	3		Unknown	
Houses					_			Houses							
Flats and maisonettes								Flats and maisonettes			=				
Live-work units			$ \angle $					Live-work units							
Cluster flats								Cluster flats	Z						
Sheltered housing	Z							Sheltered housing							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	То	tals	(a + b	+ c +	d + e	+ f + g) =			То	tals (a+b-	+ c +	d + e ·	+ f + g) =	
Total proposed re		-1		/4 . /	2	+ D) =	- □ 1	Total existing					F + G		

	ur proposal			estion above plea			_	Yes 2	∬ No
ii yo	u nave answ	ered res to t	Not applicable		Gross interna			ss internal	Not additional asses
Us	Use class/type of use			internal floorspace (square metres)	to be lost by use or de	change of molition	floorspace (including	e proposed change of are metres)	Net additional gross internal floorspace following development (square metres)
A1	Sh	nops							
	Net trad	able area:							
A2		cial and nal services							/
А3		ts and cafes							
A4	Drinking es	tablishments							
A5	Hot food	takeaways						$\overline{}$	
B1 (a)	Office (oth	er than A2)						$\overline{}$	
B1 (b)		rch and opment					$\overline{}$		
B1 (c)		ndustrial					$-\!\!/-$		
B2	General	industrial							
B8	Storage or	distribution							
C1		nd halls of dence							
C2		institutions							
D1	Non-residential				/				
D2	institutions Assembly and leisure								
OTHER									
Please Specify									
Specify	To	tal							
In add	dition, for ho	tels, resident	ial ins	titutions and hos	tels please add	ditionally indi	icato the loss	or gain of a	
Use -	Type of use	Not		ng rooms to be lo	ost by change	Total rooms	proposed (i	ncluding	Net additional rooms
class C1	Hotels	applicable		of use or demo	olition	cha	anges of use)	Net additional rooms
(2)	Residential								
OTHER	Institutions								
Please								-,	
pecify									
9. Emp	oloyment								
Please co	mplete the f	ollowing info	ormati	on regarding em	ployees:				
				Full-time	Part-	time			l full-time uivalent
	ting employ								
Prop	osed emplo	yees							
0. Hou	ırs of Ope	ning							
Please	state the h	ours of openi	ng for	each non-reside	ntial use propo	osed:			
	Use	Мо	nday	to Friday	Saturday	/	Sunday Bank Holi		Not known

Please state the site area in hectares (ha) 0.01 HR

22. maustrial of commercial Proce	:33E3 a	ila Macilii	ery		
Please describe the activities and processes be carried out on the site and the end produ plant, ventilation or air conditioning. Please type of machinery which may be installed or	icts inclui	ıdina			
Is the proposal a waste management develo	nnment?	Yes	No		
If the answer is Yes, please complete the fol					
	aple	The total cap ncluding eng allowance fo	pacity of the void in ineering surcharge r cover or restorati lid 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	n				
Material recovery/recycling facilities (MRFs)	n				
Household civic amenity sites	n				
Open windrow composting	Ħ				
In-vessel composting	Ħ				
Anaerobic digestion	Ħ				
Any combined mechanical, biological and/ or thermal treatment (MBT)					
Sewage treatment works					
Other treatment					
Recycling facilities construction, demolition and excavation waste					
Storage of waste					
Other waste management					
Other developments					
Please provide the maximum annual operati	onal thro	oughput of th	ne following waste	streams:	
Municipal					
Construction, demolition and e		n			
Commercial and industr	ial				
Hazardous If this is a landfill application you will need to	provide	further info	rmation before you	r application can	be determined. Your waste
planning authority should make clear what i	nformati	ion it require	s on its website.		
23. Hazardous Substances Does the proposal involve the use or storage the following materials in the quantities state			□No	Not applicab	do.
If Yes, please provide the amount of each sub				Not applicab	ne
Acrylonitrile (tonnes)		lene oxide (to			Phosgene (tonnes)
Ammonia (tonnes)	Hydroge	en cyanide (to	onnes)	Sulp	ohur dioxide (tonnes)
Bromine (tonnes)	Liqu	id oxygen (to	onnes)		Flour (tonnes)
Chlorine (tonnes)	uid petro	oleum gas (to	onnes)	Refined	white sugar (tonnes)
Other:			Other:		
Amount (tonnes):			Amount /tone	200)	

Ownership Certificates One Certificate A, B, C, or D, must be completed, together with the Agricultural Holdings Certificate with this application form CERTIFICATE OF OWNERSHIP - CERTIFICATE A Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 (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: Or signed - Agent Date (DD/MM/YYYY): 01.03.12 CERTIFICATE OF OWNERSHIP - CERTIFICATE B Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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 Address Date Notice Served Signed - Applicant: Or signed - Agent: Date (DD/MM/YYYY): CERTIFICATE OF OWNERSHIP - CERTIFICATE C Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 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 land is situated): than 21 days before the date of the application):

Or signed - Agent:

Date (DD/MM/YYYY):

Signed - Applicant:

24. Ownership Certificates (continued)

CERTIFICATE OF OWNERSHIP - CERTIFICATE D

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 | certify/ 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.

of any part of the land to which this ap	oplication relates, but I have/ the	old interest or leasehold interest with at least 7 years	years left to run)
The steps taken were:	,	r upplicant has been ungste to do so.	
Notice of the application has been published in (circulating in the area where the land is situat	n the following newspaper ed):	On the following date (which must r than 21 days before the date of the	not be earlier application):
Signed - Applicant:	Or signed - Agent:	Date ((DD/MM/YYYY):
25. Agricultural Land Declaration			
Town and Country Planning (Developm	and Declaration - You Must Com	(England) Order 2010 Certificate under Ar aplete Either A or B	rticle 12
Signed - Applicant:	Or signed - Agent:		DD/MM/YYYY):
			,03,12
(B) I have/ The applicant has given the requisite before the date of this application, was a tenan as listed below:	e notice to every person other that of an agricultural holding on a	nan myself/ the applicant who, on the day 21 ill or part of the land to which this application	l days n relates,
Name of Tenant	Addre	ess Date N	Notice Served
Signed - Applicant:	Or signed - Agent:	Date (I	DD/MM/YYYY):
26. Planning Application Requiremen	nts - Checklist		
Please read the following checklist to make sure information required will result in your applicati the Local Planning Authority has been submitte	you have sent all the information being deemed invalid. It wil	on in support of your proposal. Failure to su I not be considered valid until all information	bmit all n required by
The original and 3 copies of a completed and da application form:	etad	orrect fee:	
The original and 3 copies of the plan which iden the land to which the application relates drawn	The or if requ	riginal and 3 copies of a design and access st iired (see help text and guidance notes for de	atement,
dentified scale and showing the direction of No	orth: The or	riginal and 3 copies of the completed, dated rship Certificate (A, B, C, or D - as applicable)): X
The original and 3 copies of other plans and dra information necessary to describe the subject of	wings or	riginal and 3 copies of the completed, dated	

Article 12 Certificate (Agricultural Holdings):

information. Signed - Applicant:	Or signed - Agent	Date (DD/MM/YYYY):	
			annot be plication
28. Applicant Contact Details	×	29. Agent Contact Details	
Telephone numbers		Telephone numbers	
Country code: National number: D2077246			xtension umber:
30. Site Visit			
Can the site be seen from a public road, p	ublic footpath, bridleway or	or other public land? Yes No	
If the planning authority needs to make a out a site visit, whom should they contact	n appointment to carry ? (Please select only one)	Agent Applicant Other (if different agent/applicant's	
If Other has been selected, please provide		agent/applicants	details)
Contact name:		Telephone number:	
Email address:			