

90B Savernake Road
London
NW3 2JR

10th October 2011

Duty Planning officer
Camden Town Hall Extension
Argyle Street
London
WC1H 8ND

Dear Sir/Madam

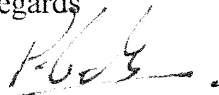
Please find attached a planning permission application for the above property, in line with the Camden Council Planning Permission requirements for full planning permission within an area of conservation.

Included in this application:

- completed application form
- certificate of ownership
- correct fee (£150 less £95 credit note = £55)
- design and access statements, including photographs
- scaled drawings and plans

Please contact me if you have any queries associated with this application.

Regards



Paul Manson
07966159573
mansonp@hotmail.com

Application for Planning Permission and conservation
area consent for demolition in a conservation area.

Town and Country Planning Act 1990

Planning (Listed Building 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.

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

1. Applicant Name and Address

Title:	MR	First name:	PAUL
Last name:	MANSON		
Company (optional):			
Unit:	B	House number:	90
		House suffix:	B
House name:			
Address 1:	SAVERWAILE ROAD		
Address 2:			
Address 3:			
Town:	LONDON		
County:	MIDDLESEX		
Country:	UK		
Postcode:	NW3 2JR		

2. Agent Name and Address

Title:		First name:	
Last name:			
Company (optional):			
Unit:		House number:	
		House suffix:	
House name:			
Address 1:			
Address 2:			
Address 3:			
Town:			
County:			
Country:			
Postcode:			

3. Description of the Proposal

Please provide a description of the proposal, including details of the proposed demolition:

LOFT CONVERSION OF EXISTING LOFT SPACE INTO EN-SUITE BEDROOM WITH REAR BALCONY WINDOW. INSTALLATION OF TWO REAR-FACING SILENCE-LIGHTS. CONSTRUCTION OF WOOD/GLASS ROOM AND LAYING OF WOOD DECKING ON EXISTING ROOF TERRACE. DEMOLITION OF EXISTING WOOD/GLASS ROOF STRUCTURE ON ROOF TERRACE.

Has the building, work or change of use already started?

☐ Yes

☒ No

If Yes, please state the date when building, works or use were started (DD/MM/YYYY):

If Yes, please state the date when the building, work

provide the full postal address of the application site.

House number: House suffix:

Address 1:

Address 2:

Address 3:

Town:

County:

Postcode (optional):

Description of location or a grid reference. Must be completed if postcode is not known:

Griding: Northing:

Description:

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 submission)

Details of pre-application advice received?

Pedestrian and Vehicle Access, Roads and Rights of Way

new or altered vehicle access proposed from the public highway? ☐ Yes ☒ No

new or altered pedestrian access proposed from the public highway? ☐ Yes ☒ No

are there any new public roads to be provided within the site? ☐ Yes ☒ No

are there any new public rights of way to be provided within or adjacent to the site? ☐ Yes ☒ No

do the proposals require any diversions of rights of way? ☐ Yes ☒ No

If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan drawings(s)

7. Waste Storage and Collection

Do the plans incorporate areas to store and aid the collection of waste? ☐ Yes ☒ No

If Yes, please provide details:

Have arrangements been made for the separate storage and collection of recyclable waste? ☐ Yes ☒ No

If Yes, please provide details:

Authority Employee / Member

In 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

Do any of these statements apply to you? ☐ Yes ☒ No

If Yes, please provide details of the name, relationship and role

Is it necessary to demonstrate all or part of the building(s) and/or structure(s)?

THE EXISTING LOFT SPACE DOESN'T HAVE ANY SKYLIGHTS OR BALCONY WINDOWS ON THE REAR OF THE ROOF (PHOTO #1). THESE PARTS OF THE EXISTING ROOF WILL HAVE TO BE REMOVED. THE ROOF TERRACE HAS AN EXISTING WOOD/GLASS STRUCTURE (PHOTO #2) WHICH WILL NEED TO BE REMOVED BEFORE THE WOOD-DECKING AND NEW WOOD/GLASS STRUCTURE CAN BE PUT IN PLACE.

Materials

If applicable, please state what materials are to be used externally. Include type, colour and name for each material:

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Roofs	NONE	FOR ROOF TERRACE WOOD/GLASS STRUCTURE: HARDWOOD CLADDING ON ASFELT ON MARINE PLY ON TIMBER FRAME	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	LOFT: SLATE ON ASFELT ON TIMBER FRAME. ROOF TERRACE STRUCTURE: GLASS ON TIMBERAL FRAME	LOFT: SAME WITH 2X 500X500 FIXED SKYLIGHT, LEAD CLAD 'CHECKERS' ON MARINE PLY & TREATED SLOPED ROOF. TERRACE AS ABOVE.	<input type="checkbox"/>	<input type="checkbox"/>
Windows	NONE.	FOR LOFT AND ROOF TERRACE STRUCTURE, HARDWOOD OR ANODISED ALUMINIUM FRAME DOUBLE GLAZED DOORS.	<input type="checkbox"/>	<input type="checkbox"/>
Doors	NONE.	AS ABOVE.	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and road-standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

☒ Yes

☐ No

If yes, please state references for the plan(s)/drawing(s)/design and access statement:

FOR DRAWINGS REF: 145 SK09, 145 SK05, 145 SK07, 145 SK06.

PLAN AND ACCESS STATEMENT

Vehicle Parking

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	NONE	NONE	NONE
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)	/	/	/
Other (e.g. Bus)			

Use state how your sewage is to be disposed of:

- ☐ Mains sewer ☐ Cess pit
☐ Septic tank ☐ Other
☐ Package treatment plant

Are you proposing to connect to the existing drainage system? ☐ 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):

WITH REFERENCE TO 1457 SKOD, WASTE SEWER-A FROM BATHROOM WOULD BE CONNECTED UNDER FLOOR TO EXISTING SEWER PIPING ON EXTERNAL WALL OF ROOF. (SEE PHOTO #3).

Biodiversity and Geological Conservation

Assist in answering the following questions refer to the guidance 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.

If referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved enhanced within the application site, or on land adjacent to or near the application site?

Protected and priority species:

- ☐ Yes, on the development site
☐ Yes, on land adjacent to or near the proposed development
☒ No

Designated sites, important habitats or other biodiversity features:

- ☐ Yes, on the development site
☐ Yes, on land adjacent to or near the proposed development
☒ No

Features of geological conservation importance:

- ☐ Yes, on the development site
☐ Yes, on land adjacent to or near the proposed development
☒ No

Trees and Hedges

Are there trees or hedges on the proposed development site? ☐ Yes ☒ No

If/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 to either or both of the above, you may need to provide a full Arboricultural Survey, at the discretion of your local planning authority. If an Arboricultural 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 development - Recommendations'

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 consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

☐ Yes ☒ No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? ☐ Yes ☐ No

Will the proposal increase the flood risk elsewhere? ☐ Yes ☐ No

How will surface water be disposed of?

- ☐ Sustainable drainage system ☐ Existing watercourse
☐ Soakaway ☐ Pond/lake
☐ Main sewer

15. Existing Use

Please describe the current use of the site:

LOFT IS USED FOR STORAGE AND HAS ACCESS VIA EXISTING LOFT DOOR AND INTERNAL STAIRCASE. ROOF TERRACE IS USED FOR OCCASIONAL DINING.

Is the site currently vacant? ☐ Yes ☒ No

If Yes, please describe the last use of the site:

When did this use end (if known)? (DD/MM/YYYY):

Does the proposal involve any of the following?

If yes, you will need to submit an appropriate contamination assessment with your application.

Land which is known to be contaminated? ☐ Yes ☒ No

Land where contamination is suspected for all or part of the site? ☐ Yes ☒ No

A proposed use that would be particularly vulnerable to the presence of contamination? ☐ Yes ☒ No

17. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? ☐ Yes ☒ No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste:

es, please complete details of the changes in the tables below:

Proposed Housing

Market using	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Total proposed residential units (A + B + C + D) =

Existing Housing

Market Housing	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Social Rented	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Intermediate	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Key worker	Not known	Number of Bedrooms					Total
		1	2	3	4+	Unknown	
Houses	<input type="checkbox"/>						
Flats and maisonettes	<input type="checkbox"/>						
Live-work units	<input type="checkbox"/>						
Cluster flats	<input type="checkbox"/>						
Sheltered housing	<input type="checkbox"/>						
Bedsit/studios	<input type="checkbox"/>						
Unknown type	<input type="checkbox"/>						
Totals (a + b + c + d + e + f + g) =							

Total existing residential units (E + F + G + H) =

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

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
1 (a)	<input type="checkbox"/>				
Office (other than A2)	<input type="checkbox"/>				
1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please specify	<input type="checkbox"/>				
Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please specify		<input type="checkbox"/>			

Employment

Please complete the following information regarding employees:

N/A

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

Hours of Opening

Please state the hours of opening for each non-residential use proposed:

N/A

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

Site Area

Please state the site area in hectares (ha)

0.0092 ha 92m²

Please describe the activities and processes which would be carried out on the site and the end products including incineration, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

N/A

Does the proposal involve a waste management development? ☐ Yes ☒ No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste managing authority should make clear what information it requires on its website.

4. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? ☐ Yes ☐ No ☒ Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes)	<input type="text"/>	Ethylene oxide (tonnes)	<input type="text"/>	Phosgene (tonnes)	<input type="text"/>
Ammonia (tonnes)	<input type="text"/>	Hydrogen cyanide (tonnes)	<input type="text"/>	Sulphur dioxide (tonnes)	<input type="text"/>
Bromine (tonnes)	<input type="text"/>	Liquid oxygen (tonnes)	<input type="text"/>	Flour (tonnes)	<input type="text"/>
Chlorine (tonnes)	<input type="text"/>	Liquid petroleum gas (tonnes)	<input type="text"/>	Refined white sugar (tonnes)	<input type="text"/>

Other:

Other:

Amount (tonnes):

Amount (tonnes):

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 & 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:

Or signed - Agent:

Date (DD/MM/YYYY):

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CERTIFICATE OF OWNERSHIP - CERTIFICATE B

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

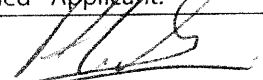
I certify/ The applicant certifies that I have/ the applicant has given the requisite notice to everyone else (as listed below) who, on the day 21 days before the date of this application, was the owner (owner is a person with a freehold interest or leasehold interest with at least 7 years left to run)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

Name of Owner	Address	Date Notice Served
ALL LILES MANNON	90B SAVERWALE ROAD, LONDON NW3 23R	10/10/2011

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

		10/10/2011
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CERTIFICATE OF OWNERSHIP - CERTIFICATE C

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

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.

Steps taken were:

--

Name of Owner	Address	Date Notice Served

Notice of the application has been published in the following newspaper circulating in the area where the land is situated:

On the following date (which must not be earlier than 21 days before the date of the application):

--	--

Signed - Applicant:

Or signed - Agent:

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

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.

steps taken were:

notice of the application has been published in the following newspaper circulating in the area where the land is situated):

On the following date (which must not be earlier than 21 days before the date of the application):

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

6. Agricultural Land Declaration

AGRICULTURAL LAND DECLARATION

Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12
Agricultural Land Declaration - You Must Complete Either A or B

I/ None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

I have/ The applicant has given the requisite notice to every person other than myself/ the applicant who, on the day 21 days before the date of this application, was a tenant of an agricultural holding on all or part of the land to which this application relates, listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

7. Planning Application Requirements - Checklist

Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.

I have submitted the original and 3 copies of a completed and dated application form:



The correct fee:



I have submitted the original and 3 copies of the plan which identifies the land to which the application relates drawn to an identified scale and showing the direction of North:



The original and 3 copies of a design and access statement, if required (see help text and guidance notes for details):



I have submitted the original and 3 copies of other plans and drawings or information necessary to describe the subject of the application:



The original and 3 copies of the completed, dated Ownership Certificate (A, B, C, or D - as applicable):



The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):



Information
Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

10/10/2011

(date cannot be
pre-application)

29. Applicant Contact Details

Telephone numbers

Country code:

+44

National number:

0207 267 5083

Extension
number:

Country code:

+44

Mobile number (optional):

07966159573

Country code:

Fax number (optional):

Email address (optional):

MANSONP@HOTMAIL.COM

30. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension
number:

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

Email address (optional):

31. Site Visit

Can the site be seen from a public road, public footpath, bridleway or other public land?

☒ Yes

☐ No

If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (Please select only one)

☐ Agent

☒ Applicant

☐ Other (if different from the agent/applicant's details)

If other has been selected, please provide:

Contact name:

Telephone number:

Email address: