

First name: LOUISE

Planning Services Camden Town Hall Argyle Street

London WC1H 8EQ

Email (enquiries only): env.devcon@camden.gov.uk

Telephone

: 020 7974 1911 : 020 7974 5713 For office use

Date

2. Agent Name and Address

Payee App. No. Fee

Application for Planning Permission and listed building consent for alterations, extension or demolition of a listed building.

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

First name: MAHENDRA

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

DR.

Title:

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

Title:

Last name: MASTRU	Last name: TURLEY
Company (optional):	Company CAMPBELL ARCHITECTS LTD
Unit: House House suffix:	Unit: House House suffix:
House name:	House name:
Address 1:	Address 1: 133 HARROW ROAD
Address 2:	Address 2: PAPDINCTOW
Address 3:	Address 3:
Town:	Town: Longon
County:	County:
Country:	Country:
Postcode:	Postcode: W2 IJP
building(s):  (ONVERSION OF EXISTING OFFICE INTERNAL AGGRATIONS TO THE	UPPER PLOOPS OF THE SULPING,
INCLUDING RELOCATION OF STATE	is AND REMOVED OF FEAR, MICHIARY
Rooms.	
work(s) already started? Yes No or v	es, please state the date when the development work(s) were started (DD/MM/YYYY): te must be pre-application submission)
work(s) been completed? Yes No or v	es, please state the date when the development work(s) were completed (DD/MM/YYYY): te must be pre-application submission)
	\$Date:: 2010-09-10 #\$ \$Revision: 2999 \$

4. Site Address Details	5. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?
Unit: House number: 28 House suffix:	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: MUSEUM STREET	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: LONDA	CARIOS MARTIN
County:	Reference:
Postcode (optional): WCIA ILH	CA\2011\ENQ\04926  Date (DD/MM/YYYY):
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) かん・んけ
Easting: Northing:	Details of pre-application advice received?
Description:	MORE THAT RESULT IN THE LOSS OF THE
	thoporic plan form would be
	ONACCEPTABLE.
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7 Wasta Stayana and Callastian
Is a new or altered vehicle access proposed	7. Waste Storage and Collection
to or from the public highway? Yes No	Do the plans incorporate areas to store and aid the collection of waste?  Yes No
Is a new or altered pedestrian access proposed	If Yes, please provide details:
to or from the public highway? Yes No	DEDIGATED REFUSE + FEUGLIAN SPORE
Are there any new public roads to be provided within the site?	phonoto AT GRAND GLOOK LEVEL, Mythis prinist.
Are there any new public rights of way to be provided within or adjacent to the site? Yes No	MATIN POULSE.
Do the proposals require any diversions /extinguishments and/or	Have arrangements been made for the separate
creation of rights of way?	storage and collection
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan	of recyclable waste? Yes No If Yes, please provide details:
(s)/drawings(s)	AS ASME.
	75 1,500
8. Authority Employee / Member	
With respect to the Authority, I am: (a) a member of staff (b) an elected member	Do any of these statements apply to you? Yes No
(c) related to a member of staff	
(d) related to an elected membe	r
If Yes, please provide details of the name, relationship and role	
I (	

9. Demolition		$\bigcap$	10. Listed Building Altera	ations		
Does the proposal include the part total demolition of a listed building		No	Do the proposed works include to a listed building?		Yes	☐ No
If Yes, which of the following does	the proposal involve?		If Yes, do the proposed works in			
a) Total demolition of the listed bu	ilding: Yes 🗸	No	(you must answer each of the qu	uestions)		
b) Demolition of a building within the curtilage of the listed building:	Yes	No	a) Works to the interior of the bu	ıilding?	Yes	No
c) Demolition of a part of the listed	l building: Yes	No	b) Works to the exterior of the b	uilding?	Yes	No
If the answer to c) is Yes:			c) Works to any structure or obje			
i) What is the total volume of the listed building?(cubic metres)	6472		to the property (or buildings wit its curtilage) Internally or extern	hin ally?	Yes	No
ii) What is the volume of the part to be demolished?(cubic metres)	(1676Pm		d) Stripping out of any internal vor floor finishes (e.g. plaster, floo		Yes	☐ No
iii) What was the (approximate) da erection of the part to be removed	12 (NANA (V/V/V/)				-1	.:
(date must be pre-application sub			If the answer to any of these que plans, drawings, photographs s			
Please provide a brief description building you are proposing to den		of the	extent and character of the iten proposal for their replacement,	ns to be removincluding any	ved, and the new means	e s of
Konovar of EXIS	Mr. Sparust		structural support and state refe			
MOD ROAR MOULLA	By ROOMS; EXT	h	plant pertir to ]			
PROF TO ACCESS STO	air Mr 1009 level	د.	MDD 1228-10-0		ווזן נגיט	C
Why is it necessary to demolish or of the building(s) and or structure	extend (as applicable) all or (s)?	r part	brown INT state	アウル・		
to overcome plobly	is with EXIL SPAN	ا ۱۲۶				
1 KND 70 FEJUG 10 1	HE WET BEGIVE					
MUST TO FEILLY IN THE SPINE !	wondable.					
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			<u> </u>			
11. Listed Building Grading	g	$\equiv$	12. Immunity From Listin	ng		
	_		1	_	n sought in	respect o
Please state the grading (if known) Buildings of Special Architectural o	of the building in the list of		<b>12. Immunity From Listir</b> Has a Certificate of Immunity fro this building?	_	n sought in	respect o
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)	of the building in the list of or Historic interest? (Note: or		Has a Certificate of Immunity fro	m Listing bee	n sought in Don't knov	
Please state the grading (if known) Buildings of Special Architectural o one box must be ticked)	of the building in the list of		Has a Certificate of Immunity fro this building?  Yes  No	m Listing bee	Don't knov	
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Please state the grading (if known) Buildings of Special Architectural of one box must be ticked)  Grade I	of the building in the list of r Historic interest? (Note: or Ecclesiastical Grade I Clesiastical Grade II* Colesiastical Grade II Colesi	number	Has a Certificate of Immunity from this building?  Yes  If Yes, please provide the result of on-site parking spaces:  Total proposed (including spaces retained)	om Listing bee	Don't knov tion: ifference n spaces	
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Please state the grading (if known) Buildings of Special Architectural of one box must be ticked)  Grade I	of the building in the list of or Historic interest? (Note: or Ecclesiastical Grade I Clesiastical Grade II*  Colesiastical Grade II Consisting I Consistency I Consist	number	Has a Certificate of Immunity from this building?  Yes  If Yes, please provide the result of on-site parking spaces:  Total proposed (including spaces retained)	of the applica	ifference of spaces	

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls	PANNED STOLL TO FRONT FACTOR, RENDER TO FEAR	FEDEGRAVE/ REFURB EXISTINZ		
Roof covering	FLAT ASPHALT ROOF TO 1ST FLOR AND MAIN BLAG	NEW DECKING OVER EXTL		
Chimney	PANNTES FENDE	PEDECHARE EXUTINZ PRIDER		
Windows	TIMBEL SASH WINDOWS	KENRSISH EXISTING		
External doors	THELL PRINCELLED	MEN PLENCH DOOKS TO IST FLOOR		
Ceilings	plropusones	PLMTOLBOANCO		
Internal walls	printso plastor, hattwenstt fuisttes	to existing - mare goto existing plater.		
Floors	THERE JOSPS + BONRES	MON HOOR TWUTTO OVER EXTL STRUCTURE+ BORARDS		
Internal doors	TIMBBE PRINTILES POORS	NOW THISE PANELLED		
Rainwater goods	Block printer CAST	NO CHANZE - REDE		
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard standing				
Lighting		from the formut		
Others (add description)				
If Yes, please state plar	litional information on submitted drawings or plan(s)/drawing(s) references:			•
EXISPIN DW	ns: 1228-00-01,02,03,7 ns: 1228-10-1001,02,0 : 1228-00-100	3, 04, 05 phonoling spry 3, 04, 05 (incl. photos	KUE,	eto es

(15. F. 16	(16. Assessment of Flood Biolo
15. Foul Sewage	16. 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 ☑ 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 plan(s)/drawing(s):	Will the proposal increase the flood risk elsewhere?
NO CHANGE TO EXISTING	How will surface water be disposed of?
PRAWFLE SPEATERY + SYSTOM.	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
17. Biodinardia and Coolegisal Compountion	(10 Frieding Hee
17. Biodiversity and Geological Conservation	18. Existing Use Please describe the current use of the site:
To 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	BROGREW (*1/AS) AT GROWND + BROGREW LEVELS; BI OFFICES AT 1ST, 2ND MND SKO FLOOR LEVELS.
conservation features may be present or nearby and whether they are likely to be affected by your proposals.	15= 2 bat 3kg Gove 15Hs
Having referred to the guidance notes, is there a reasonable	131, 435 NOT SHO FORCES.
likelihood of the following being affected adversely or conserved	
and enhanced within the application site, or on land adjacent to or near the application site?	Is the site currently vacant? Yes No
	If Yes, please describe the last use of the site:
a) Protected and priority species:  Yes, on the development site	26.10.10 - Uppor glooms vacages sy Last occurants
Yes, on land adjacent to or near the proposed development	LAST OCCUPANTS
No	THE PEPALL UNIT IS OCCUPIED, AUP
	mul ferian unafrecto by proposals
b) Designated sites, important habitats or other biodiversity features:	When did this use end (if known)? (DD/MM/YYYY) 26・10・10
Yes, on the development site	(date where known may be approximate)  Does the proposal involve any of the following?
Yes, on land adjacent to or near the proposed development  No	If yes, you will need to submit an appropriate contamination assessment with your application.
c) Features of geological conservation importance:	Land which is known to be contaminated? Yes No
Yes, on the development site	Land where contamination is suspected for all or part of the site?  Yes  No
Yes, on land adjacent to or near the proposed development	A proposed use that would be particularly vulnerable
No	to the presence of contamination?
19. Trees and Hedges	20. 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 <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'	

I	Propos	sed I	Hous	ing					Existi	ing l	lous	ing			
Market	Not		T			ooms	Total	Market	Not				T	ooms	Tota
Housing Houses	known	1	2	3	4+	Unknown	0	Housing	known	1	2	3	4+	Unknown	<del> </del>
Flats and maisonettes							1	Houses	닏	_					0
Live-work units				<u> </u>			1	Flats and maisonettes							٥
Cluster flats						_	0	Live-work units		_					0
	<u> </u>						0	Cluster flats		_					0
Sheltered housing					<u> </u>		0	Sheltered housing		_					0
Bedsit/studios							0	Bedsit/studios			<b>-</b>				0
Unknown type	<u> </u>	_			Ĺ	( )	0	Unknown type		_					0
	To	otals	(a + t	)+(+	d + e	+f+g)=			T	otals	(a + b	) + c +	d + e	+ f + g) =	0
	Not		Numl	ner of	Bedr	ooms ,	Total		Not		Num	ber of	Bedro	ooms	Tota
Social Rented	known		2	3		Unknown		Social Rented	known	1	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							
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							
	To	otals	(a + t	) + <i>c</i> +	d + e	+ f + g) =			T	otals	(a + t	) + c +	d + e	+f+g)=	
	·					/			T						<
Intermediate	Not known		Numl 2	oer of		ooms Unknown	Total	Intermediate	Not known	1	Numl 2	ber of		ooms Unknown	Tota
Houses								Houses							
Flats and maisonettes								Flats and maisonettes							
Live-work units							v.	Live-work units							
Cluster flats								Cluster flats							
Sheltered housing								Sheltered housing							
Bedsit/studies							÷	Bedsit/studiøs							
Unknown type								Unknown type							
7	To	otals	(a + b	+ + + +	d + e	+ f + g) =	14.		T	otals	(a + t	) + c +	d+e	+ f + g) =	
	, , , , , , , , , , , , , , , , , , , ,								1						·
Key worker	Not known		Numl 2	oer of	Bedr	ooms Onknown	Total	Key worker	Not known	1	Numl 2	ber of		ooms Unknown	Tota
Houses	I I		2	3	**	OTKHOWN		Houses		1	2	3	47	Ulikilowii	
Flats and maisonettes								Flats and maisonettes			-				<del> </del>
Live-work units								Live-work units					<b> </b>	<b> </b>	<del> </del>
Cluster flats								Cluster flats					<del>                                     </del>	<b>†</b>	<del>                                     </del>
Sheltered housing					ļ			Sheltered housing			<del> </del>	<del> </del>		<u> </u>	<del> </del>
Bedsit/studios			-					Bedsit/studios			-	-	<u> </u>	<del>                                     </del>	-
Unknown type								Unkpown type			-	-	-		-
Chiproviii type	T,	otals	(a+b)	+ + +	d+0	+f+g)=		onkown type	T.	otale	(a + h	1 + C +	d+0	+f+g)=	
			,		J 1 C	· · · · · · · · · · ·			1'	J-(413	(u F l		ure	· · · · · · · · · · · ·	<u> </u>
Total proposed i	esident	ial u	nits	(A +	B + C	+ D) =		Total existing	resider	ntial	units	(E +	- F + G	5 + H) =	

Use class/type of use    Second   Secon	Does yo	ur proposal i	nvolve the lo	ss, gai	<b>Non-resident</b> In or change of u	se of non-resid	ential floorsp		No
Shops   Steel   Stee	If yo	ou have answ	ered Yes to tl			ase add details	in the follow	ing table:	
Shops   Steel   Stee	U	se class/type	of use	Not applicable	Existing gross internal floorspace (square metres)	to be lost by use or de (square)	change of molition	floorspace proposed (including change of	Net additional gross internal floorspace following developmer (square metres)
A2 prinancial and professional services	A1	Sh	nops		(Ste A3	BELOW)			
A3 Restaurants and cafes		Net trad	lable area:	Z					
A4 Drinking establishment	A2			Z					
A4 Drinking establishments	А3	Restauran	ts and cafes		108	0		108	108
B1 (a) Office (other than A2)	<b>A</b> 4	Drinking es	tablishments	2					
B1 (b) Research and development B1 (c) Light industrial	A5	Hot food	takeaways	2					
B1 (b) Research and development	B1 (a)	Office (oth	ner than A2)		174	0		174	174.
B2 General industrial	B1 (b)			0					1
Storage or distribution	B1 (c)	Light in	ndustrial	Z					
C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure D3 Please specify Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Type of use Applicable C1 Hotels C2 Residential Institutions C3 Residential Institutions C4 Residential Institutions C5 Residential Institutions C6 Residential Institutions C7 Residential Institutions C8 Residential Institutions C9 Residential	B2	General	industrial						
Residential institutions  D2 Assembly and leisure  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  C1 Hotels  C2 Residential institutions  OTHER  D1 Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Not applicable of use or demolition  C1 Hotels  C2 Residential institutions  OTHER  D2 Please specify  D3 Employment  Please complete the following information regarding employees:  Full-time Part-time requivalent  Existing employees  Proposed employees  D D D  A. Hours of Opening  Please state the hours of opening for each non-residential use proposed:    Saturday   Sunday and   Net known	B8	Storage or	distribution						
D1 Non-residential institutions D2 Assembly and leisure	C1								
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 linstitutions  C1 Hotels	C2	Residentia	linstitutions	7					
OTHER	D1	1							
Please specify  Total  In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use Type of use Applicable Existing rooms to be lost by change of use or demolition  C1 Hotels C2 Residential Institutions  C2 Residential C3 C3 C5 C6 C7	D2	Assembly	and leisure	Z					
Total   In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms	OTHER								
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms  Use class Type of use applicable applicable of use or demolition  C1 Hotels									
Use class Type of use applicable of use or demolition Total rooms proposed (including changes of use)  C1 Hotels		To	otal						
Class   Type of use   applicable   of use or demolition   changes of use)   Net additional foom    C1   Hotels		dition, for ho	,			·····		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	rooms
C2 Residential Institutions  OTHER  Please specify  3. Employment  Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees O O O  Proposed employees D O  4. Hours of Opening  Please state the hours of opening for each non-residential use proposed:			applicable	Existi	ng rooms to be I of use or dem	ost by change olition	Total room ch	s proposed (including anges of use)	Net additional rooms
Institutions  OTHER  Please specify  3. Employment  Please complete the following information regarding employees:  Full-time  Part-time  Existing employees  Proposed employees  Proposed employees  Please state the hours of opening for each non-residential use proposed:  Use Monday to Eriday  Saturday  Sunday and Not known	C1								
Please specify  3. Employment Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees O O O  Proposed employees D O O  4. Hours of Opening  Please state the hours of opening for each non-residential use proposed:    Saturday   Saturday   Sunday and   Not known   Sunday and   Not known   Saturday   Saturday   Sunday and   Not known   Saturday   Sunday and   Not known   Saturday   Sunday and   Not known   Saturday   Saturday   Sunday and   Not known   Saturday   Saturday   Saturday   Sunday and   Not known   Saturday   Sa	C2								
3. Employment Please complete the following information regarding employees:  Full-time Part-time Existing employees Proposed employees D D D  4. Hours of Opening Please state the hours of opening for each non-residential use proposed:  Monday to Friday Saturday Saturday Sunday and Not known	OTHER								
Please complete the following information regarding employees:  Full-time  Full-time  Part-time  Existing employees  Proposed employees  Proposed employees  Please state the hours of opening for each non-residential use proposed:  Monday to Friday  Saturday  Sunday and  Not known			Z						
Proposed employees  Proposed employees  O  O  O  O  O  O  O  O  O  O  O  O  O			following info				time		
Proposed employees  D  O  4. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use  Monday to Friday  Saturday  Sunday and  Not known	Exi	sting employ	/ees		0	C	)		MOUNT
Please state the hours of opening for each non-residential use proposed:    Sunday and   Sunday and   Not known   Sunday and   Not known   Sunday and   Sunday an	Pro	posed emplo	yees						
		-	_	ng foi	reach non-reside	ential use prop	osed:		
		Use	Мо	onday	to Friday	Saturday	/		Not known
5. Site Area	E C:1-	Arca							

26. Industrial or Commercial Proce	sses	and Machinery						
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 o	ucts ir inclu	ncluding de the						
Is the proposal a waste management develo	pmei	nt? 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 through put in tonnes (or litres if liquid waste)					
lnert 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 and excavation waste	2							
Storage of waste								
Other waste management								
Other developments								
Please provide the maximum annual operati	onal	throughput of the following waste streams:						
Municipal								
Construction, demolition and ex	xcava	tion						
Commercial and industri	ial	:						
Hazardous								
If this is a landfill application you will need to planning authority should make clear what i	o prov inforn	vide further information before your application ca nation it requires on its website.	n be determined. Your waste					
27. Hazardous Substances								
Does the proposal involve the use or storage			a bla					
the following materials in the quantities state If Yes, please provide the amount of each sul			aute					
Acrylonitrile (tonnes)	Е	thylene oxide (tonnes)	Phosgene (tonnes)					
Ammonia (tonnes)	Hydr	ogen cyanide (tonnes)	Ilphur dioxide (tonnes)					
Bromine (tonnes)	ŧ	iquid oxygen (tonnes)	Flour (tonnes)					
Chlorine (tonnes) Lic	quid p	petroleum gas (tonnes) Refine	d white sugar (tonnes)					
Other:		Other:						
Amount (tonnes):		Amount (toppes):						

28. Ownership Certificates One certificate A, B, C, or D must be o	completed, together with the Agricultural Holdings Certificate	e with this application form
Town and Country Planning (Dev Regulation 6 of t I certify/The applicant certifies that on	CERTIFICATE OF OWNERSHIP - CERTIFICATE A velopment Management Procedure) (England) Order 2010 Certifi he Planning (Listed Buildings and Conservation Areas) Regulatio the day 21 days before the date of this application nobody except interest or leasehold interest with at least 7 years left to run) of any page 15.	icate under Article 12 & ons 1990 myself/ the applicant was the
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	Tue mesich	D 26.09.11
Regulation 6 of the Lorrify/ The applicant certifies that I had	CERTIFICATE OF OWNERSHIP - CERTIFICATE B relopment Management Procedure) (England) Order 2010 Certifine Planning (Listed Buildings and Conservation Areas) Regulation Invertible applicant has given the requisite notice to everyone else (as ion, was the owner (owner is a person with a freehold interest or leasehold	icate under Article 12 & ns 1990 listed below) wbe, on the day
Name of Owner	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
Regulation 6 of the certify/ The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been to	relopment Management Procedure) (England) Order 2010 Certification Planning (Listed Buildings and Conservation Areas) Regulation issued for this application taken to find out the names and addresses of the other owners (owner at least 7 years left to run) of the land or building, or of a part of it, but a least 7 years left to run to the land or building.	ns 1990 er is a person with a freehold
Name of Owner	Address	Date Notice Served
Notice of the application has been publi (circulating in the area.) where the land is		(which must not be earlier e date of the application):
Signed Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):

28. Ownership Certificates (continu	-				
Town and Country Planning (Develop	CERTIFICATE OF OWNE oment Management Pro anning (Listed Building	ocedure) (Engl		under Article 12 & 990	
Certificate A cannot be issued for this All reasonable steps have been taken date of this application, was the own	to find out the names a er (owner is a person with	i a freehold intel	rest or leasehold interest with a	t least 7 years left to run	
of any part of the land to which this a The steps taken were:	ipplication relates, but I I	have/the appli	cant has been unable to do so	),	
Notice of the application has been published (circulating in the area where the land is sited	in the following newspated):	aper	On the following date (which than 21 days before the dat	ch must not be earlier e of the application):	
Signed - Applicant:	Or signed -	Agent:		Date (DD/MM/YYYY	
9. Agricultural Land Declaration					
Town and Country Planning (Develop	AGRICULTURAL LANderent Management Pro Land Declaration - You	ocedure) (Engl	and) Order 2010 Certificate	under Article 12	
(A) None of the land to which the application	•	•	olding.		
Signed - Applicant:	Or signed			Date (DD/MM/YYY	
	Hus	CANSE	Aerthres GD.	26.07.11	
(B) I have/The applicant has given the requisibefore the date of this application, was a tendas listed below:	ite notice to every perso ant of an agricultural hol	n other than m ding on all or p	yself/ the applicant who, on the	ne day 21 days pplication relates,	
Name of Tenant		Address		Date Notice Served	
Signed - Applicant:	Or signed -	- Agent:		Date (DD/MM/YYY	
0. Planning Application Requirement	ents - Checklist				
Please read the following checklist to make su information required will result in your applica he Local Planning Authority has been submit	re you have sent all the i	information in s alid. It will not I	support of your proposal. Fail oe considered valid until all in	ure to submit all formation required by	
he original and 3 copies of a completed and opplication form:	dated	The correct	fee:	Ų.	
he original and 3 copies of the plan which ide he land to which the application relates draw			l and 3 copies of a design and see help text and guidance no		
dentified scale and showing the direction of Nation of Nation of Nation and 3 copies of other plans and d	North:	The original Ownership	and 3 copies of the complete Certificate (A, B, C, or D - as ap	ed, dated oplicable):	
nformation necessary to describe the subject	of the application:	The original and 3 copies of the completed, dated Article 12 Certificate (Agricultural Holdings):			

31. Declaration	
I/we hereby apply for planning permission/consent as described in the information.	his form and the accompanying plans/drawings and additional
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY):
	CAN BELL (date cannot be pre-application)
32. Applicant Contact Details	33. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number:  Country code: National number:  Country code: National number:  Country code: National number:  Country code: National number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
Email address (optional):	Email address (optional):
	Louise Turien @ Combellarity
34. Site Visit	
Can the site be seen from a public road, public footpath, bridleway or	r other public land? Yes No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? ( <i>Please select only one</i> )	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	agent approximation,
Contact name:	Telephone number:
Email address:	