

2011/4795/L



Planning Services  
Camden Town Hall  
Argyle Street  
London WC1H 8EQ

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Telephone : 020 7974 1911  
Fax : 020 7974 5713

For office use  
Date  
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](http://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:  First name:

Last name:

Company (optional):

Unit:  House number:  House suffix:

House name:

Address 1:

Address 2:

Address 3:

Town:

County:

Country:

Postcode:

### 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 Proposed Works

Please describe details of the proposed development or works including details of proposals to alter, extend or demolish the listed building(s):

INSTALLATION OF NEW SECONDARY GLAZING (INTERNAL)

Has the development or work(s) already started? ☐ Yes ☒ No

If Yes, please state the date when the development or work(s) were started (DD/MM/YYYY):   
(date must be pre-application submission)

Have the development or work(s) been completed? ☐ Yes ☒ No

If Yes, please state the date when the development or work(s) were completed (DD/MM/YYYY):   
(date must be pre-application submission)

#### 4. Site Address Details

Please provide the full postal address of the application site.

Unit:		House number:		House suffix:	
House name:					
Address 1:	30 EUSTON SQUARE				
Address 2:					
Address 3:					
Town:	LONDON				
County:					
Postcode (optional):	NW1 2ED				
Description of location or a grid reference. (must be completed if postcode is not known):					
Easting:		Northings:			
Description: COMPRISING THE PROPERTY(S) ALSO KNOWN AS: 1-9 MELTON STREET, 194A EUSTON ROAD & 194-198 EUSTON ROAD					

#### 5. Pre-application Advice

Has assistance or prior advice been sought from the local 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:

CHARLES ROSE

Reference:

Date (DD/MM/YYYY):  
(must be pre-application submission)

Details of pre-application advice received?

#### 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:

#### 6. Pedestrian and Vehicle Access, Roads and Rights of Way

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

Is a new or altered pedestrian access proposed to or 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 /extinguishments and/or creation 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 (s)/drawings(s)

#### 8. Authority Employee / Member

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

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

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

## 9. Demolition

Does the proposal include the partial or total demolition of a listed building? ☐ Yes ☒ No

If Yes, which of the following does the proposal involve?

a) Total demolition of the listed building: ☐ Yes ☐ No

b) Demolition of a building within the curtilage of the listed building: ☐ Yes ☐ No

c) Demolition of a part of the listed building: ☐ Yes ☐ No

If the answer to c) is Yes:

i) What is the total volume of the listed building?(cubic metres)	
ii) What is the volume of the part to be demolished?(cubic metres)	
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:

--

Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?

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## 10. Listed Building Alterations

Do the proposed works include alterations to a listed building? ☒ Yes ☐ No

If Yes, do the proposed works include: (you must answer each of the questions)

a) Works to the interior of the building? ☒ Yes ☐ No

b) Works to the exterior of the building? ☐ Yes ☒ No

c) Works to any structure or object fixed to the property (or buildings within its curtilage) Internally or externally? ☒ Yes ☐ No

d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? ☐ Yes ☒ No

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):

**SEE ATTACHED SCHEDULE**

## 11. Listed Building Grading

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)

Grade I ☐ Ecclesiastical Grade I ☐

**PART** Grade II\* ☒ Ecclesiastical Grade II\* ☐

Grade II ☐ Ecclesiastical Grade II ☐

Don't know ☐

## 12. Immunity From Listing

Has a Certificate of Immunity from Listing been sought in respect of this building?

☐ Yes ☒ No ☐ Don't know

If Yes, please provide the result of the application:

--

## 13. Vehicle Parking **NOT APPLICABLE TO THIS APPLICATION - SEE APPROVAL 2010/4900/P**

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			
Light goods vehicles/ public carrier vehicles			
Motorcycles			
Disability spaces			
Cycle spaces			
Other (e.g. Bus)			
Other (e.g. Bus)			

## 14. Materials

Please provide a description of existing and proposed materials and finishes to be used in the building (demolition excluded):

	Existing (where applicable)	Proposed	Not applicable	Don't Know
External walls	BRICK / STONE	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Roof covering	VARIOUS	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Chimney	—	—	<input type="checkbox"/>	<input type="checkbox"/>
Windows	TIMBER / STEEL	RETAINED WITH ADDITIONAL SECONDARY GLAZING INTERNALLY	<input type="checkbox"/>	<input type="checkbox"/>
External doors	TIMBER / GLASS	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings	VARIOUS	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Internal walls	VARIOUS	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Floors	TIMBER + VARIOUS	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Internal doors	TIMBER / GLASS	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Rainwater goods	CAST IRON	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)	DECORATIVE IRON	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard standing	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
EXTERNAL Lighting	NONE WORKING	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Others (add description)			<input type="checkbox"/>	<input type="checkbox"/>

Are you supplying additional information on submitted drawings or plans?

☒ Yes

☐ No

If Yes, please state plan(s)/drawing(s) references:

SEE ATTACHED SCHEDULE

### 15. Foul Sewage *N/A TO THIS APPLICATION*

Please state how foul sewage is to be disposed of:

- |                                                  |                                   |
|--------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Mains sewer             | <input type="checkbox"/> Cess pit |
| <input type="checkbox"/> Septic tank             | <input type="checkbox"/> Other    |
| <input type="checkbox"/> 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):

### 16. Assessment of Flood Risk

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?

- |                                                                 |                                               |
|-----------------------------------------------------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> Sustainable drainage system | <input type="checkbox"/> Existing watercourse |
| <input type="checkbox"/> Soakaway                               | <input type="checkbox"/> Pond/lake            |
| <input type="checkbox"/> Main sewer                             |                                               |

### 17. Biodiversity and Geological Conservation

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 conservation features may be present or nearby and whether 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 and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

- |                                                                                    |
|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes, on the development site                              |
| <input type="checkbox"/> Yes, on land adjacent to or near the proposed development |
| <input checked="" type="checkbox"/> No                                             |

b) Designated sites, important habitats or other biodiversity features:

- |                                                                                    |
|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes, on the development site                              |
| <input type="checkbox"/> Yes, on land adjacent to or near the proposed development |
| <input checked="" type="checkbox"/> No                                             |

c) Features of geological conservation importance:

- |                                                                                    |
|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes, on the development site                              |
| <input type="checkbox"/> Yes, on land adjacent to or near the proposed development |
| <input checked="" type="checkbox"/> No                                             |

### 18. Existing Use

Please describe the current use of the site:

**B1. OFFICE**

Is the site currently vacant? ☒ Yes ☐ No

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

**B1. OFFICE + D1. NON RESIDENTIAL INSTITUTION (TEMPORARY)**

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

**2001**

(date where known may be approximate)

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

### 19. Trees and Hedges

Are there trees or hedges on the proposed development site? ☐ 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 to either or both of the above, you may 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'.

### 20. 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

**21. Residential Units (Including Conversion)**

Does your proposal include the gain, loss or change of use of residential units?  
If Yes, please complete details of the changes in the tables below:

☐ Yes

☒ No
**Proposed 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"/>						
<b>Totals (a+b+c+d+e+f+g) =</b>							

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"/>						
<b>Totals (a+b+c+d+e+f+g) =</b>							

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"/>						
<b>Totals (a+b+c+d+e+f+g) =</b>							

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"/>						
<b>Totals (a+b+c+d+e+f+g) =</b>							

**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"/>						
<b>Totals (a+b+c+d+e+f+g) =</b>							

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"/>						
<b>Totals (a+b+c+d+e+f+g) =</b>							

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"/>						
<b>Totals (a+b+c+d+e+f+g) =</b>							

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"/>						
<b>Totals (a+b+c+d+e+f+g) =</b>							

**Total existing residential units (E+F+G+H) =**
**TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):**

**22. All Types of Development: Non-residential Floorspace**Does your proposal involve the loss, gain or change of use of non-residential floorspace? ☐ Yes ☒ No

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					
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2					
Financial and professional services	<input type="checkbox"/>				
A3					
Restaurants and cafes	<input type="checkbox"/>				
A4					
Drinking establishments	<input type="checkbox"/>				
A5					
Hot food takeaways	<input type="checkbox"/>				
B1 (a)					
Office (other than A2)	<input type="checkbox"/>				
B1 (b)					
Research and development	<input type="checkbox"/>				
B1 (c)					
Light industrial	<input type="checkbox"/>				
B2					
General industrial	<input type="checkbox"/>				
B8					
Storage or distribution	<input type="checkbox"/>				
C1					
Hotels and halls of residence	<input type="checkbox"/>				
C2					
Residential institutions	<input type="checkbox"/>				
D1					
Non-residential institutions	<input type="checkbox"/>				
D2					
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"/>			

**23. Employment**

Please complete the following information regarding employees:

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

**24. Hours of Opening**

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

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

**25. Site Area**

Please state the site area in hectares (ha)

## 26. Industrial or Commercial Processes and Machinery

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

SUI GENERIS AS PER APPROVALS  
2010/4900/P (03.03.11) &  
2010/4901/L (07.03.11)

Is the proposal 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 put 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 planning authority should make clear what information it requires on its website.

## 27. 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):



## 28. Ownership Certificates

One certificate A, B, C, or D must be completed, together with the Agricultural Holdings Certificate with this application form

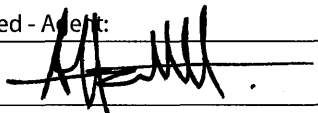
### CERTIFICATE OF OWNERSHIP - CERTIFICATE A

#### Town and Country Planning (Development Management Procedure) (England) Order 2010 Certificate under Article 12 & 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):

19.09.2011

### 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

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 & 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 (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):

## 28. Ownership Certificates (continued)

### CERTIFICATE OF OWNERSHIP - CERTIFICATE D

#### 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:

- 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.

The 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):

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## 29. 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

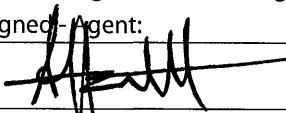
(A) None of the land to which the application relates is, or is part of, an agricultural holding.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

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------------------------------------------------------------------------------------

19.09.2011
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(B) 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, as listed below:

Name of Tenant	Address	Date Notice Served

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

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## 30. 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.

The original and 3 copies of a completed and dated application form:

☐

The correct fee:

☐

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):

☐

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):

☐

### 31. Declaration

I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

19.09.2011

(date cannot be pre-application)

### 32. Applicant Contact Details

Telephone numbers

Country code:

National number:

Extension number:

0044

2031 887 400

Country code:

Mobile number (optional):

Country code:

Fax number (optional):

0044

2031 887 401

Email address (optional):

### 33. Agent Contact Details

Telephone numbers

Country code:

National number:

Extension number:

0044

2077 316 946

Country code:

Mobile number (optional):

0044

7801 545 123

Country code:

Fax number (optional):

0044

2077 363 356

Email address (optional):

a.butt@tilneyshane.co.uk

### 34. 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:

Drawing Title	Drg. No.	Scale	Rev.	Date
Site Location Plan	-	1:1250	-	-
Type 1 Listed Area Secondary Glazing Details - Listed Meeting Rooms (not Boardroom)	RG11.2415	1:10@A1	1	11.07.11
Type 1 Listed Area Secondary Glazing Details - Listed Meeting Rooms (not Boardroom)	RG11.2416	1:5@A1	1	11.07.11
Type 1A Listed Area Secondary Glazing Details - Boardroom Windows	RG11.2417	1:10@A1	1	11.07.11
Type 1A Listed Area Secondary Glazing Details - Boardroom Windows	RG11.2418	1:5@A1	1	11.07.11
Type 3 Listed Area Secondary Glazing Details - Levels 2,3 & 4	RG11.2419	1:10@A1	1	11.07.11
Type 3 Listed Area Secondary Glazing Details - Levels 2,3 & 4	RG11.2420	1:10 & 1:5@A1	1	11.07.11
Secondary Glazing Types to Listed Windows - Location Plan	RG11.2421	n/a	1	11.07.11