

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

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Email (enquiries only): env.devcon@camden.gov.uk Telephone : 020 7974 1911 Fax : 020 7974 5713

For office use Date Payee App. No.

Fee

Application for listed building consent for alterations, extension or demolition of a listed building. Planning (Listed Buildings and Conservation Areas) Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

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		2. Agent Name and Address		
Title: M	R First name: SIMON	Title:	First name:	
Last name: FI	RTH	Last name:	:	
Company (optional):		Company (optional):		
Unit:	House 2.01 House suffix:	Unit:	House House suffix:	
House name:		House name:		
Address 1: EA	RLHAM STREET	Address 1:		
Address 2:		Address 2:		
Address 3:		Address 3:		
Town:	ndon	Town:		
County:		County:		
Country:		Country:		
Postcode: WC	2H 9LS	Postcode:		
3. Description	of Proposed Work			
Please describe th	ne proposals to alter, extend or demolish the listed l	ouilding(s):		
INSTALL	ATION OF SECONDARY GLA	ZING		

3. Description of Proposed Work (continued)	4. Site Address Details
Has the work already started without consent? □ Yes ☑ No If Yes, please state when the work was started (DD/MM/YYYY): □ □ (date must be pre-application submission) □ Yes ☑ No Has the work been completed without consent? □ Yes ☑ No If Yes, please state the date when the work was completed (DD/MM/YYYY): □ Yes ☑ No If Yes, please state the date when the work was completed (DD/MM/YYYY): □ Yes ☑ No If Yes, please state the date when the work was completed (DD/MM/YYYY): □ Yes ☑ No (date must be pre-application submission) □ Yes ☑ No	Please provide the full postal address of the application site. Unit: House number: 2 House suffix: House name: Address 1 $TA \vee 1 \subseteq TD CK PLA \subset E$ Address 1: $TA \vee 1 \subseteq TD CK PLA \subset E$ Address 3: Address 3:
5. Related Proposals Are there any current applications, previous proposals or demolitions for the site? If Yes please describe and include the planning application reference number(s), if known: Description Reference number(s), if known: Reference number(s), if known: Description Reference number ALMINING PANINING PANINING PERMISSION PANINIG CONSENT POIO/OSHA PUILDING CONSENT POIO/OSHA POIO/STAN POIO/STAN POIO/STAN </th <th>6. 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: Date (DD/MM/YYYY): (must be pre-application advice received?</th>	6. 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: Date (DD/MM/YYYY): (must be pre-application advice received?
7. Neighbour and Community Consultation Have you consulted your neighbours or the local community about the proposal? Yes No If Yes, please provide details:	 8. Authority Employee / Member With respect to the Authority, I am: Do any of these statements apply to you? (a) a member of staff (b) an elected member (c) related to a member of staff (d) related to an elected member If Yes, please provide details of the name, relationship and role

riease provide a descr	Existing (where applicable)	als and finishes to be used in the building (demolition exclud Proposed	applicable	Don't Know
External walls				
Roof covering				
Chimney			Ø	
Windows	SINGLE GLAZED WINDOWS	NO CHANGE TO EXITING WINDOUS; SECONDARY GINAZING TO BE INSTALLED IN FRONT OF THEM		
External doors			Ø	
Ceilings			V	
Internal walls			Ø	
Floors			Ø	
Internal doors			5	
Rainwater goods			Þ	
Boundary treatments (e.g. fences, walls)			Ø	
Vehicle access and hard standing			Ø	
Lighting				
Others (add description)			Ø	
	litional information on submitted draw n(s)/drawing(s) references:	ings or plans? Yes No	<u> </u>	A
DRANING				

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

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10. Demolition	11. Listed Building Alterations
Does the proposal include the partial or total demolition of a listed building? Yes Yes	Do the proposed works include alterations to a listed building?
If Yes, which of the following does the proposal involve?	If Yes, do the proposed works include: (you must answer each of the questions)
a) Total demolition of the listed building: Yes No	
b) Demolition of a building within the curtilage of the listed building: Yes No	a) Works to the interior of the building? Yes No
c) Demolition of a part of the listed building: 🚺 Yes 🔄 No	b) Works to the exterior of the building? Yes 🖌 No
If the answer to c) is Yes:	c) Works to any structure or object fixed to the property (or buildings within
i) What is the total volume of the listed building?(cubic metres)	its curtilage) internally or externally? Yes No
ii) What is the volume of the part to be demolished?(cubic metres)	d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)? Yes 📝 No
 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 	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
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	
(12. Listed Building Grading	13. Immunity From Listing
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)	Has a Certificate of Immunity from Listing been sought in respect of this building?
Grade I 🗌 Ecclesiastical Grade I 🗌	If Yes, please provide the result of the application:
Grade II* Ecclesiastical Grade II*	
Grade II 📈 Ecclesiastical Grade II 📋	
Don't know 📋	

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Igned - Applicant: Or signed - Agent: Date DD/MM/ 12G / LS / 12 Commentation 2/G / LS / 12 Certify / Despilicant certifies that / have/the applicant has given the requisite notice to everyone else (as listed below) who, on it days thefore that add or this applicant one was the event of ware is a person with a freehold interest or leasehold interest with at least fraun) of any part of the land or building to which this application relates. Date Notice Se Name of Owner Address Date Notice Se Igned - Applicant: Or signed - Agent: Date Notice Se Certificate under Regulation of of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 Certificate and the add of this application relates. Name of Owner Address Date Notice Se Igned - Applicant: Or signed - Agent: Date DD/MM/ Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 Certificate Certificate on 8 can be issued for this application Date DD/MM/ Certificate under Regulation 6 of the Planning (Listed Buildings and Conservation Areas) Regulations 1990 Certificate Certificate is a place of this application Neither Certifies that: Or signed - Agent: Date DD/MM/ Neither Certifies that: Or signed - Agent: Date DD/MM/ Neither Certifies that: Or th	4. Certificates		I-a form
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gned - Applicant: Or signed - Agent: Date DD/MM/	jned - Applicant:	Or signed - Agent:	Date DD/MM/YY

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

CERTIFICATE OF OWNERSHIP - CERTIFICATE D Certificate under 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):
15. 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 original and 3 copies of a completed and dated application form: The original and 3 copies of a plan which identifies the land to which the application relates and 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):
16. Declaration I/we hereby apply for planning permission/consent as described in this form and the accompanying plans/drawings and additional information. Signed - Apply cant: Or signed - Agent: Date (DD/MM/YYYY): 26/05/2011 (date cannot be pre-application)
17. Applicant Contact Details Telephone numbers Country code: National number: 0 20 7 456 3764 Country code: Mobile number (optional): Country code: Mobile number (optional): Country code: Fax number (optional): Email address (optional): Country code: Simon Firth @ Kikla Hers. (om
19. 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? (<i>Please select only one</i>) Agent Applicant Other (if different from the agent/applicant's details) If Other has been selected, please provide: Telephone number: Email address: Email address:

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