

Planning Services
Camden Town Hall
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London WC1H 8EQ

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Telephone : 020 7974 1911
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For office use

Date: _____ Fee: _____
Payee: _____
App. No. _____

25 NOV 2010

**Application for prior notification of proposed development by
telecommunications code system operators.**

Town and Country Planning General Permitted Development Order 1995 Schedule 2, part 24

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: | <input type="text"/> | First name: | <input type="text"/> |
| Last name: | <input type="text"/> | | |
| Company (optional): | <input type="text" value="BT OPENREACH"/> | | |
| Unit: | <input type="text"/> | House number: | <input type="text"/> |
| | | House suffix: | <input type="text"/> |
| House name: | <input type="text"/> | | |
| Address 1: | <input type="text" value="CIO AGENT"/> | | |
| Address 2: | <input type="text"/> | | |
| Address 3: | <input type="text"/> | | |
| Town: | <input type="text"/> | | |
| County: | <input type="text"/> | | |
| Country: | <input type="text"/> | | |
| Postcode: | <input type="text"/> | | |

| | | | |
|----------------------------------|---|---------------|------------------------------------|
| 2. Agent Name and Address | | | |
| Title: | <input type="text" value="MR"/> | First name: | <input type="text" value="KEITH"/> |
| Last name: | <input type="text" value="JOHNSON"/> | | |
| Company (optional): | <input type="text" value="MONO CONSULTANTS LTD"/> | | |
| Unit: | <input type="text"/> | House number: | <input type="text"/> |
| | | House suffix: | <input type="text"/> |
| House name: | <input type="text" value="VICTORIA BUILDINGS"/> | | |
| Address 1: | <input type="text" value="1-7 PRINCESS ST"/> | | |
| Address 2: | <input type="text"/> | | |
| Address 3: | <input type="text"/> | | |
| Town: | <input type="text" value="MANCHESTER"/> | | |
| County: | <input type="text"/> | | |
| Country: | <input type="text"/> | | |
| Postcode: | <input type="text" value="M2 4DF"/> | | |

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: House suffix:

House name:

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):

Easting: Northing:

Description:

4. 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:

Reference:

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

Details of pre-application advice received?

5. Telecommunications Apparatus

Please specify the type of apparatus to be installed or altered (e.g. call box, mast):

Please provide further details of the apparatus (e.g. height, size, colour, etc):

Are you replacing an existing installation? Yes No

If Yes, please provide further details of the existing apparatus (e.g. height, size, colour etc):

Are you submitting a declaration confirming that the apparatus is in full compliance with the requirements of the radio frequency (RF) public exposure guidelines of the International Commission on Non-Ionizing Radiation Protection (ICNIRP)? The emissions from all mobile phone network operators' equipment on the site must be taken into account when determining compliance.

Yes No

6. Supplementary Information

Are you also providing a completed Supplementary Information Template (as set out in Annex F of the Code of Best Practice on Mobile Phone Network Development)?

Yes No

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. 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 prior notification form:

The correct fee:

The original and 3 copies of the location plan to a scale not less than 1:2500:

9. 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):

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

| Country code: | National number: | Extension number: |
|----------------------|---------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Country code: | Mobile number (optional): | |
| <input type="text"/> | <input type="text"/> | |
| Country code: | Fax number (optional): | |
| <input type="text"/> | <input type="text"/> | |

Email address (optional):

11. Agent Contact Details

Telephone numbers

| Country code: | National number: | Extension number: |
|----------------------|--|----------------------|
| <input type="text"/> | <input type="text" value="0161 214 1720"/> | <input type="text"/> |
| Country code: | Mobile number (optional): | |
| <input type="text"/> | <input type="text" value="0161 839 8840"/> | |
| Country code: | Fax number (optional): | |
| <input type="text"/> | <input type="text"/> | |

Email address (optional):

12. 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: