

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

1. Applicant Name and Address

Title:

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

: 020 7974 1911

Telephone Fax

: 020 7974 5713

For office use

Date

2. Agent Name and Address

Pavee 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

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.

itle: MR. First name: PETER	Title: MR. First name: ENEN
ast name: STORFER	Last name: CR04
Company optional):	Company (optional): ENEN CROY ARCHITECT
Unit: House 139 House suffix:	Unit: House number: 28 House suffix:
House name:	House name:
Address 1: 39 SWINTON STREET	Address 1: 28 WILMINGTON SQUARE
Address 2:	Address 2:
Address 3:	Address 3:
Town: LONDON	Town: LONDON
County: CAMDEN	County: 15LiN6TON
Country:	Country:
Postcode: WCIX GNT	Postcode: WIXOE 6
3. Description of Proposed Works	
Please describe details of the proposed development or works include huilding(s):	
REPLACE EXISTING FIRST, SECOND AND TO	HIPD FLOOK LEVEL WINDOW SINGLE GLAZING
WITH SPECIALLY MADE 9,9mm THICK	DOYBLE GLAZING. REPLACE EXISTING
FIRST SECOND AND THIFD FLOOR LEVEL	TIMBER SLIDING SASH WINDOW FRAMES
WITH IDEN ITCHE NEW TIMBER SLIDIO	110 SASIL LUNDANI PRAMEO DEFERTO
ENCLOSED ECA DOCUMENT, PROPOSED DOUBLE	GLAZING FINSTACKATION AT 3 9 SUNTON STREET AND ACCOUNT OF A STREET AND ACCOUNT
work(s) already started? Yes Yes No or work(ease state the date when the development s) were started (DD/MM/YYYY): ust be pre-application submission)
Have the development or Work(s) been completed? Yes No or work(ease state the date when the development (s) were completed (DD/MM/YYYY): ust be pre-application submission)
(date int	\$Date:: 2010-03-19 #\$ \$Revision: 2368 \$

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 suffix:	authority about this application? 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: 39 SWINTON 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: LOW DON	TINA GAFRATT
County: CAMDEN	Reference: PLEVIOUS LB APPLICATION JUNE 2010
Postcode (optional): WCIX 9NT	Date (DD/MM/YYYY):
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission)
Easting: Northing:	Details of pre-application advice received? MS. GARRATT WAS HELFFUL STATING
Description:	THAT DOUBLE GLAZING IS CONTRA-
	VERSIAL, HOWEVER IF MADE AS BER
	THE ORIGINAL IT CAN BE CONSIDERED
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
Is a new or altered vehicle access proposed to or from the public highway? Yes No	Do the plans incorporate areas to store and aid the collection of waste?
Is a new or altered pedestrian access proposed	If Yes, please provide details:
to or from the public highway?	
Are there any new public roads to be provided within the site?	
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	Have arrangements been made for the separate
/extinguishments and/or 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? If Yes, please provide details:
(s)/drawings(s)	
1	
Co. Analysis Proplement / Marshay	
8. Authority Employee / Member With respect to the Authority, I am: (a) a member of staff	Do any of these statements apply to you? Yes
(b) an elected member	
(c) related to a member of staff (d) related to an elected memb	
If Yes, please provide details of the name, relationship and role	

9. Demolition			10. Listed Building Alterat	tions			
Does the proposal include the particular total demolition of a listed building] No	Do the proposed works include al to a listed building?	Iterations Ves	No		
If Yes, which of the following does to a) Total demolition of the listed buil		No	If Yes, do the proposed works incl (you must answer each of the que	ude: estions)			
b) Demolition of the listed building within the curtilage of the listed building:		/No	a) Works to the interior of the buil	Iding? Yes	No		
c) Demolition of a part of the listed] No	b) Works to the exterior of the bui	ilding? 🛛 Yes 🗀	No		
If the answer to c) is Yes:			c) Works to any structure or objec	t fixed			
i) What is the total volume of the listed building?(cubic metres)			to the property (or buildings with its curtilage) Internally or external	in/] No		
ii) What is the volume of the part to be demolished?(cubic metres)			d) Stripping out of any internal wa or floor finishes (e.g. plaster, floor		No		
iii) What was the (approximate) dat erection of the part to be removed (date must be pre-application subr	? (MM/YYYY)		If the answer to any of these que plans, drawings, photographs suf	fficient to identify the location			
Please provide a brief description building you are proposing to dem	of the building or part		extent and character of the items proposal for their replacement, ir structural support and state refer	s to be removed, and the ncluding any new means of	,		
REMOVE AND REPLACE FI	EST, SECOND AND	THIPD	and coeffer in				
FLOOR WINDOW SLIDING	SASHES AND G	44mg	PLEASE KLIP 10	EN PALLOSEVI	., ,,		
			POCU MENT, " PROPOS	VV VOUBLE CLASS	100		
Why is it necessary to demolish or o	extend (as applicable) all o	or part	INSTALLATION AT 39	SWINTON SIRE	7		
of the building(s) and or structure(s	s)?		LONDON WCIXANT"	DATED 05.11.10			
SOME SLIPING SASHE	ES ARE ROTTEN, TH	E	III I ON ATTACKED OF	LAWINIOS AS LIS	TED		
SASHES ARE ALL LOOSE WISHES TO MAKE THE	ANDTHEOUNDER	-j.j.	THE ORAWING RE	FERENCE SHE	ET		
BRUSH SEALS.	MENTER WILL	·/	ATACHED.				
(44 114 11 11 11 11 11			12 Immunity Even I letter				
11. Listed Building Grading		•	12. Immunity From Listing		mect of		
Please state the grading (if known)	of the building in the list o	of only	12. Immunity From Listing Has a Certificate of Immunity from this building?		pect of		
	of the building in the list o	of only	Has a Certificate of Immunity fron		pect of		
Please state the grading (if known) Buildings of Special Architectural or one box must be ticked)	of the building in the list o	of only	Has a Certificate of Immunity from this building?	m Listing been sought in res	pect of		
Please state the grading (if known) Buildings of Special Architectural or one box must be ticked) Grade I	of the building in the list of the building in the list of the lis	of only	Has a Certificate of Immunity from this building?	m Listing been sought in res	pect of		
Please state the grading (if known) Buildings of Special Architectural or one box must be ticked) Grade I E Grade II*	of the building in the list of the Historic interest? (Note: of colesiastical Grade I Colesiastical Grade II*	of only	Has a Certificate of Immunity from this building?	m Listing been sought in res	pect of		
Please state the grading (if known) Buildings of Special Architectural or one box must be ticked) Grade I	of the building in the list of the building in the list of the lis	of only	Has a Certificate of Immunity from this building?	m Listing been sought in res	pect of		
Please state the grading (if known) Buildings of Special Architectural or one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of colesiastical Grade I Colesiastical Grade II*	of only	Has a Certificate of Immunity from this building?	m Listing been sought in res	pect of		
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Please state the grading (if known) Buildings of Special Architectural or one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of this toric interest.))	only	Has a Certificate of Immunity from this building? Yes If Yes, please provide the result of on-site parking spaces: Total proposed (including	m Listing been sought in res Don't know of the application:	pect of		
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 the Historic interest? (Note: of this toric interest.))	only	Has a Certificate of Immunity from this building? Yes If Yes, please provide the result of on-site parking spaces: Total proposed (including	m Listing been sought in res Don't know of the application:	pect of		
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Please state the grading (if known) Buildings of Special Architectural or one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of this toric interest.))	only	Has a Certificate of Immunity from this building? Yes If Yes, please provide the result of on-site parking spaces: Total proposed (including	m Listing been sought in res Don't know of the application:	pect of		
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Please state the grading (if known) Buildings of Special Architectural or one box must be ticked) Grade I	of the building in the list of the Historic interest? (Note: of this toric interest.))	only	Has a Certificate of Immunity from this building? Yes If Yes, please provide the result of on-site parking spaces: Total proposed (including	m Listing been sought in res Don't know of the application:	pect of		

	Existing (where applicable)	Proposed	Not applicable	Don' Knov
xternal walls				
Roof covering				
Chimney				
Windows	SOFTWOOD SLIDING SASH SINGLE GLAZED WITH PUTY	SOFTWOOD SLIDING SASH FRAMES WITH HARDWOOD MULLIONS DOUBLE CHAZED WITH PUTY		
External doors				
Ceilings				
internal walls				
Floors				
Internal doors				
Rainwater goods				
Boundary treatments (e.g. fences, walls)				
Vehicle access and hard standing				
Lighting				
Others (add description)		/		
6.V	I itional information on submitted drawings or n(s)/drawing(s) references:	plans? Yes No CROY ARCHITECT DRAWING DEVIOUSLY SUBMITTER DRAW		

15. Foul Sewage	16. Assessment of Flood Risk					
Pléase state how foul sewage is to be disposed of:	Is the site within an area at risk of flooding? (Refer to the					
Mains sewer Cess pit	Environment Agency's Flood Map showing flood zones 2 and 3 a consult Environment Agency standing advice and your local					
Septic tank Other	planning authority requirements for information as necessary.) Yes No					
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider					
Are you proposing to	the risk to the proposed site.					
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? Yes No					
Not APPLICABLE	How will surface water be disposed of?					
	Sustainable drainage system Existing watercourse					
	Soakaway Pond/lake					
	Main sewer					
(17. Biodiversity and Goolegical Concentation	18. Existing Use					
17. Biodiversity and Geological Conservation	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	RESIDENTIAL FLATACCOMMODATION					
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	Is the site currently vacant?					
or near the application site?	If Yes, please describe the last use of the site:					
a) Protected and priority species:						
Yes, on the development site						
Yes, on land adjacent to or near the proposed development No						
b) Designated sites, important habitats or other biodiversity features:	When did this use end (if known)? (DD/MM/YYYY)					
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 Land where contamination is					
Yes, on the development site	suspected for all or part of the site? Yes Yes					
Yes, on land adjacent to or near the proposed development	A proposed use that would be particularly vulnerable					
U No	to the presence of contamination?					
19. Trees and Hedges	20. Trade Effluent					
Are there trees or hedges on the proposed development site? Yes No	Does the proposal involve the need to dispose of trade effluents or waste? Yes No					
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 the local landscape sharester? Yes	of trade effluents or waste					
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						
submitted alongside your application. Your local planning						
contain, in accordance with the current 'BS5837: Trees in relation to construction - Recommendations'.						

21. Residential Un Does your proposal inc	lude the	a aain	loss	or ch	ange	of use of re	esiden	tial units? Yes	U N	0					
If Yes, please complete	details	of the	char	iges II	n the	tables bel	ow:		Existi	70 L	Olici	na			
P	ropos										Numb		Dad	oms	Total
Market Housing	Not known	1	Numb 2	er of l		oms Unknown	Total	Market Housing	Not known	1	Numb 2	er of		oms Unknown	rotal
Houses		-	-					Houses			-				
Flats and maisonettes	計							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 + b	+ c +	d+e	+ f + g) =			To	tals	(a + b	+ c +	d+e	+f+g)=	
															T-4-1
Social Rented	Not		Numb			ooms Unknown	Total	Social Rented	Not known	1	Numb 2	er of		ooms Unknown	Total
Houses	known	1	2	3	4+	onknown		Houses		•		_		J	
Flats and maisonettes								Flats and maisonettes							
Live-work units								Live-work units							
Cluster flats								Cluster flats							
Sheltered housing	片		-					Sheltered housing							
Bedsit/studios			<u> </u>					Bedsit/studios							
Unknown type			<u> </u>					Unknown type							
	 T	otals	(a + b	+ c +	d+e	+f+g)=		Totals $(a+b+c+d+e+f+g) =$							
									1						1-
Intermediate	Not					ooms	Total	Intermediate	Not known	1	Numb 2	oer of		ooms Unknown	Tota
	known	1_	2	3	4+	Unknown		Houses				_	7,	J. M. IOWI	
Houses				<u> </u>	-			Flats and maisonettes			 		1		<u> </u>
Flats and maisonettes		 	-	-		 			 		 	 		 	
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II CIUSTEI HATS			ì					Live-work units Cluster flats							
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Sheltered housing								Cluster flats							
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Sheltered housing Bedsit/studios		otals	(a+l)+c+	d+e	e+f+g)=		Cluster flats Sheltered housing Bedsit/studios							
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Sheltered housing Bedsit/studios Unknown type Key worker Houses	Not known		Num	ber of	Bedr	ooms		Cluster flats Sheltered housing Bedsit/studios Unknown type Key worker Houses	Not known		Num	ber of	f Bedr	ooms	
Sheltered housing Bedsit/studios Unknown type Key worker Houses Flats and maisonettes	Not known		Num	ber of	Bedr	ooms		Cluster flats Sheltered housing Bedsit/studios Unknown type Key worker	Not known		Num	ber of	f Bedr	ooms	
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Sheltered housing Bedsit/studios Unknown type Key worker Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios	Not known	1 1	Num 2 2 5 (a +	ber of 3	F Bedr 4+	ooms Unknown		Cluster flats Sheltered housing Bedsit/studios Unknown type Key worker Houses Flats and maisonettes Live-work units Cluster flats Sheltered housing Bedsit/studios	Not known	1 otals	Num 2	ber of	F Bedr 4+	ooms Unknowr	

If you	have answe	volve the los red Yes to th	e que	stion above plea	se add details i	the follow	ing table:		
	Use class/type of use		Existing gross internal floorspace to be lost by change of use or demolition (square metres)			Total gross in floorspace pro (including cha use)(square n	posed inge of	Net additional gross internal floorspace following developmer (square metres)	
A1	Sho	ps							
	Net trada	ble area:							
A2	Financ profession	ial and al services							
А3	Restaurant	s and cafes							
A4	Drinking est	ablishments							
A 5	Hot food t	akeaways							
B1 (a)	Office (oth	er than A2)							
B1 (b)	Resear develo								
B1 (c)	Light in	dustrial							
B2	General i	ndustrial							
B8	Storage or	distribution							
C1	Hotels an resid	d halls of ence							
C2	Residential	institutions							
D1	Non-res institu	sidential utions							
D2	Assembly	and leisure							
OTHER									
Please specify									
	То	tal						·	
In ad	dition, for ho	tels, residen					dicate the loss or		ooms
Use class	Type of use	Not applicable	Exist	ing rooms to be l of use or dem	ost by change olition	Total room ch	ns proposed (incl nanges of use)	uaing	Net additional rooms
C1	Hotels								
C2	Residential Institutions								
THER									
lease pecify									
	ployment								
ease co	omplete the f	ollowing inf	orma	tion regarding er				Total	full-time
	·			Full-time	Part-	time 			jivalent
	isting employ			<u>U</u>	1 0			<u> </u>	
Pro	posed emplo	yees		<u>U</u>	<u> </u>			U	
4. Ho	urs of Ope	ning	ing fo	AU LES or each non-resid	IDENTA	AL	•		
rieas	Use Use			y to Friday	Saturda		Sunday and Bank Holida	d ys	Not known

26. Industrial or Commercial Proces	sses	and Machiner	y .				
Pléase 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:							
	Is the proposal a waste management development? Yes No						
If the answer is Yes, please complete the follo	owing	table:		Т			
	Not applicable	including engine allowance for c	city of the void in c eering surcharge a cover or restoration I waste or litres if li	and making no n material (or	Maximum annual operational through put in tonnes (or litres if liquid waste)		
Inert 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							
Storage of waste	口						
Other waste management	恄						
Other developments	愩						
Please provide the maximum annual operat	tional	throughout of the	e following waste	streams:			
Municipal		anoughpacor di	waste				
Construction, demolition and e)AC3//2	ntion					
Construction, demolition and e		4.011					
Commercial and industrial Hazardous	.ı ıdı						
If this is a landfill application you will need	to pro	vide further infor	mation before you	ır application can) be determined. Your waste		
planning authority should make clear what	: infor	mation it requires	on its website.				
27. Hazardous Substances				/			
Does the proposal involve the use or storag the following materials in the quantities sta	e of a	ny of elow? Yes	` No	Not applical	ble		
If Yes, please provide the amount of each su			 d:				
Acrylonitrile (tonnes)		Ethylene oxide (to			Phosgene (tonnes)		
Ammonia (tonnes)	Hyd	lrogen cyanide (to	nnes)	Sul	lphur dioxide (tonnes)		
Bromine (tonnes)		Liquid oxygen (to	nnes)		Flour (tonnes)		
Chlorine (tonnes)	iquid	petroleum gas (to	nnes)	Refined	d white sugar (tonnes)		
Other:			Other:				
Amount (tonnes):			Amount (to	nnes):	\$Date:: 2010-03-19 #\$ \$Revision: 2368 \$		
					\$13465 701(1-03-10 #5 \$400(cion+ 7368 \$		

8、Ownership Certificates One certificate A, B, C, or D must be c	ompleted, toge	ther with the Agricultur	ral Holdings Certificate with	this application form
Contificato under Article 7 of	CERTIFICATE the Town and C re Planning (Liste the day 21 days b	OF OWNERSHIP - CERTI Country Planning (General and Buildings and Consent Refore the date of this appropriate the date of the	FICATE A al Development Procedure) O vation Areas) Regulations 199 dication nobody except myself	rder 1995 & 00 i/ the applicant was the
igned - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
Certificate under Article 7 of Regulation 6 of th certify/ The applicant certifies that I ha 1 days before the date of this application of the land or build	the Town and C e Planning (Liste ve/the applicant h on, was the owner	ed Buildings and Conservass given the requisite not lowner is a person with a fi	al Development Procedure) O vation Areas) Regulations 199 vice to everyone else (as listed l	oelow) who, on the day
Name of Owner		Address		Date Notice Served
MR. STEVE RIDOUT	FLATZ,	395WINTONS	TREET LONDON	10.11.10
igned - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
		4 Color		10.11.10
Certificate under Article 7 o Regulation 6 of the Certify/ The applicant certifies that: Neither Certificate A or B can be All reasonable steps have been interest or leasehold interest with been unable to do so. The steps taken were:	f the Town and C he Planning (List issued for this ap	ed Buildings and Conser plication the names and addresses (al Development Procedure) © vation Areas) Regulations 199 of the other owners (owner is a p	person with a freehold
Name of Owner	T T	Address		Date Notice Served
	iched in the faller	wing newcnaner	On the following date (which	must not be earlier
Notice of the application has been pub (circulating in the area where the land i	s situated):	wing newspaper	than 21 days before the date	of the application):
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY)
orgined reprincing				

			
28. Ownership Certificates (con			`
. Cortificato under Article 7 o	CERTIFICATE OF OWNERS f the Town and Country Plans		Procedure) Order 1995 &
Regulation 6 of the	ne Planning (Listed Buildings	and Conservation Areas) Re	egulations 1990
I certify/ The applicant certifies that: Certificate A cannot be issued for	or this application		
 All reasonable steps have been t 	aken to find out the names and	l addresses of everyone else y	who, on the day 21 days before the
date of this application, was the of any part of the land to which	owner (<i>owner is a person with a</i> this application relates, but I ha	<i>treehold interest or leasehold i</i> ve/ the applicant has been ur	interest with at least 7 years left to run) nable to do so.
The steps taken were:			
Notice of the application has been publi	shed in the following newspap	er On the followi	ing date (which must not be earlier
(circulating in the area where the land is	situated):	than 21 days k	perfore the date of the application):
Signed - Applicant:	Or signed - A	ment:	Date (DD/MM/YYYY):
эідпес - дрріїсані.	Or signed 7.	genu	
29. Agricultural Land Declaration			
	AGRICULTURAL LAND	DECLARATION	icata undan Antiala 7
I own and Country Plani Agricu	<mark>ning (General Development P</mark> Itural Land Declaration - You M	ust Complete Either A or B	icate under Article /
(A) None of the land to which the applic		•	
Signed - Applicant:	ation relates is, or is part or, and Or signed - A		Date (DD/MM/YYYY):
Signed - Applicant.		1 /	101110
	Cld	ur	10.11.10
(B) I have/ The applicant has given the re	equisite notice to every person	other than myself/ the application	ant who, on the day 21 days
before the date of this application, was a as listed below:	tenant of an agricultural holdi	ng on all or part of the land to	o which this application relates,
Name of Tenant		Address	Date Notice Served
Signed Applicant:	Or signed - A	dent:	Date (DD/MM/YYYY):
Signed - Applicant:	Of signed - A	gent.	Date (DD/MINI/1111).
30. Planning Application Requi			Lestina II a II
Please read the following checklist to ma information required will result in your a	ike sure you have sent all the in oplication being deemed invali	formation in support of your d. It will not be considered va	proposal. Fallure to submit all alid until all information required by
the Local Planning Authority has been su	ıbmitted. /		
The original and 3 copies of a completed application form:	and dated	The correct fee:	715° I
	ah i damaifia a	The original and 3 copies of	a design and access statement,
The original and 3 copies of the plan whi the land to which the application relates	drawn to an /		d guidance notes for details):
identified scale and showing the directio		The original and 3 copies of	the completed, dated
The original and 3 copies of other plans a	and drawings or 1/	Ownership Certificate (A, B,	C, or D - as applicable):
information necessary to describe the su		The original and 3 copies of	the completed, dated Article 7
	1	Certificate (Agricultural Holo	
		······································	

alveay Junifed

31. Declarat		ent as described in th	is form and the ac	companying plans/drawings and additional
information. Signed - Applica		Or signed - Agent:		Date (DD/MM/YYYY):
		Eldu	W-6	(date cannot be pre-application)
32. Applican	t Contact Details		33. Agent Co	ontact Details
Telephone num	bers		Telephone num	bers
Country code:	National number:	Extension number:	Country code:	National number: Extension number:
	Tadona Tamber.			0207 8370040
Country code:	Mobile number (optional):		Country code:	Mobile number (optional):
				07711845 320
Country code:	Fax number (optional):		Country code:	Fax number (optional):
				02078335711
Email address (optional):		Email address (d	
			eca & lov	doncentral, demon. co. ut
34. Site Visit				
Can the site be s	seen from a public road, public fo	ootpath, bridleway or	other public land	? 🔽 Yes 🔲 No
If the planning a out a site visit, w	outhority needs to make an appor whom should they contact? (Plea.	ointment to carry se select only one)	Agent	Applicant Other (if different from the agent/applicant's details)
	n selected, please provide:			
Contact name:			Telephone num	ber:
			L	
Email address:			-	