

Planning Services Camden Town Hall Argyle Street London WC1H 8EQ Email (enquiries only): env.devcon@camden.gov.uk

Telephone : 020 7974 1911 Fax

: 020 7974 5713

For office use Date Payee App. No.

2. Agent Name and Address

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.

1. Applicant Name and Address

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

Title: First name:	Title: MP First name: MICHAEC
Last name:	Last name: STUBBS
Company (optional): THE NATIONAL TRUST	Company THE NATIONAL TRUST
Unit: House number: House suffix:	Unit: House number: House suffix:
House name:	House name:
Address 1: 2 WILL ON POAD	Address 1: REGIONAL OFFICE
Address 2: HAMPSTEAD	Address 2: ITUGHENDEN MAN 82
Address 3: CONDON	Address 3:
Town:	TOWN: IFIGH WYCOMBE
County:	county: BUCKINGHAMSHIRE
Country:	Country:
Postcode: NW31TH	Postcode: HP14 4 A
3. Description of Proposed Work	
Please describe the proposals to alter, extend or demolish the listed by	ouilding(s):
CISTED BUILDIN	G CONSENT OFFICE
to CAPETEN SUT	MOISK) OF KENTR
TO THE BALC	BNY INCLUDING
DEMOUNT AND	REINSTATEMENT
OF EXISTING	WINDOWS AND
NEW JANERY	TO PREVENT WATER
	\$Date:: 2010-03-19 #\$ \$Revision: 2368 \$

3. Description of Proposed Work (continu	ed)	4. Site Address Details
			Please provide the full postal address of the application site.
Has the work already started without consent?	Yes	No	Unit: House number: House suffix:
if Yes, please state when the work was started (DD/MM/YYYY):			Address 1: 2 WILLOW 12945
			Address 2: HAMP STEAD Address 3:
(date must be pre-application submission)			Town: CONTON
Has the work been completed without consent?	Yes	I No	County: Postcode (optional): NW3 1TH
If Yes, please state the date when the work was completed (DD/MM/YYYY):			Description of location or a grid reference. (must be completed if postcode is not known): Easting: Northing:
			Description:
(date must be pre-application submission)			
If Yes please describe and include the plant reference number(s), if known: Description	ning appli	Reference number	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: MP EDWARD TARUIS
			Reference:
			na
			Date (DD/MM/YYYY):
Service Control of the Control of th			(must be pre-application submission)
			Details of pre-application advice received? CONFIRMATION OF NEED CONSENT
			to BALCALY WORKS
7. Neighbour and Community Con	sultatio	n	8. Authority Employee / Member With respect to the Authority Lam: Do any of these
Have you consulted your neighbours or the local community about the proposal?	Yes	No	With respect to the Authority, I am: (a) a member of staff (b) an elected member (c) related to a member of staff
If Yes, please provide details:			(d) related to a member of staff (d) related to an elected member
			If Yes, please provide details of the name, relationship and role
		4 1 1	
		7 - 17/	

External walls EXECCL WARE REPAIR + WARE REPAIR - WARE RE	. Tease provide a desc	The state of existing and proposed materials and in	ishes to be used in the building (demolition exclu		
External walls External walls External walls External walls External walls External walls External doors			Proposed	Not applicable	Don't Know
Chimney Chimney Chimney Chimney Course of pricing Course of prici	External walls		BRICKWORK REPAIR + WORK		
Course of Relicions Windows External doors Ceilings Internal walls Floors Rainwater goods COURSE OF RELICIONS PLASTER EXISTING WINDOWS PLASTER ZEPAIR AND DEC GRATION SOME NEW WOOD— WILL WITHIN BEDIZONAS Boundary treatments	Roof covering		CONCRETE.		
Windows REINSTATE EXISTING RETURNATION RE	Chimney		TO REMOVE BYE COURSE OF BRICKS FOR SALVAGELIZERY		
Ceilings Internal walls PLASTER REPAIR AND DEC GRATI GN SOME NEW W66D - WRIC WITHIN Internal doors Rainwater goods Boundary treatments	Windows				
Internal walls PLASTER IZEPAIR AND DECORATION SOME NEW WOOD— WILL WITHIN Internal doors Rainwater goods Boundary treatments	External doors		REPLIE WORK		
Floors Some New Wood Work within Internal doors Rainwater goods Boundary treatments	Ceilings				
Internal doors Rainwater goods Boundary treatments	Internal walls				
Rainwater goods Boundary treatments	Floors		0 -1 - 1 - 1		
Boundary treatments	Internal doors				
	Rainwater goods			4	
(e.g. tertees, mails)	Boundary treatments (e.g. fences, walls)	No.			
Vehicle access and hard standing				₽	
Lighting	Lighting			□	
Others (add description) BKCONY REPAIRS WIRK TO STALANTS (ADD DESCRIPTION)		BALONY REPLYES	WIRK TO STALLANTS, JUNETAL+ NEW		
Are you supplying additional information on submitted drawings or plans? No Yes No If Yes, please state plan(s)/drawing(s) references:		The state of the s	ns? No No		

(42.5.11)	
10. Demolition	11. Listed Building Alterations
Does the proposal include the partial or total demolition of a listed building? Yes No	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:
a) Total demolition of the listed building: Yes No	(you must answer each of the questions)
b) Demolition of a building within the curtilage of the listed building: Yes No	a) Works to the interior of the building?
c) Demolition of a part of the listed building: Yes No	b) Works to the exterior of the building?
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)?
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission)	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
Please provide a brief description of the building or part of the building you are proposing to demolish:	proposal for their replacement, including any new means of structural support and state references for the plan(s)/drawing(s):
	PLFASE REFER TO INSPECTION
	REPORT AND
Why is it necessary to demolish or extend (as applicable) all or part of the building(s) and or structure(s)?	DRAWING SK/001.
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? Yes Don't know
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	

4. Certificates			
One Certific	cate A, B, C, or D, must be comple		,
Certificate under Regulation 6 of the Pla I certify/The applicant certifies that on the owner (owner is a person with a freehold in	e day 21 days before the date of	servation Areas) Regulations 19	yself/ the applicant was the
which the application relates. Signed - Applicant:	Or signed - Agent:		Date DD/MM/YYYY):
Michael Stub	or ON BEH	ALE NATIONAL	16/9/200
Certificate under Regulation certify/ The applicant certifies that I have did days before the date of this application, eft to run) of any part of the land or building	, was the owner (owner is a person	ngs and Conservation Areas) Reg site notice to everyone else (as list with a freehold interest or leasehold	ted below) who, on the day
Name of Owner	The state of the s	dress	Date Notice Served
Traine of Office	Add	31033	
V			
		47	
Signed - Applicant:	Or signed - Agent:		Date DD/MM/YYYY):
N. Company			
interest or leasehold interest with at been unable to do so.	sued for this application ken to find out the names and add t least 7 years left to run) of the land	resses of the other owners (owner i or building, or of a part of it , but I	s a person with a freehold have/ the applicant has
The steps taken were:			
Name of Owner	Add	dress	Date Notice Served
		Total Landson	
Notice of the application has been publish circulating in the area where the land is si	ned in the following newspaper ituated):	On the following date (which will be seen than 21 days before the days	
- 4/4/			
Signed - Applicant:	Or signed - Agent:		Date DD/MM/YYYY):
	MININA STATE		

14 Contification (continued)			k - 1
14. Certificates (continued) CERTIFICATE Certificate under Regulation 6 of the Planning (Listed B I certify/ The applicant certifies that: Certificate A cannot be issued for this application All reasonable steps have been taken to find out the date of this application, was the owner (owner is a possible to the content of the content of the content of the certificate A cannot be issued for this application.	ne names and addres	vation Areas) Regulations 1	the day 21 days before the
of any part of the land to which this application re	ates, but I have/ the	applicant has been unable to	do so.
The steps taken were:	-		
Notice of the application has been published in the follow (circulating in the area where the land is situated):	ing newspaper	On the following date than 21 days before th	(which must not be earlier e date of the application):
Signed - Applicant:	Or signed - Agent:		Date DD/MM/YYYY):
15. Planning Application Requirements - Chec			
Please read the following checklist to make sure you have sinformation required will result in your application being dithe 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 plan which identifies the land to which the application relates and drawn to an identified scale and showing the direction of North:	The origina informatio The origina Ownership The origina		all information required by and drawings or ubject of the application: led dated applicable):
16. Declaration I/we hereby apply for planning permission/consent as description of the planning permission on the planning permission on the planning permission of the planning perm		Date IDD	awings and additional ////////////////////// (date cannot be pre-application)
17. Applicant Contact Details	18. Ag	ent Contact Details	
Telephone numbers	Telepho	ne numbers	
	tension Country	code: National number:	Extension number:
194755512			
Country code: Mobile number (optional):	Country	code: Mobile number (opt	ional):
0778 0761256			
Country code: Fax number (optional):	Country	code: Fax number (options	al):
Email address (optional):	Email ac	ldress (optional):	
MIKE. STUBBER NATIONAL	t7218t	COLUMN POSTORONO	
19. Site Visit			
Can the site be seen from a public road, public footpath, br	idleway or other pub	lic land? Yes	DNo
If the planning authority needs to make an appointment to out a site visit, whom should they contact? (Please select on	carry	gent Applicant	other (if different from the agent/applicant's details)
If Other has been selected, please provide:	+ 1		
PETER SIIZK	Telepho	ne number:	5548
Email address: PETEZ. 80	11/2/c/2 1	VATIONALTI	209T. 86G.

SDate: 2010-03-19 #\$ \$Revision: 2368 \$