

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

: 020 7974 1911

: 020 7974 5713

For office use

Date Payee App. No.

2. Agent Name and Address

Fee

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning 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

Fax

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.

First name:

STEVEN

1. Applicant Name and Address

Title:

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

Last name: BAKER	Last name: CAMISUCI
Company (optional):	Company (optional): 17ANTINS CAMISUCI
Unit: House number: 67 House suffix:	Unit: House number: 62 House suffix:
House name:	House name:
Address 1: BAKTHOLOMEW ROAD	Address 1: GAISFOND STREET
Address 2:	Address 2:
Address 3:	Address 3:
Town: LONDON	Town: CONSON
County:	County:
Country: UK	Country: UX
Postcode: NW5 ZAH	Postcode: NKG ZEH
3. Description of Proposed Works	
Please describe the proposed works:	
SIDE EXTENSION to	CREATE A CYCLE SHED
AND GANDEN TOOL	STOKAGE AKEA.

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	(date must be pre-application submission)
Has the work already been completed?	
If Yes, please state when the work was completed (DD/MM/YYYY):	(date must be pre-application submission)
4. Site Address Details	5. Pedestrian and Vehicle Access, Roads and Rights of Way
Please provide the full postal address of the application site.  Unit: House House suffix:	Is a new or altered vehicle access proposed to or from the public highway? Yes No
House number: 67 suffix:	Is a new or altered pedestrian access proposed to or from the public highway?  Yes  No
Address 1: BANTHOLOMEW ROAD	Do the proposals require any diversions, extinguishments and/or creation of public
	rights of way? Yes X No
Address 2:	If Yes to any questions, please show details on your plans or drawings and state the reference number(s) of the plan(s)/
Address 3:	drawing(s):
Town: Conson	
County:	
Postcode (optional): WUS ZAH	
Has assistance or prior advice been sought from the local authority about this application?  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 possible:  Officer name:  CARCOS HARTIN  Reference:  Date (DD MM YYYY):  (must be pre-application submission)  Details of the pre-application advice received:  Planny will be required but approval should be granted in your ciple.	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your proposed development?  If Yes, please mark their position on a scaled plan and state the reference number of any plans or drawings:  Will any trees or hedges need to be removed or pruned in order to carry out your proposal?  If Yes, please show on your plans which trees by giving them numbers e.g. T1, T2 etc, state the reference number of the plan(s)/drawing(s) and indicate the scale.
8. Parking Will the proposed works affect existing car parking arrangements?  Yes  Yes  No  If Yes, please describe:	9. 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 If Yes, please provide details of the name, relationship and role

	Existing (where applicable)	Proposed	Not applicable	Don't Know
Walls	CONDON STOCK BRICK	HAND WOOD TIMBER		
Roof	SLATE	GREEN MOOF		***************************************
Windows	WHITE PAINTED SOFTWOOD -	NA		
Doors	WHITE PAINTED HARDWOOD	N/A		
Boundary treatments (e.g. fences, walls)	W/A	W/A	8	
Vehicle access and hard-standing	W/4	NIA		
Lighting	N/A	N/A	9	
Others (please specify)	N/A	N/A		
f Yes, please state refe DRAWIN	litional information on submitted plan(s)/drawing erences for the plan(s)/drawing(s)/design and access of Access STATEME	ss statement:	S E	No

11. Ownership Certificates One Certificate A, B, C, or D, must be	<b>CERTIFICATE OF OWNERSHIP - CEI</b>	RTIFICATE A	
Town and Country Plann certify/The applicant certifies that on the owner (owner is a person with a freehold intwhich the application relates.  Signed - Applicant:	ing (General Development Procedure	) Order 1995 Certificate und	the applicant was the
Signed - Applicant.	S.J. Ca	1.	8.7.10
	3.0. Ca	miles !	0.7.73
Town and Country Plann certify/ The applicant certifies that I hav 1 days before the date of this application of to run) of any part of the land or building	was the owner (owner is a person with	Order 1995 Certificate und	ed below) who, on the d
Name of Owner	Address		Date Notice Served
	Outland Acoust		Date (DD/MM/YYY
igned - Applicant:	Or signed - Agent:		Date (DD/WW/111
Neither Certificate A or B can be i All reasonable steps have been to interest or leasehold interest with a been unable to do so. The steps taken were:	iken to find out the names and addresse It least 7 years left to run) of the land or b	es of the other owners (owner ouilding, or of a part of it , but I	s a person with a freehold have/ the applicant has
Name of Owner	Address		Date Notice Serve
lotice of the application has been publis	had in the following newspaper	On the following date (wh	ich must not he earlier
lotice of the application has been publis circulating in the area where the land is s	ituated):	than 21 days before the d	ate of the application):
ion ad Applicant	Or signed - Agent:		Date (DD/MM/YYY
iigned - Applicant:	Or signed - Agent.		Devil (1 de l'elle)

11. Ownership Certificates (con						
	CERTIFICA	TE OF OWNERSHIP - CERT	IFICATE	D OF Cartificate under A	veicle 7	
Town and Country Plan I certify/ The applicant certifies that:	ning (General	<b>Development Procedure</b> )	Order 15	195 Certificate under P	Article /	
Cartificate A cannot be issued for	r this application	on				
- All reasonable stone have been t	aken to find or	it the names and addresses i	of everyo	one else who, on the day	y 21 days before t	he
date of this application, was the of any part of the land to which	owner (owner)	s a person with a freehold into	erest or le	heen unable to do so.	least / years left to	runj
	uns application	rielates, but maver the app	il carre i di	been anable to do sor		
The steps taken were:						
Notice of the application has been publi	shed in the foll	owing newspaper	On th	e following date (which 21 days before the date	n must not be earl	ier
(circulating in the area where the land is	situated):		Than .	21 days before the date	or the application	11).
C:		Or signed - Agent:			Date (DD/MM/Y	YYY):
Signed - Applicant:		Of signed - Agent.				
2. Agricultural Land Declaration	n					
2. Agricultural Land Deciaration		ULTURAL LAND DECLARA	TION			
Town and Country Plans	AGRIC	Development Procedure)C	order 199	95 Certificate under A	rticle 7	
Agricu	Itural Land Dec	laration - You Must Complet	te Either	A or B		
(A) None of the land to which the applic	ation relates is,		holding.		6	
Signed - Applicant:		Or signed - Agent:			Date (DD/MM/)	YYYY)
(B) I have/ The applicant has given the re	auisite notice	to every person other than r	myself/th	ne applicant who, on the	e day 21 days	
before the date of this application, was	tenant of an a	gricultural holding on all or	part of th	ne land to which this ap	plication relates,	
as listed below:		,	. /			
Name of Tenant		Address			Date Notice Ser	rved
		/				
	-					
Signed - Applicant:		Or signed - Agent:			Date (DD/MM/	YYYY)
13. Planning Application Requi	romonts C	hocklist				
Please read the following checklist to ma	ke sure you ba	vo cont all the information in	Support	of your proposal Faile	ire to submit all	
nformation required will result in your a	pplication bein	a deemed invalid. It will no	t be cons	idered valid until all info	ormation required	d by
the Local Planning Authority has been su	ibmitted.					,
The original and 3 copies of a	Theo	riginal and 3 copies of a		The correct fee:		×
completed and dated application form:		n and access statement if osed works fall within a				
he original and 3 copies of a plan which	conse	ervation area or		The original and 3 cor	oies of the	
dentifies the land to which the applicati	on World	d Heritage Site, or relate to a		completed, dated Ow	nership	X
relates drawn to an identified scale and showing the direction of North:	X Listed	Building:	$[\times]$	Certificate (A, B, C or I	- as applicable):	
			-			
The original and 3 copies of other plans and drawings or information necessary t	0			The original and 3 cor		(-3
and drawings or information necessary to describe the subject of the application:				completed, dated Art		X

nformation. Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):	
	S. Con	mil.	8, 7 /o (date cannot b	
15. Applicant Contact Details		16. Agent Contact De	etails	
Telephone numbers		Telephone numbers	*	
Country code: National number:	Extension number:	Country code: National	Extension number:	
National number.	Tidinoci.		7267 8576	
Country code: Mobile number (optional):			umber (optional):	
Mobile Hamber (optional)			974 979 619	
Country code: Fax number (optional):		Country code: Fax numl	per (optional):	
Email address (optional):		Email address (optional):		
		SEBASTIAN. CAMISU	OCI @ MARTINS CAMISOCI. CO. O.	
A				
<ol> <li>Site Visit</li> <li>Can the site be seen from a public road, publi</li> </ol>	s factoath bridleway o	r other public land? [V] Voc	□No	
Can the site be seen from a public road, publi If the planning authority needs to make an ap		Tottlei public larid: X res		
out a site visit, whom should they contact? (Pi	ease select only one)	X Agent App	olicant Other (if different from the agent/applicant's details)	
If Other has been selected, please provide:				
Contact name:		Telephone number:		
SCHASTIAN CAMISOCI		07974 979	619	