## 2010/1727/P



Application for Planning Permission. Town and Country Planning Act/1990 25 MAR 2010

RECEIVED

Publication of planning applications on council websites

Please note that with the exception of applicant contact details and Certificates of Ownership, the information provided on this application form and in supporting documents may be published on the council's website.

If you have provided any other information as part of your application which falls within the definition of personal data under the Data Protection Act which you do not wish to be published on the council's website, please contact the council's planning department.

anlata using black capitals and black ink

It is importar	nt that you read the accompanying guidance notes as inc	correct completion will delay the processing of your application.
1. Applic	ant Name and Address	2. Agent Name and Address
Title:	MR First name: DAVID	Title: First name:
Last name:	GIRDZIUSZ	Last name:
Company (optional):		Company (optional):
Unit:	House number: I A House suffix:	Unit: House House suffix:
House name:		House name:
Address 1:	GRASSHOLM MEADOWS	Address 1:
Address 2:		Address 2:
Address 3:		Address 3:
Town:	SUNDERLAND	Town:
County:	TYNE & WEAR	County:
Country:		Country:
Postcode:	SR3 IPZ	Postcode:
3. Descri	ption of the Proposal	
	ribe the proposed development, including any change o	of use:
	REPLACEMENT OF WINDO	WS WITH DOUBLE GLAZED
	WINDOWS IN WHITE UF	
	AND DIMENSIONS	
	AND DIMETOSTORS	
Has the buil	ding, work or change of use already started?	Yes No
	e state the date when building, we were started (DD/MM/YYYY):	(date must be pre-application submission)
	ding, work or change of use been completed?	Yes No
	e state the date when the building, work f use was completed: (DD/MM/YYYY):	(date must be pre-application submission)
		\$Date: 2007/08/22 15:20:03 \$ \$Revision: 1.24 \$

4. Site Address Details	5. Pre-application Advice
Rlease provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?
Unit: 69 House number: House suffix:	authority about this application?
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: GILLING COURT	application more efficiently).
Address 2: BELSIZE GROVE	Please tick if the full contact details are not known, and then complete as much as possible:
	Officer name:
Address 3:	Officer frame.
Town: LONDON	
County:	Reference:
Postcode (optional): NW3 4XB	
Description of location or a grid reference. (must be completed if postcode is not known):	Date (DD/MM/YYYY): (must be pre-application submission)
Easting: Northing:	Details of pre-application advice received?
Description:	
A SECOND FLOOR FLAT AT THE REAR OF THE BUILDING FACING	
REAR OF THE BUILDING FACING	
IN TOWARDS CENTRAL COURT	
6. Pedestrian and Vehicle Access, Roads and Rights of Way	7. Waste Storage and Collection
ls a new or altered vehicle access proposed	Do the plans incorporate areas to store
to or from the public highway?	and aid the collection of waste?  Yes  No
Is a new or altered pedestrian access proposed to or from	If Yes, please provide details:
the public highway?	
Are there any new public roads to be	
provided within the site? Yes No	
Are there any new public rights of way to be provided	
within or adjacent to the site?	
Do the proposals require any diversions /extinguishments and/or	Have arrangements been made for the separate storage and
creation of rights of way?	collection of recyclable waste?
If you answered Yes to any of the above questions, please show details on your plans/drawings and state the reference of the plan	If Yes, please provide details:
(s)/drawings(s)	1
8. Neighbour and Community Consultation	9. Council Employee / Member
Have you consulted your neighbours or	Is the applicant or agent related to any member of staff or elected
the local community about the proposal? Yes No	member of the council? Yes No
If Yes, please provide details:	If Yes, please provide details:

0. Materials f applicable, please state what materials are to be used externally. Include type, colour and name for each material:								
ц аррисаме, ресизе за	F. disting	Proposed	t		Drawing references if applicable			
Walls								
Roof								
Windows	4 SINGLE GLAZED WINDOWS WITH METAL FRAMES	DOUBLE GLAZED UPVC WINDOWS IN SAME STYLE AND DIMENSIONS						
Doors								
Boundary treatments (e.g. fences, walls)								
Vehicle access and hard-standing								
Lighting								
Others (please specify)								
·	_  ditional information on submitted plan(s)/d erences for the plan(s)/drawing(s)/design a		.1	<u>'</u>	Yes No			
11. Vehicle Parkir		who are from the gradient and	N/F	1-				
	ormation on the existing and proposed nun	Total proposed (including	10/	1 Differ	ence			
Type of Vehi	cle Existing	spaces retained)		in spa				
Cars Light goods vel	nicles/							
public carrier ve	chicles							
Motorcycle			<del></del>					
Disability spa								
Cycle space								
Other (e.g. B								
Other (e.g. B	us)							

,	
12. Foul Sewage	13. Assessment of Flood Risk
Please state how foul sewage is to be disposed of:  Mains sewer  Cess pit	Is the site within an area at risk of flooding? (Refer to the NATE nvironment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)
Septic tank Other	Yes No
Package treatment plant	If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.
Are you proposing to 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	Will the proposal increase the flood risk elsewhere?
plan(s)/drawing(s):	How will surface water be disposed of?
	Sustainable drainage system Existing watercourse
	Soakaway Pond/lake
	Main sewer
14. Biodiversity and Geological Conservation	15. Existing Use
Is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or	Please describe the current use of the site:
on land adjacent to or near the application site?  a) Protected and priority species:	
Yes, on the development site	
Yes, on land adjacent to or near the proposed development	Is the site currently vacant?  If Yes, please describe the last use of the site:
☐ No	
b) Designated sites, important habitats or other biodiversity features:	
Yes, on the development site	When did this use end (if known)? DD/MM/YYYY
Yes, on land adjacent to or near the proposed development	(date where known may be approximate)
│	Does the proposal involve any of the following:
	Land Which is known to be containmated.
c) Features of geological conservation importance:	Land where contamination is suspected for all or part of the site?  Yes  No
Yes, on the development site	A proposed use that would be particularly vulnerable
Yes, on land adjacent to or near the proposed development	to the presence of contamination?
□ No	If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.
16. Trees and Hedges	17. 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 proposed development site that could influence the	If Yes, please describe the nature, volume and means of disposal of trade effluents or waste
development or might be important as part of the local landscape character?  Yes No	
If Yes to either or both of the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. Your Local Planning Authority should make clear on its website what the survey should contain, in accordance with the current 'BS5837: Trees in relation to construction -	
Recommendations'.	) (

<ol> <li>Residential Ur Does your proposal inc if Yes, please complete</li> </ol>	lude th	e gai	n. loss	or ch	ange	of use of	residen ow:	tial units? Yes	N	0					
P	ropos	ed I	Hous	ing					Existi	ng H	lousi	ing			
Market	Not		Numb	er of	Bedro	oms	Total	Market	Not		Numb	er of	Bedro	ooms	Total
***********	known	1	2	3	4+	Unknown		Housing	known	1	2	3	4+	Unknown	
Houses								Houses							ļ
Flats and maisonettes								Flats and maisonettes							
Live-work units			ļ					Live-work units							ļ
Cluster flats								Cluster flats							ļ
Sheltered housing			ļ				<u> </u>	Sheltered housing							ļ
Bedsit/studios								Bedsit/studios							
Unknown type								Unknown type							ļ
	To	otals	(a + b	+ C +	d+e	+ f + g) =			To	otals	(a + b	+ C +	d+e	+f+g)=	
	,						T= . 1				Numl	or of	Rodre	ooms	Total
<b>Social Rented</b>	Not known	1	Numl 2	per of		ooms Unknowr	Total	Social Rented	Not known	1	2	3		Unknown	
Houses			+-	-	71	Onknow		Houses							
Flats and maisonettes			1					Flats and maisonettes							
Live-work units			1					Live-work units			<b>†</b>				
Cluster flats	一		+					Cluster flats							
Sheltered housing	一		1		<u> </u>		1	Sheltered housing							
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Unknown type	一		$\dagger$	<u> </u>				Unknown type							
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			_				<u> </u>								
Intermediate	Not		Num	ber of		ooms	Total	Intermediate	Not		<del></del>			ooms	Tota
memediac	known	1	2	3	4+	Unknow	n	l laures	known	1	2	3	4+	Unknown	<del> </del>
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Cluster flats		ļ	-	ļ		<del> </del>	-	Sheltered housing	뭄	ļ	+	<del>                                     </del>	<del>                                     </del>		+
Sheltered housing							-	Bedsit/studios	뭄		+	ļ	1		-
Bedsit/studios		-			-	1	-		片	_	+	<del> </del>	-		-
Unknown type		-4-	- (- !	<u> </u>	d . a	\		Unknown type		otal	5 (a + l	h + c -	d+e	(+f+g)=	+
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	Not	Τ	Num	ber o	f Bedr	ooms	Total	V	Not		Num	ber o		rooms	Tota
Key worker	known	1	2	3	4+	Unknow	n	Key worker	known	1	2	3	4+	Unknow	n
Houses				_	ļ			Houses		<u> </u>	_	<u> </u>	<u> </u>		
Flats and maisonette					<u> </u>		_	Flats and maisonettes	<b></b>	<b> </b>	-	ऻ		<del> </del>	+-
Live-work units		_			<u> </u>			Live-work units	<u> </u>	<u> </u>	-	<b> </b>			-
Cluster flats								Cluster flats			-	<b> </b>			-
Sheltered housing								Sheltered housing		<u> </u>	-	<del> </del>	-	1	-
Bedsit/studios		_			1	ļ		Bedsit/studios			1	-	<u> </u>	-	+-
Unknown type					<u> </u>			Unknown type				<u></u>	<u> </u>	1	_
	1	ota	<b>ls</b> (a +	b+c-	+ d + e	?+f+g)=			1	otal	s (a +	b+c-	+ d + e	e+f+g)=	
Total proposed	resider	ntial	units	(A -	- B + C	( + D) =		Total existing	j reside	ntia	units	(E	+ <i>F</i> +	G + H) =	

President   Pres	9. All	9. All Types of Development: Non-residential Floorspace								
Use class/type of use   3	-	ooes your proposal involve the loss, gain or change of use of the restriction to the loss, gain or change of use of the restriction to the loss, gain or change of use of the restriction to the loss, gain or change of use of the restriction to the loss, gain or change of use of the restriction to the loss, gain or change of use of the loss, gain or change of the loss, gain or change of use of the loss, gain or change of the loss of the los								
Use class/type of use   Total   Total										
Net tradable ares:	Us	e class/type of use	Not applicable	Existing gross internal floorspace (square metres)	to be lost by c use or dem	hange of olition	floorspace proposed (including change of	internal floorspace following development		
Financial and professional services  A3 Restaurats and cafes	A1	Shops								
A3 Restaurants and cafes										
Ad Drinking establishments	A2	Financial and professional services								
A5   Hot food takeaways	А3	Restaurants and cafes								
B1 (a) Office (other than A2)	A4	Drinking establishment	s 🗆							
Bit (b) Research and development Bit (c) Light industrial	<b>A</b> 5	Hot food takeaways								
B1 (c)	B1 (a)	· ·								
B2   General industrial	B1 (b)									
Storage or distribution	B1 (c)									
C1 Hotels and halls of residence C2 Residential institutions D1 Non-residential institutions D2 Assembly and leisure D3 Assembly and leisure D4 Total D5 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D5 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D6 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms D7 In addition, for hotels, residential institutions and hostels, please addition	B2	General industrial								
C2 Residential institutions	B8	1								
D1 Non-residential institutions D2 Assembly and leisure OTHER Please specify  Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms Use Class Type of use Applicable C1 Hotels C2 Residential Institutions Other Hostels OTHER Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent Existing employees Proposed employees Proposed employees  Not known  Please state the hours of opening Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sanday and Bank Holidays Not known  Not known Not known Not known Not known	C1									
OTHER Please specify	C2									
OTHER Please specify	D1									
Total In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms    Use   Class   Type of use   Not applicable   Existing rooms to be lost by change of use or demolition   Total rooms proposed (including changes of use)   Net additional rooms	D2	Assembly and leisure								
Total	OTHER	Please specify								
In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms    Use   Class   Type of use   Applicable   Existing rooms to be lost by change   Total rooms proposed (including changes of use)   Net additional rooms										
Use   Class   Type of use   Not applicable   Existing rooms to be lost by change of use or demolition   Total rooms proposed (including changes of use)   Net additional rooms		t .								
Type of use   applicable   of use or demolition   changes of use)		Not								
C2 Residential Institutions Other Hostels			LAIS	of use or den	nolition	С	hanges of use)	Net additional rooms		
Other Hostels   20. Employment  Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent  Existing employees  Proposed employees  Proposed employees  21. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays  Not known  22. Site Area	C1									
20. Employment  Please complete the following information regarding employees:  Full-time Part-time Part-time Part-time Existing employees Proposed employees Proposed employees  21. Hours of Opening Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Monday and Bank Holidays Not known  22. Site Area	C2									
Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent Not known  Existing employees  Proposed employees  Proposed employees  21. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  22. Site Area	Other	Hostels								
Please complete the following information regarding employees:  Full-time Part-time Total full-time equivalent Not known  Existing employees  Proposed employees  Proposed employees  21. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  22. Site Area	20. Em	nployment								
Existing employees Proposed employees  21. Hours of Opening Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Saturday Sunday and Bank Holidays Not known  22. Site Area			nforma	ation regarding e	mployees:			N/A.		
Proposed employees  21. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  22. Site Area				Full-time	Part	-time		Not known		
21. Hours of Opening  Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  22. Site Area										
Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  22. Site Area	Pro	oposed employees								
Please state the hours of opening for each non-residential use proposed:  Use Monday to Friday Saturday Sunday and Bank Holidays Not known  22. Site Area	21 He	ours of Opening								
Use Monday to Friday Saturday Sunday and Bank Holidays Not known  22. Site Area			nina i	for each non-resi	dential use prop	osed:		N/A		
22. Site Area	1 100							Not known		
				,,		-	ранк понадуѕ			
	22 6	to Aroa								
							N ( /	Δ		

3. Industrial or Commercial Processes and Machinery							
Please describe the activities and processes we be carried out on the site and the end produplant, ventilation or air conditioning. Please it type of machinery which may be installed on	vhich cts in-	would				N/A.	
Is the proposal a waste management develo		nt? Yes	No				
If the answer is Yes, please complete the follo							
	Not applicable		city of the void in o eering surcharge a over or restoration waste or litres if li	and making n n material (o	thi	um annual operational oughput in tonnes 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							
Other waste management							
Other developments							
Please provide the maximum annual opera	tiona	throughput of th	e following waste	streams:			
Municipal							
Construction, demolition and		ation					
Commercial and indus	rial						
Hazardous							
If this is a landfill application you will need planning authority should make clear what	to pro	ovide further infor rmation it requires	mation before you on its website.	ur applicatioi	n can be deter	rmined. Your waste	
24. Hazardous Substances							
Does the proposal involve the use or storage the following materials in the quantities sta	je of a ited b	any of pelow?	No	Not app	plicable	$\sim$	
If Yes, please provide the amount of each s	ubsta	nce that is involve	ed:				
Acrylonitrile (tonnes)		Ethylene oxide (to	onnes)	]	Phosg	ene (tonnes)	
Ammonia (tonnes)	Hye	drogen cyanide (to	onnes)		Sulphur dio	xide (tonnes)	
Bromine (tonnes)		Liquid oxygen (to	onnes)		F	lour (tonnes)	
Chlorine (tonnes)	iquid	petroleum gas (to	onnes)	Re	fined white su	ugar (tonnes)	
Other:			Other:				
Amount (tonnes):			Amount (tor	nnes):			

11. Certificates		
One Certificate A, B, C, or D, must b	e completed, together with the Agricultural Holdings Certificate with CERTIFICATE OF OWNERSHIP - CERTIFICATE A	this application form
Town and Country Plan	CERTIFICATE OF OWNERSHIP - CERTIFICATE A nning (General Development Procedure) Order 1995 Certificate under	Article 7
Logetify/The applicant cortifies that on the	he day 21 days before the date of this application nobody except myself/ ti	ne applicant was the
owner (owner is a person with a freehold i	nterest or leasehold interest with at least 7 years left to run) of any part of the	land or building to
which the application relates.  Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
Signed Application		
	CERTIFICATE OF OWNERSHIP - CERTIFICATE B	
Town and Country Plan	ning (General Development Procedure) Order 1995 Certificate under	Article 7
I certify/ The applicant certifies that I had	eve/the applicant has given the requisite notice to everyone else (as listed on, was the owner (owner is a person with a freehold interest or leasehold into	erest with at least 7 years
left to run) of any part of the land or build	ding to which this application relates.	
Name of Owner	Address	Date Notice Served
Gilli Con At Hampstond	HOC h M. H. C. Landy WIK FIH	20/02/2010
Gilling Court Hampstead himited via gent:-	49 South Moulton St., London, WIK 5LH	20/03/2010
via gent:	4 Probast Harman Ant Landon	
Smith or Waters	4 Panton St., Haymarket, London SWIY 45W 43,44,45; 70,71, 95,96,97 Gilling Court., Belsize Gove, London NW3 4XB	n
	101115 707 05 - 67	
Various owners of adjacent flats on Floor below same floor above	43,44,45; 10,11, 45, 46,41	_
adjacent flats on	Gilling Court, Belsize Gove London	
Stoor below same floor	NW3 4XB	
and floor above		
J		
		D-+- (DD (MANA 00000)
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
Gradzan		18/05/2010
(1)()	CERTIFICATE OF OWNERSHIP - CERTIFICATE C	
Town and Country Plan	nning (General Development Procedure) Order 1995 Certificate under	Article 7
I certify/ The applicant certifies that:		
Neither Certificate A or B can b	e issued for this application en to find out the names and addresses of the other owners <i>(owner is a pers</i>	on with a freehold
interest or leasehold interest with at	least 7 years left to run) of the land or building, or of a part of it, but I have/t	he applicant has been
unable to do so.		
The steps taken were:		
Name of Owner	Address	Date Notice Served
Name of Owner	Addiess	-
	DEGETY 19MAY	1厘 /0/
	~ E@E!!!	
	101800	1.00
	AMP.	
	. \ \	
		and the second second
National delication in the state of the stat	lished in the following newspaper On the following date (which	h must not be earlier
Notice of the application has been put (circulating in the area where the land		of the application):
ten summing in the area where the latter		
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY)

•				
25. Certificates (continued)				
	CERTIFICATE	OF OWNERSHIP - CE	RTIFICATE D	n Anticlo 7
Town and Country Plann	ing (General De	evelopment Procedur	e) Order 1995 Certificate unde	r Article /
I certify/ The applicant certifies that:  S Certificate A cannot be issued for this	application			
معمامه مسميا المساء المسادات	to find out the n	ames and addresses of	everyone else who, on the day	21 days before the date of
this application was the evener lowne	r is a nerson with	a ireenoki interest or let	useriola lillerest with at least / yes	irs left to full ) of any part
of the land to which this application re	elates, but i nave	the applicant has bee	en unable to do so.	
The steps taken were:				
Notice of the application has been publis	hed in the follow	ving newspaper	On the following date (wh	ich must not be earlier
(circulating in the area where the land is s	ituated):		than 21 days before the d	ate of the application):
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
	1			
	AGRICULT	URAL HOLDINGS CER	TIFICATE	
Town and Country Plann	ing (General De	velopment Procedure	e)Order 1995 Certificate unde	Article 7
Agricultural Land Declaration - You Must (	omplete Fither <i>F</i>	A or B		
(A) None of the land to which the app	lication relates is	, or is part of, an agricu Or signed - Agent:	iitulai fiolollig.	Date (DD/MM/YYYY):
Signed - Applicant:		Of signed - Agent.		
1) Wandon				23/03/2010
N N N N N N N N N N N N N N N N N N N			at a second of the second count who	on the day 21 days
B) I have/ The applicant has given th before the date of this application, was a	e requisite notice	e to every person other scultural holding on all	r tnan myself/ the applicant who For part of the land to which this	application relates.
as listed below:	tenant or an agr	icultural fioliding of an	of part of the land to time.	фринания,
Name of Tenant		Addre	SS	Date Notice Served
Traine of Fortiers				
1				
				5 . (55 (14) 40000
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
26. Planning Application Requi	rements - Che	ecklist		
Please read the following checklist to ma information required will result in your a	ke sure you have	e sent all the information	on in support of your proposal. I I not be considered valid until all	allure to submit all information required by
the Local Planning Authority has been su	pplication being bottled.	deelifed irivand. It will	Thot be considered valid artificial	/
		/ The	correct fee:	$\square'$
3 copies of a completed and dated applie	cation form:	<u>√</u> 3 co	pies of a design and access state	ment:
3 copies of the plan which identifies the	land to which		,	_
the application relates drawn to an ident	rified		pies of the completed, dated Art ificate (Agricultural Holdings):	icie /
scale and showing the direction of North	:	<u> </u>	•	ل_ا
3 copies of other plans and drawings or i	nformation	3 co	pies of the completed, dated nership Certificate (A, B, C, or D -	as applicable):
necessary to describe the subject of the	application:	☐ OWI	lership Certificate (A, B, C, Of B-	as applicable). $\Box$
27. Declaration				
I/we hereby apply for planning permission	on/consent as de	scribed in this form an	d the accompanying plans/draw	<del>rings and addition</del> al
information. Signed - Applicant:	Or sign	ed - Agent:	Date (DD/M	M/YYYY):
The state of the s	Or sign	Agent		/
Barrant			23/03/	2010 pre-application

28. Applicant Contact Details		29. Agent Co	ntact Details		
*Telephone numbers		Telephone num	bers		
·	Extension number:	Country code:	National number	•	Extension number:
Country code: Mobile number (optional):		Country code:	Mobile number (	optional):	
07739843476					
Country code: Fax number (optional):		Country code:	Fax number (opti	ional):	
Email address (optional):		Email address (c	pptional):		
davegirdziusz@sky. om					
30. 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 out a site visit, whom should they contact? (Please select of	to carry only one)	Agent	Applicant	Other (if differ agent/application)	
If Other has been selected, please provide:			_		
Contact name:		Telephone num	ber:		
Email address:					