

Householder Application for Planning Permission for works or extension to a dwelling. Town and Country Planning Act 1990

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.

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.

Title: M2 First name: JAMES Last name: SANSON Company (optional): Unit: House number: I House suffix: A House name: Address 1: PLINE MITWL LOAD Title: MISS First name: MARTA Last name: GLADATUE Company (optional): Unit: 4 House number: 2 House suffix: House name: Address 1: DOWNSHILE HILL	1. Applicant Name and Address	2. Agent Name and Address		
Company (optional): Unit: House number: I House suffix: A House name: Address 1: PLINE HITHE LOAD Company (optional): SACKS M Unit: 4 House number: 2 House suffix: House name: Address 1: DOWN SHILE HILL	Title: ML First name: AMES	Title: MISS First name: MARTA		
(optional): Unit: House number: I House suffix: A House name: Address 1: PLINE HITHE LOAD (optional): SHUE III Unit: 4 House number: 2 House suffix: House name: Address 1: DOWN SHILE HILL	Last name: SANSON	Last name: GLADAT WE		
House name: Address 1: PLINGE HATHUL LOAD Address 1: DOWN SHILE HILL		Company SACKS M		
name: Address 1: PLINGE ARTHUR ROAD Address 1: DOWN SHILE HILL		I Unii.		
All a		1		
Addross 2:	Address 1: PRINGE ARTHUR ROAD	Address 1: DOWNSHILE HILL		
Address 2:	Address 2:	Address 2:		
Address 3: Address 3:	Address 3:	Address 3:		
Town: LONDON Town:	Town: LONDON	Town: London		
County: County:	County:	County:		
Country: UNITED KINADOM Country: UNITED KINADOM	Country: UNITED KINGDOM	Country: UNITED KINTIDOM		
Postcode: NW3 GAX Postcode: NW3 INC	Postcode: NW3 GAX	Postcode: NW3 INC		

3. Description of Proposed Works

Please describe the proposed works:

AMENDMENTS TO APPLOVED APPLICATIONS 2008/4131/P AND 2009/2722/P.
THE APPLICANT WISHES TO INTRODUCE AN AMENDMENT TO THE OLIGINAL SCHEME INCOLPOLATING ALTERATIONS TO THE FRONT BASEMENT LAYOUT MAINTAINING THE OLIGINAL APPROVED SQM AREA AND THE OMISSION OF PREVIOUSLY PROPOSED of APPROVED OPENING. AT BASEMENT LEVEL AND FIRST FROM LEVEZ ON THE NORTH FAGADE, FACING NO!. TWO NEW OPENING ARE PROPOSED AT BASEMENT LEVEL.

3. Description of Proposed Works (continued)	
Has the work already started?	
If Yes, please state when the work was started (DD/MM/YYYY):	01.09.2009 (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 Please provide the full postal address of the application site.	5. Pedestrian and Vehicle Access, Roads and Rights of Way Is a new or altered vehicle access
House I House 4	proposed to or from the public highway? X Yes No
House name:	Is a new or altered pedestrian access proposed to or from the public highway? Yes No
Address 1: PLINGE ALTHIL LOAD	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
Address 3:	drawings and state the reference number(s) of the plan(s)/drawing(s):
Town: LONDON	
County:	
Postcode (optional): WW 3 GAX	
6. Pre-application Advice	7. Trees and Hedges
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: OHN SHEEHY Reference: EMAIL ON 16.03.2010 Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: GIVEN THAT THELE WOVED BE NO ALTELATION TO THE ATREALANCE OF THE BYILDING AS A LENVIT, NOL ANY INCLEASE IN THE EXTERNAL VOLUME OF THE BYILDING NO DESIGN OL UNSELVATION ISSUES ARE LAISED. LIVEWINE, IT ISSUES ARE LAISED.	Are there any trees or hedges on your own property or on adjoining properties which are within falling distance of your boundary? Yes No 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? Yes No 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 No If Yes, please describe:	9. Council Employee / Member Is the applicant or agent related to any member of staff or elected member of the council? Yes No If Yes, please provide details:

10. Materials							
If applicable, please sta	Existing (where applicable)	e used external	ly. Include type, colour and Proposed	name for eac	Not applicable	Don't Know	Drawing references if applicable
Walls	hed brick		TO MATCH EXIST	ina			
Roof	tiles		to MATCH Exis	TINA			
Windows	Timbel		to MATCH EXIST	ńΝ			
Doors	TIMBEL		to MATCH EXIS	Mir			
Boundary treatments (e.g. fences, walls)	TIMBEL # E	brick	TO MATCH EXIS	TINA			
Vehicle access and hard-standing	and HARD PAVINE		HARD PAVING				
Lighting	SEWLITY LIGH	ın NA	SEWLITY LIGHT	TNA			
Others (please specify)							
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement? Yes No							
If Yes, please state references for the plan(s)/drawing(s)/design and access statement: 469-001 A - LOCATION PLAN 469-031 LEVA-EX SECTIONS 469-010-LEVD-ELEVATIONS 469-021 LEVA - EXISTING SITE PLAN 469-100 LEVB-PROP SITE PLAN 469-033-LEVA - PROP. SECTION AN							
	469-001 LEVA-tx, RAKIN & GROUND 469-003 LEVA-PROS DEMONTPUTN						
469 - 003 LEVA - EX, ATTIC 3 KOOP 969 - 001 KEYC - 1977 01 SI Z 9 PLANS							
469-004 LBIA-B	X EVEVATIONS 196 X EVEVATIONS 46	69-009 LSI	B-BLOP EVENATIONS		\$Date: 20	07/08/22 15	:20:03 \$ \$Revision: 1.52 \$

11. Certificates				
One Certificate A, B, C, or D, must be	completed, tog	gether with the Agricultu 'E OF OWNERSHIP - CERT	ral Holdings Certificate wit	h this application form
Town and Country Plans	CERTIFICAT Sing (General D	E OF OWNERSHIP - CERT	Order 1995 Certificate und	er Article 7
Leartify/The applicant cortifies that on the	day 21 days be	fore the date of this applic	ration nobody except myself.	the applicant was the
owner (owner is a person with a freehold in	erest or leasehol	ld interest with at least 7 yea	ars left to run) of any part of th	ne land or building to
which the application relates.				Date (DD/MM/YYYY):
Signed - Applicant:		Or signed - Agent:		
		1 //	61N/	17. 03.2010
	CERTIFICAT	E OF OWNERSHIP - CERT	IFICATE B	ou Autiala 7
Town and Country Plann I certify/ The applicant certifies that I hav	ing (General De	evelopment Procedure)	Order 1995 Certificate under	ed below) who, on the day
21 days before the date of this application	n, was the owne	r (owner is a person with a i	freehold interest or leasehold i	nterest with at least 7 years
left to run) of any part of the land or buildi	ng to which this	application relates.		
Name of Owner		Address		Date Notice Served
		/		
-				
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
Certify/ The applicant certifies that: Neither Certificate A or B can be in the case of t	to find out the	names and addresses of th	ne other owners (owner is a pe g, or of a part of it , but I have	erson with a freehold / the applicant has been
Name of Owner		Address		Date Notice Served
/				
		·		
/				
	had in the follo	wing newspaper	On the following date (wh	ich must not he earlier
Notice of the application has been public (circulating in the area where the land is	situated):	will liewshahei	than 21 days before the da	ate of the application):
tenediging in the died where the land is				
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
l e				

11. Certificates (continued)	TIFICATE OF OWNERSHIP - CERTIFICAT	ED
Town and Country Planning (G	eneral Development Procedure) Order	1995 Certificate under Article 7
I certify/ The applicant certifies that:		
 Certificate A cannot be issued for this ap All reasonable steps have been taken to 	find out the names and addresses of ever	yone else who, on the day 21 days before the
date of this application, was the owner lowner is a	a person with a freehold interest or leasehold	d interest with at least 7 years left to run) of any
part of the land to which this application relates,	but I have/ the applicant has been unable	o to do so.
The steps taken were:	And the second s	
No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	sh a fallowing november	the following date (which must not be earlier
Notice of the application has been published in the (circulating in the area where the land is situated)		n 21 days before the date of the application):
(circulating in the discussion		,
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
A	GRICULTURAL HOLDINGS CERTIFICATE eneral Development Procedure)Order 1	OOE Cortificate under Article 7
Agricultural Land Declaration - You Must Complet	te Either A or B 🖊	
(A) None of the land to which the application	relates is, or is part of, an agricultural hold	ding.
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
	\mathcal{A}	
		1544 II. A. L. Sandha day 21 days
B) I have/ The applicant has given the requisibefore the date of this application, was a tenant,	site notice to every person other than mys	tell/ the applicant who, on the day21 days the land to which this application relates,
as listed below:	of all agricultural holding of all of part of	при
Name of Tenant	Address	Date Notice Served
/		
	and the second s	
Signed Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
12 Division Application Demokramen	to Charklist	Control of the Contro
12. Planning Application Requirement Please read the following checklist to make sure	you have sent all the information in suppo	ort of your proposal Failure to submit all
I information required will result in your application	on being deemed invalid. It will not be co	nsidered valid until all information required by
the Local Planning Authority has been submitted	d.	
	copies of a design and access tatement where proposed	The correct fee:
3 copies of a plan which identifies	orks fall within one of the	3 copies of the completed, dated Article
the land to which the application	ollowing designated areas:	7 Certificate (Agricultural Holdings):
relates drawn to an identified scale and showing the direction of North:	National Park Site of special scientific interest	3 copies of the completed, dated
and showing the direction of restaura	Conservation area	Ownership Certificate (A, B, C or D - as applicable):
or information necessary to describe .	Area of outstanding natural beauty World Heritage Site	
Let 1 to a refation and transfer to the Later to the Late	The Broads	
12 Doclaration		
13. Declaration I/we hereby apply for planning permission/conse	ent as described in this form and the acco	mpanying plans/drawings and additional
information.		
Signed - Applicant:	Or signed - Agent:	Date (DD/MM/YYYY):
		17. 03. 2010 (date cannot be

14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers	Telephone numbers
Country code: National number: Extension number:	Country code: National number: Extension number:
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional): Email address (optional):	Country code: Fax number (optional): 020 7431 4398 Email address (optional): MALTA Q, SACKS MAGNILE. LOM
16. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	r other public land? X Yes No
If the planning authority needs to make an appointment to carry out a site visit, whom should they contact? (<i>Please select only one</i>)	Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	
Contact name:	Telephone number:
MARTA GRADAILLE	020 7431 0665
Email address: MARTA @ SACKS MAGNIRE. WM	