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.

1. Applicant Name and Address	2. Agent Name and Address			
Title: MRS . First name: ANNETTE	Title: MP. First name: DAVID			
Last name: CASELEY CHAPMAN,	Last name: WILHS			
Company (optional):	Company DAVID WILLIS ARCHITECT.			
Unit: House 12 House suffix:	Unit: House number: 21 House suffix:			
House name:	House name:			
Address 1: ROCMESTER ROAD	Address 1: THE RIDGEWAY.			
Address 2: CANDEN.	Address 2: FREEN BARNET			
Address 3:	Address 3:			
Town: LONDON	Town: LONDON			
County:	County:			
Country:	Country:			
Postcode: NWI 9LH.	Postcode: NII 3LG			
3. Description of Proposed Works				
Please describe the proposed works:				
REPLACEMENT, REAR BALCONY & STERS.				

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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? Tes Ves	
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.	Is a new or altered vehicle access proposed to or from the public highway? Yes Yes
Unit: number: suffix:	Is a new or altered pedestrian access
House name:	proposed to or from the public highway? Yes Yes No Do the proposals require any diversions,
Address 1: ROCHESTER ROAD	extinguishments and/or creation of public rights of way?
Address 2: CAMDEN	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: LONTOON	
County:	
Postcode (optional): NWI 9LH.	
6. Pre-application Advice	7. Trees and Hedges
Has assistance or prior advice been sought from the local	Are there any trees or hedges on your own
authority about this application? The Yes V No	property or on adjoining properties which are within falling distance of your boundary? V Yes No
If Yes, please complete the following information about the advice	If Yes, please mark their position on a scaled
you were given. (This will help the authority to deal with this application more efficiently).	plan and state the reference number of any plans or drawings:
Please tick if the full contact details are not	
known, and then complete as much possible:	AIZ
Reference:	
	Will any trees or hedges need to be removed or pruned in
Date (DD MM YYYY):	order to carry out your proposal? 🗌 Yes 🗹 No
(must be pre-application submission)	If Yes, please show on your plans which trees by giving them $r_{\rm ext} = r_{\rm ext} = r_{$
	numbers e.g. T1, T2 etc, state the reference number of the plan(s)/ drawing(s) and indicate the scale.
8. Parking	9. Council Employee / Member
Will the proposed works affect	Is the applicant or agent related to any member of staff or elected
existing car parking arrangements? Yes V No	member of the council? Yes VNo
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10. Materials	10. Materials					
If applicable, please state what materials are to be used externally. Include type, colour and name for each material:						
	Existing (where applicable)	Proposed	Not applicable	Don't Know	Drawing references if applicable	
Walls			Ø			
Roof			Ø			
Windows			Ø			
Doors						
Boundary treatments (e.g. fences, walls)			Ø			
Vehicle access and hard-standing			d			
Lighting			Ø			
Others (please specify)		CLEAR GLASS BALUSTRADE. TEXTURED GLASS FLOOR & TREADS SIS & STEEL ARAME			A20 · H21 .	
Are you supplying additional information on submitted plan(s)/drawing(s)/design and access statement?						
If Yes, please state references for the plan(s)/drawing(s)/design and access statement:						
AZO - BALCONY & STAIRS ELEVATTONS AZI - BALCONY & STAIRS DETAILS -						

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11. Certificates (continued)			
CERTIF Town and Country Planning (Gene	CATE OF OWNERSHIP - CERTI		Article 7
I certify/ The applicant certifies that:	rar Development Procedure) o	Tuer 1999 Certificate under	
 Certificate A cannot be issued for this applic 	ation		
All reasonable steps have been taken to find date of this application, was the owner (owner is a pe	i out the names and addresses of	everyone else who, on the day	y 21 days before the
part of the land to which this application relates, but	: I have/ the applicant has been u	nable to do so.	unstate to fully of ally
The steps taken were:			
	f-llouing any grange	On 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):	Tollowing newspaper	than 21 days before the date	of the application):
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
AGR	CULTURAL HOLDINGS CERTIFI	CATE	
Town and Country Planning (Gene	ral Development Procedure)Or		rticle 7
Agricultural Land Declaration - You Must Complete E (A) None of the land to which the application rel	ither A or B	l holding	
Signed - Applicant:	Or signed - Agent:	n noiaing.	Date (DD/MM/YYYY):
	D. Wi	nì	1 18/11/09/
B) I have/ The applicant has given the requisite	notice to every person other that		
before the date of this application, was a tenant of a	an agricultural holding on all or p	art of the land to which this ap	plication relates,
as listed below:		•	· · ·
Name of Tenant	Address		Date Notice Served
	· · · · · · · · · · · · · · · · · · ·		
	······································		
		•	
Signed - Applicant:	Or signed - Agent:		Date (DD/MM/YYYY):
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12. Planning Application Requirements			
Please read the following checklist to make sure you information required will result in your application b	have sent all the information in a	support of your proposal. Faile	ure to submit all
the Local Planning Authority has been submitted.	eing deemed maaid. It wiin not i		ormation required by
3 copies of a completed 3 cop	pies of a design and access	The correct fee:	R
and dated application form: 🗹 state	ment where proposed		
s copies of a plan which identifies	s fall within one of the wing designated areas:	3 copies of the comp 7 Certificate (Agricult	ural Holdings):
related down to an identified costs	tional Park		
and showing the direction of North: 🏼 🔹 Site	of special scientific interest	3 copies of the comp Ownership Certificate	
3 copies of other plans and drawings	nservation area a of outstanding natural beauty	(A, B, C or D - as appl	
or information necessary to describe	rld Heritage Site	· · · · · · · · · · · · · · · · · · ·	
	Broads		
13. Declaration			
I/we hereby apply for planning permission/consent	as described in this form and the	accompanying plane lateration	r and additional
information.	as described in this form and the	accompanying plans/orawing	and additional
	r signed - Agent:	Date (DD/MM/	(1)(1):
	D.wm	· · [10]11	09 (date cannot be
	N.WVVN	18/11/	9) pre-application)
			15-2003 (\$Beaking 1 53 5

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14. Applicant Contact Details	15. Agent Contact Details
Telephone numbers	Telephone numbers
Gountry code: National number: Extensi number Country code: Mobile number (optional): Image: Country code: Country code: Fax number (optional): Image: Country code: Country code: Fax number (optional): Image: Country code: Email address (optional): Image: Country code: Image: Country code:	
16. Site Visit	
Can the site be seen from a public road, public footpath, bridlew	eway or other public land? Yes
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>	rry one) Agent Applicant Other (if different from the agent/applicant's details)
If Other has been selected, please provide:	
Contact name:	Telephone number:
Email address:	

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