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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

First name: YUSUF

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.

Title:

2. Agent Name and Address

MS

First name: IWONA

Please complete using block capitals and black ink.

1. Applicant Name and Address

MR

Title:

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

Last name: ISMAIL	Last name: BARTNIK					
Company (optional):	Company (optional): SYSTEMATIC DESIGNS LTD					
Unit: House number: 50 House suffix:	Unit: House number: 50 House suffix:					
House name:	House name:					
Address 1: ETON AVENUE	Address 1: ETON AVENUE					
Address 2:	Address 2:					
Address 3:	Address 3:					
Town: LONDON	Town: LONDON					
County:	County:					
Country: UK	Country: UK					
Postcode: NW3 3HN	Postcode: NW3 3HN					
3. Description of Proposed Works						
Please describe the proposed works:						
PROPOSED ALTERATIONS AND EXTENSIONS TO EXISTING FAMILY DWELLING CONSISTING OF SINGLE STOREY EXTENSION TO FRONT & REAR AND INSTALLATION OF SOLAR PANEL ALTERNATIVE ENERGY SYSTEM ON ROOF						
	\$Date: 2007/08/22 15:20:03 \$ \$Revision: 1.52 \$					

3. Description of Proposed Works (continued)	
Has the work already started? Yes • No	
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):	RECEIVED 1.1 NOV 2000 (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 House	Is a new or altered vehicle access proposed to or from the public highway? Yes No
House 50 suffix:	Is a new or altered pedestrian access proposed to or from the public highway? Yes • No
name:	proposed to or from the public highway? Yes • No Do the proposals require any diversions,
Address 1: ETON AVENUE	extinguishments and/or creation of public rights of way? Yes 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): NW3 3HN	
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: JASMINE HANCOCK Reference: CA \ 2009 \ ENQ \ 04232 Date (DD MM YYYY): (must be pre-application submission) Details of the pre-application advice received: FRONT & REAR EXTENSION PROPOSALS HAVE BEEN APPROVED BY CAMDEN LETTER DATED 22-10-2009. SUBSEQUENT TELEPHONE DISCUSSIONS & SUBMISSIONS TOOK PLACE AND SOLAR PANEL SYSTEM WAS THEN APPROVED - WRITTEN CONFIRMATION OF THIS IS AWAITED	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: 08-2020 / EXG 02 & 08-2020 / PP01 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? If Yes, please provide details:

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 RECEIVED 1	Not applicable	Don't Know	Drawing references if applicable		
Walls	BRICK & PART TIMBER CLADDING TO FASCIA	FRONT EXTN: DBL. GLAZED WINDOWS AND OBSCURE GLAZED PANELS FOR BALCONY REAR EXTN: POLYESTER COATED PANELS & DBL. GLAZED WINDOWS					
Roof	ASPHALT	ASPHALT					
Windows	MAJORITY CONSIST OF METAL FRAMED SINGLE GLAZED WINDOWS	METAL FRAMED OR FRAMELESS DOUBLE GLAZED WINDOWS WITH POLYESTER POWDER COATED FRAMES IN WHITE OR DARK BROWN					
Doors	FRONT DOOR: SINGLE GLAZED IN TIMBER FRAMEWORK	METAL FRAMED OR FRAMELESS IN OBSCURE DOUBLE GLAZED					
Boundary treatments (e.g. fences, walls)							
Vehicle access and hard-standing							
Lighting							
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:							
08-2020/EXG 03 & EXG 05(2 of 2) 08-2020/PP01,PP02,PP03,PP04(1 of 2),PP04(2 of 2) & PP05							

11. Certificates				
One Certificate A, B, C, or D, mus	t be completed, to	gether with the Agricult TE OF OWNERSHIP - CER	ural Holdings Certificate wit	h this application form
Town and Country P	Planning (General D	Development Procedure)	Order 1995 Certificate unde	er Article 7
I cortify/The annlicant certifies that o	n the day 21 days he	efore the date of this appli	cation nobody except myself/	tne applicant was the
owner (owner is a person with a freeho which the application relates.	ola interest or leasend ``	ng interest with at least 7 ye	ears ient to rurn, or any part or tr	
Signed - Applicant:)	Or signed - Agent:		Date (DD/MM/YYYY):
yusuf ismail (signed)	smail			11/11/2009
	CERTIFICAT	E OF OWNERSHIP - CER	TIFICATE B	
Town and Country P I certify/ The applicant certifies that 21 days before the date of this applic eft to run) of any part of the land or b	lanning (General D	evelopment Procedure)	Order 1995 Certificate unde	ad balaw) wha an the dev
ert to run) of any part of the land or b Name of Owner	uliding to which this	s application relates. Address		Date Notice Served
Name of Owner		Addiess		Date Notice der vou
			,	
			CEIVED 1 1 NOV 200	3
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
certify/ The applicant certifies that: Neither Certificate A or B can All reasonable steps have been to interest or leasehold interest with a unable to do so. The steps taken were:	eken to find out the	names and addresses of the	he other owners <i>(owner is a pe</i> g, or of a part of it , but I have/	rson with a freehold the applicant has been
Name of Owner Address			Date Notice Served	
	·			
			•	
Notice of the application has been p	ublished in the follo	wing newspaper	On the following date (whithan 21 days before the date	ch must not be earlier
(circulating in the area where the lan	a is situatea):		than 21 days before the day	е от тие аррисацоп):
	•			
Signed - Applicant:		Or signed - Agent:		Date (DD/MM/YYYY):
		11		11

14. Applicant Contact Details		15. Agent Co	ntact Details			
Telephone numbers	Telephone numbers					
Country code: National number: +44	Extension number:	Country code: +44 Country code: Country code: Email address (o	<u>* </u>	optional): onal):	Extension number:	
yusuf@etonavenue.com	iwona@systematicdesigns.co.uk					
16. 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 to carry out a site visit, whom should they contact? (Please select only one)		Agent	Applicant	Other (if differently agent/application	ent from the nt's details)	
If Other has been selected, please provide:				3 11	,	
Contact name:		Telephone number:				
yusuf or ingrid ismail		0207 586 0319				
Email address: yusuf@etonavenue.com						

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