





2009/5167/F

Application for approval of details reserved by condition.

Town and Country Planning Act 1990

Planning (Listed Buildings and Conservation Areas) 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.

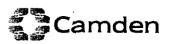
It is important that you read the accompanying guidance notes as incorrect completion will delay the processing of your application.

i. Applica	ant Name and Address	2. Agent i	vame and Address
Title:	MR First name: CURISAOS	Title:	HE First name: LEOUIDAS
Last name:	TSENTAS	Last name:	LAZARAKIS
Company (optional):	GLOBALHOME ESTATES LTD	Company (optional):	SQUIRE AUD PARIDERS
Unit:	5 House number: 22 House suffix:	Unit:	House number: 77 House suffix:
House name:		House name:	
Address 1:	FITZ JOHN AUENUE	Address 1:	WICKLOW STREET
Address 2:		Address 2:	
Address 3:		Address 3:	
Town:	(00000	Town:	L00001V
County:		County:	
Country:	UK.	Country:	UK
Postcode:	Nm3 22H	Postcode:	mcdx d2A

3. Site Address Details	4. Pre-application Advice
Please provide the full postal address of the application site.	Has assistance or prior advice been sought from the local authority about this application?
Unit: House suffix:	authority about this application? Yes No
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: DETICEUALL GARDENS	application more efficiently).
Address 2:	Please tick if the full contact details are not known, and then complete as much as possible:
	Officer name:
Address 3:	
Town: Comoon	Reference:
County:	
Postcode (optional): Um 3 5 4 €	Date (DD/MM/YYYY):
Description of location or a grid reference. (must be completed if postcode is not known):	(must be pre-application submission) Details of pre-application advice received?
Easting: Northing:	Setans of pre appreciation darke received.
Description:	
Description.	<u>{</u>
	{ }
5. Description Of Your Proposal	
Please provide a description of the approved development as shown and date of decision in the sections below: 'Scueme 2': ?ARTIAL DENOLITION, BASEMENT C	KEALLANION SYSTAMS INCLUDING THE ISEN
MING E.S.L. GATENDED TO THE GEAR, TO THE G B FLATS (ZAH-BED) SAS-BED & SAS-BED) TOGETHE PENICLE ACCES FROM THE WIGHNAY	EXISTING BUILDING CONODSING PEARS) TO POWER
Reference number: 2002/3543/P Date of decision:	(Date must be pre-application submission) (DD/MM/VVVV)
Please state the condition number(s) to which this application relates	Submission (Develor (111)
	6.
	
2.	7.
3.	8.
4. {	9.
5.	10.
Has the development already started?	Yes No
If Yes, please state when the development started (DD/MM/YYYY):	(date must be pre-application
	submission) ☐ Yes No
Has the development been completed?	(data must be pre application
If Yes, please state when the development was completed (DD/MM/	submission)
6. Discharge Of Condition	
Please provide a full description and/or list of the materials/details th	nat are being submitted for approval:
· AS EDD CHURE: TEXT MESCE IPNION, PLANS, SECT	and S
7 Part Discharge Of Condition(s)	
	T Vac T Na
7. Part Discharge Of Condition(s) Are you seeking to discharge only part of a condition? If Yes, please indicate which part of the condition your application re	☐ Yes ✓ No
	└ ⁻
Are you seeking to discharge only part of a condition?	└ ⁻

8. Planning Application Requirements - Checklist					
Please read the following checklist to make sure you have sent all the information in support of your proposal. Failure to submit all information required will result in your application being deemed invalid. It will not be considered valid until all information required by the Local Planning Authority has been submitted.					
3 copies of a completed and dated application form:	3 copies of other plans and drawings or information necessary to describe the subject of the application:				
9. Declaration					
I/we hereby apply for planning permission/consent as described in the information.					
Signed - Applicant:	Or signed - Agent:				
	XX				
Date (DD/MM/YYYY):					
28/10/09 (date cannot be pre-application)					
	·				
10. Applicant Contact Details	11. Agent Contact Details				
Telephone numbers	Telephone numbers				
Extension	Extension				
Country code: National number: number:	Country code: National number: number:				
0044 207 724 3239	0044 278 55 55				
Country code: Mobile number (optional):	Country code: Mobile number (optional):				
Country code: Fax number (optional):	Country code: Fax number (optional):				
20 754 35	0044 239 0495				
Email address (optional): Email address (optional):					
12. 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 different from the agent/applicant's details)					
If Other has been selected, please provide:					
Contact name: Telephone number:					

Email address:





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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			
Title:	ML First name: CULISTOS		
Last name:	TSENTAS		
Company (optional):	GLOBALHOME ESTATES LTD		
Unit:	5 House 72 House suffix:		
House name:			
Address 1:	FITZ JOHN AUENUE		
Address 2:			
Address 3:			
Town:	(0600)		
County:			
Country:	UK		
Postcode:	PM3 22H		

2. Agent Name and Address			
Title:	HE	First name:	LEOUIDAS
Last name:	LAZARAKIS		
Company (optional):	SOURE AND PARTIMERS		
Unit:		House number:	House suffix:
House name:			
Address 1:	WICKLOW STEEET		
Address 2:			
Address 3:			
Town:	LON	00 N	
County:			
Country:	UK		
Postcode:	wc1>	(9ZY	

				tion Advice	
Please provide the full postal address of the application site.					prior advice been sought from the local his application?
Unit:	House number: 59	House suffix:		·	<u>▼</u> 165
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:	BETHERUALL GAR	0€ <i>℃</i> \$		ation more o tick if the fu	efficiently). all contact details are not
Address 2:	<u></u>		known	, and then o	complete as much as possible:
Address 3:				rname:	Clost
Town:	دمدهم		Refere		7130-
County:					
Postcode (optional):	10mg 58E		(must l		Date (DD/MM/YYYY): ication submission)
Description (must be co	of location or a grid reference. impleted if postcode is not known)	:			plication advice received?
Easting:	Northing:			17E 01	_
Description			· s	ine App	PRICE CUISURE)
			• •	بوهراء بع	& HIWNES CONFIRMED
(J			
5 Descri	ption Of Your Proposal				
Please prov	ide a description of the approved o	levelopment as shown	on the c	lecision lett	er, including the application reference number
	decision in the sections below:	3 1154440 6	*CALLA	ALDE)	EXTENSION INCLUDING THE DEST
200 FOR	E-S IN GHILLOUD TO THE	is dero to me	44.84 in	ارسه عاد	LOIDE COUPLING 9 FLATS) TO FOUR
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Reference n		}	10 1-	1.00	(Date must be pre-application
		Date of decision:		109	submission) (DD/MM/YYYY)
I	e the condition number(s) to which	this application relate	Т		
2.	ODGITIOD 3		6.		
3.		- ·· · · · · · · · · · · · · · · · · ·	7.		
4.			9.		
5.			10.		
	velopment already started?		10.	Yes	
	se state when the development sta	rted (DD/MM/VVV)	ı T		(date must be pre-application
i	•	rted (<i>DD</i> /Wil4)/ 1 1 1 //.	L,	Voc	submission)
	Has the development been completed? If Yes, please state when the development was completed (DD/MM/YYYY): (date must be pre-application submission)			(date must be pre-application	
			.,,		submission)
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Please provide a full description and/or list of the materials/details that are being submitted for approval:					
Managaga Man Descention, Plans, concerned Mediculary Links assessment					
<u> </u>					
7. Part Discharge Of Condition(s)					
Are you seeking to discharge only part of a condition?					
If Yes, please indicate which part of the condition your application relates to:					
					1
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9. Declaration	
I/we hereby apply for planning permission/consent as described in information.	this form and the accompanying plans/drawings and additional
Signed - Applicant:	Or signed - Agent:
	K-K.
Date (DD/MM/YYYY):	
28/10/03 (date cannot be pre-application)	
10. Applicant Contact Details	11. Agent Contact Details
Telephone numbers Extension	Telephone numbers
Country code: National number: number:	Country code: National number: Extension number:
0044 207 724 3239	0044 278 5555
Country code: Mobile number (optional):	Country code: Mobile number (optional):
Country code: Fax number (optional):	Country code: Fax number (optional):
0044 207 724 32	0044 239 0495
Email address (optional):	Email address (optional):
12. Site Visit	
Can the site be seen from a public road, public footpath, bridleway	or other public land? Yes No
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If Other has been selected, please provide:	— иденцирисане з остана
Contact name:	Telephone number:

Email address: