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29 OCT 2014RECEIVED
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2009/SIBT/P

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.

1. Applicant Name and Address

Title:	MR	First name:	CHRISTOS
Last name:	TSENTAS		
Company (optional):	GLOBALHOME ESTATES LTD		
Unit:	5	House number:	22
		House suffix:	
House name:			
Address 1:	FITZJOHN AVENUE		
Address 2:			
Address 3:			
Town:	LONDON		
County:			
Country:	UK		
Postcode:	NW3 5SH		

2. Agent Name and Address

Title:	MR	First name:	LEONIDAS
Last name:	LAZARAKIS		
Company (optional):	SQUIRE AND PARTNERS		
Unit:		House number:	77
		House suffix:	
House name:			
Address 1:	WICKLOW STREET		
Address 2:			
Address 3:			
Town:	LONDON		
County:			
Country:	UK		
Postcode:	WC1X 93Y		

3. Site Address Details

Please provide the full postal address of the application site.

Unit: House number: **59** House suffix:

House name:

Address 1: **WETHERALL GARDENS**

Address 2:

Address 3:

Town: **LONDON**

County:

Postcode (optional): **W3 5PE**

Description of location or a grid reference.
(must be completed if postcode is not known):

Easting: Northing:

Description:

4. Pre-application Advice

Has assistance or prior advice been sought from the local authority about this application?

☐ Yes ☒ No

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 as possible: ☐

Officer name:

Reference:

Date (DD/MM/YYYY):
(must be pre-application submission)

Details of pre-application advice received?

5. Description Of Your Proposal

Please provide a description of the approved development as shown on the decision letter, including the application reference number and date of decision in the sections below:

'SCHEME 2': PARTIAL DEMOLITION, BASEMENT EXCAVATION, EXTENSIONS INCLUDING THE USE OF WING E-SH EXTENSION TO THE REAR, TO THE EXISTING BUILDING (COMPRISING 9 FLATS) TO FORM 8 FLATS (2x4-BED, 3x3-BED & 3x2-BED) TOGETHER WITH THE REPOSITIONING OF THE EXISTING VEHICLE ACCESS FROM THE HIGHWAY.

Reference number: **2008/3543/P** Date of decision: **13/08/09** (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	CONDITION 3	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)

Has the development been completed?

☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY):

(date must be pre-application submission)

6. Discharge Of Condition

Please provide a full description and/or list of the materials/details that are being submitted for approval:

AS BROCHURE: TEXT DESCRIPTION, PLANS, SECTIONS

7. Part Discharge Of Condition(s)

Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

If Yes, please indicate which part of the condition your application relates to:

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 this form and the accompanying plans/drawings and additional information.

Signed - Applicant:

Or signed - Agent:





Date (DD/MM/YYYY):

28/10/09

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code: 0044 National number: 207 724 3239 Extension number: /

Country code: Mobile number (optional):

Country code: 0044 Fax number (optional): 207 724 32

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code: 0044 National number: 278 5555 Extension number: /

Country code: Mobile number (optional):

Country code: 0044 Fax number (optional): 231 0495

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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Last name:	LAZARAKIS		
Company (optional):	SQUIRE AND PARTNERS		
Unit:		House number:	77
		House suffix:	
House name:			
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County:

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(must be completed if postcode is not known):

Easting: Northing:

Description:

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Has assistance or prior advice been sought from the local authority about this application? ☒ Yes ☐ No

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 as possible: ☐

Officer name:

ALEX HUTSON

Reference:

Date (DD/MM/YYYY):

(must be pre-application submission)

Details of pre-application advice received?

- SITE VISIT
- SITE APPRAISAL (VISUAL)
- MEETING MINUTES CONFIRMED

5. Description Of Your Proposal

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'SCHEME 2: PARTIAL DEMOLITION, BASEMENT EXCAVATION, EXTENSION INCLUDING THE WEST WING E-SH EXTENDED TO THE ROAD, TO THE EXISTING BUILDING (COMPRISING 9 FLATS) TO PROVIDE 8 FLATS (2x4-BED, 3x3-BED & 3x2-BED) TOGETHER WITH THE REPOSITIONING OF THE EXISTING VEHICLE ACCESS FROM THE HIGHWAY.

Reference number: **2008/3543/P** Date of decision: **13/08/09** (Date must be pre-application submission) (DD/MM/YYYY)

Please state the condition number(s) to which this application relates:

1.	CONDITION 5	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)

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☐ Yes ☒ No

If Yes, please state when the development was completed (DD/MM/YYYY):

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Please provide a full description and/or list of the materials/details that are being submitted for approval:

- **AS BROCHURE: TERN DESCRIPTION, PLANS, CONCEALED AGRICULTURAL IMPACT ASSESSMENT**

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Are you seeking to discharge only part of a condition?

☐ Yes ☒ No

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Signed - Applicant:

Or signed - Agent:

Date (DD/MM/YYYY):

28/10/09

(date cannot be pre-application)

10. Applicant Contact Details

Telephone numbers

Country code:

0044

National number:

207 724 3239

Extension number:

/

Country code:

Mobile number (optional):

Country code:

0044

Fax number (optional):

207 724 32

Email address (optional):

11. Agent Contact Details

Telephone numbers

Country code:

0044

National number:

278 5555

Extension number:

/

Country code:

Mobile number (optional):

Country code:

0044

Fax number (optional):

239 0495

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:

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