

30 JUL 2008



Planning Services
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Argyle Street
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For office use
Date
Payee
App. No. Fee

Application for Planning Permission:
Town and Country Planning Act 1990

2009/1240/INVALID

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority'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: [] First name: []

Last name: []

Company (optional): []

Unit: [] House number: [] House suffix: []

House name: []

Address 1: []

Address 2: []

Address 3: []

Town: []

County: []

Country: []

Postcode: []

2. Agent Name and Address

Title: MR First name: A

Last name: BRINN

Company (optional): YNOT CAD SERVICES LTD

Unit: [] House number: 2 House suffix: []

House name: []

Address 1: HONEYMEADE

Address 2: []

Address 3: []

Town: SAWBRIDGEWORTH

County: HERTS

Country: ENGLAND

Postcode: CM21 0AR

3. Description of the Proposal

Please describe the proposed development, including any change of use:

Replacement of existing critical windows & doors with ~~white~~ white coated aluminium windows & doors.

Has the building, work or change of use already started?

Yes No

If Yes, please state the date when building, work or use were started (DD/MM/YYYY):

[]

(date must be pre-application submission)

Has the building, work or change of use been completed?

Yes No

If Yes, please state the date when the building, work or change of use was completed: (DD/MM/YYYY):

[]

(date must be pre-application submission)

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
Walls			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows	METAL	WHITE COATED ALUMINIUM	<input type="checkbox"/>	<input type="checkbox"/>
Doors	METAL & WOOD	WHITE COATED ALUMINIUM	<input type="checkbox"/>	<input type="checkbox"/>
Boundary treatments (e.g. fences, walls)			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vehicle access and hard-standing			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others (please specify)			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:

11. Vehicle Parking

Please provide information on the existing and proposed number of on-site parking spaces:

Type of Vehicle	Total Existing	Total proposed (including spaces retained)	Difference in spaces
Cars			N/A
Light goods vehicles/ public carrier vehicles			N/A
Motorcycles			N/A
Disability spaces			N/A
Cycle spaces			N/A
Other (e.g. Bus)			-
Other (e.g. Bus)			-

12. Foul Sewage *NO CHANGES*

Please state how foul sewage is to be disposed of:

Mains sewer Cess pit

Septic tank Other

Package treatment plant

Are you proposing to connect to the existing drainage system? Yes No

If Yes, please include the details of the existing system on the application drawings and state references for the plan(s)/drawing(s):

13. Assessment of Flood Risk *N/A*

Is the site within an area at risk of flooding? (Refer to the Environment Agency's Flood Map showing flood zones 2 and 3 and consult Environment Agency standing advice and your local planning authority requirements for information as necessary.)

Yes No

If Yes, you will need to submit a Flood Risk Assessment to consider the risk to the proposed site.

Is your proposal within 20 metres of a watercourse (e.g. river, stream or beck)? Yes No

Will the proposal increase the flood risk elsewhere? Yes No

How will surface water be disposed of?

Sustainable drainage system Existing watercourse

Soakaway Pond/lake

Main sewer

14. Biodiversity and Geological Conservation *N/A*

To assist in answering the following questions refer to the guidance notes for further information on when there is a reasonable likelihood that any important biodiversity or geological conservation features may be present or nearby and whether they are likely to be affected by your proposals.

Having referred to the guidance notes, is there a reasonable likelihood of the following being affected adversely or conserved and enhanced within the application site, or on land adjacent to or near the application site?

a) Protected and priority species:

Yes, on the development site

Yes, on land adjacent to or near the proposed development

No

b) Designated sites, important habitats or other biodiversity features:

Yes, on the development site

Yes, on land adjacent to or near the proposed development

No

c) Features of geological conservation importance:

Yes, on the development site

Yes, on land adjacent to or near the proposed development

No

15. Existing Use *NO CHANGE*

Please describe the current use of the site:

Is the site currently vacant? Yes No

If Yes, please describe the last use of the site:

When did this use end (if known)? (date where known may be approximate)

Does the proposal involve any of the following:

Land which is known to be contaminated? Yes No

Land where contamination is suspected for all or part of the site? Yes No

A proposed use that would be particularly vulnerable to the presence of contamination? Yes No

If you have answered Yes to any of the above, you will need to submit an appropriate contamination assessment.

16. Trees and Hedges *N/A*

Are there trees or hedges on the proposed development site? Yes No

And/or: Are there trees or hedges on land adjacent to the proposed development site that could influence the development or might be important as part of the local landscape character? Yes No

If Yes to either or both of the above, you will need to provide a full Tree Survey, with accompanying plan before your application can be determined. Your Local Planning Authority should make clear on its website what the survey should contain, in accordance with the current 'BSS837: Trees in relation to construction - Recommendations'.

17. Trade Effluent

Does the proposal involve the need to dispose of trade effluents or waste? Yes No

If Yes, please describe the nature, volume and means of disposal of trade effluents or waste:

18. Residential Units (Including Conversion)

Does your proposal include the gain, loss or change of use of residential units?
 If Yes, please complete details of the changes in the tables below:

Yes No

Proposed Housing						
Market Housing	Not known	Number of Bedrooms				Total
		1	2	3	4+ Unknown	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						

Existing Housing						
Market Housing	Not known	Number of Bedrooms				Total
		1	2	3	4+ Unknown	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						

Social Rented						
	Not known	Number of Bedrooms				Total
		1	2	3	4+ Unknown	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						

Social Rented						
	Not known	Number of Bedrooms				Total
		1	2	3	4+ Unknown	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						

Intermediate						
	Not known	Number of Bedrooms				Total
		1	2	3	4+ Unknown	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						

Intermediate						
	Not known	Number of Bedrooms				Total
		1	2	3	4+ Unknown	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						

Key worker						
	Not known	Number of Bedrooms				Total
		1	2	3	4+ Unknown	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						

Key worker						
	Not known	Number of Bedrooms				Total
		1	2	3	4+ Unknown	
Houses	<input type="checkbox"/>					
Flats and maisonettes	<input type="checkbox"/>					
Live-work units	<input type="checkbox"/>					
Cluster flats	<input type="checkbox"/>					
Sheltered housing	<input type="checkbox"/>					
Bedsit/studios	<input type="checkbox"/>					
Unknown type	<input type="checkbox"/>					
Totals (a+b+c+d+e+f+g)=						

Total proposed residential units (A+B+C+D)=

Total existing residential units (E+F+G+H)=

TOTAL NET GAIN or LOSS of RESIDENTIAL UNITS (Proposed Housing Grand Total - Existing Housing Grand Total):

III Types of Development: Non-residential Floorspace

Does your proposal involve the loss, gain or change of use of non-residential floorspace? Yes No

If you have answered Yes to the question above please add details in the following table:

Use class/type of use	Not applicable	Existing gross internal floorspace (square metres)	Gross internal floorspace to be lost by change of use or demolition (square metres)	Total gross internal floorspace proposed (including change of use)(square metres)	Net additional gross internal floorspace following development (square metres)
A1	<input type="checkbox"/>				
Shops	<input type="checkbox"/>				
Net tradable area:	<input type="checkbox"/>				
A2	<input type="checkbox"/>				
Financial and professional services	<input type="checkbox"/>				
A3	<input type="checkbox"/>				
Restaurants and cafes	<input type="checkbox"/>				
A4	<input type="checkbox"/>				
Drinking establishments	<input type="checkbox"/>				
A5	<input type="checkbox"/>				
Hot food takeaways	<input type="checkbox"/>				
B1 (a)	<input type="checkbox"/>				
Office (other than A2)	<input type="checkbox"/>				
B1 (b)	<input type="checkbox"/>				
Research and development	<input type="checkbox"/>				
B1 (c)	<input type="checkbox"/>				
Light industrial	<input type="checkbox"/>				
B2	<input type="checkbox"/>				
General industrial	<input type="checkbox"/>				
B8	<input type="checkbox"/>				
Storage or distribution	<input type="checkbox"/>				
C1	<input type="checkbox"/>				
Hotels and halls of residence	<input type="checkbox"/>				
C2	<input type="checkbox"/>				
Residential institutions	<input type="checkbox"/>				
D1	<input type="checkbox"/>				
Non-residential institutions	<input type="checkbox"/>				
D2	<input type="checkbox"/>				
Assembly and leisure	<input type="checkbox"/>				
OTHER	<input type="checkbox"/>				
Please Specify	<input type="checkbox"/>				
Total					

In addition, for hotels, residential institutions and hostels, please additionally indicate the loss or gain of rooms

Use class	Type of use	Not applicable	Existing rooms to be lost by change of use or demolition	Total rooms proposed (including changes of use)	Net additional rooms
C1	Hotels	<input type="checkbox"/>			
C2	Residential Institutions	<input type="checkbox"/>			
OTHER		<input type="checkbox"/>			
Please Specify		<input type="checkbox"/>			

20. Employment

N/A

Please complete the following information regarding employees:

	Full-time	Part-time	Total full-time equivalent
Existing employees			
Proposed employees			

21. Hours of Opening

N/A

Please state the hours of opening for each non-residential use proposed:

Use	Monday to Friday	Saturday	Sunday and Bank Holidays	Not known

22. Site Area

N/A

Please state the site area in hectares (ha)

23. Industrial or Commercial Processes and Machinery

Please describe the activities and processes which would be carried out on the site and the end products including plant, ventilation or air conditioning. Please include the type of machinery which may be installed on site:

Is the proposal a waste management development? Yes No

If the answer is Yes, please complete the following table:

	Not applicable	The total capacity of the void in cubic metres, including engineering surcharge and making no allowance for cover or restoration material (or tonnes if solid waste or litres if liquid waste)	Maximum annual operational throughput in tonnes (or litres if liquid waste)
Inert landfill	<input type="checkbox"/>		
Non-hazardous landfill	<input type="checkbox"/>		
Hazardous landfill	<input type="checkbox"/>		
Energy from waste incineration	<input type="checkbox"/>		
Other incineration	<input type="checkbox"/>		
Landfill gas generation plant	<input type="checkbox"/>		
Pyrolysis/gasification	<input type="checkbox"/>		
Metal recycling site	<input type="checkbox"/>		
Transfer stations	<input type="checkbox"/>		
Material recovery/recycling facilities (MRFs)	<input type="checkbox"/>		
Household civic amenity sites	<input type="checkbox"/>		
Open windrow composting	<input type="checkbox"/>		
In-vessel composting	<input type="checkbox"/>		
Anaerobic digestion	<input type="checkbox"/>		
Any combined mechanical, biological and/or thermal treatment (MBT)	<input type="checkbox"/>		
Sewage treatment works	<input type="checkbox"/>		
Other treatment	<input type="checkbox"/>		
Recycling facilities construction, demolition and excavation waste	<input type="checkbox"/>		
Storage of waste	<input type="checkbox"/>		
Other waste management	<input type="checkbox"/>		
Other developments	<input type="checkbox"/>		

Please provide the maximum annual operational throughput of the following waste streams:

Municipal	
Construction, demolition and excavation	
Commercial and industrial	
Hazardous	

If this is a landfill application you will need to provide further information before your application can be determined. Your waste planning authority should make clear what information it requires on its website.

24. Hazardous Substances

Does the proposal involve the use or storage of any of the following materials in the quantities stated below? Yes No Not applicable

If Yes, please provide the amount of each substance that is involved:

Acrylonitrile (tonnes) <input type="text"/>	Ethylene oxide (tonnes) <input type="text"/>	Phosgene (tonnes) <input type="text"/>
Ammonia (tonnes) <input type="text"/>	Hydrogen cyanide (tonnes) <input type="text"/>	Sulphur dioxide (tonnes) <input type="text"/>
Bromine (tonnes) <input type="text"/>	Liquid oxygen (tonnes) <input type="text"/>	Flour (tonnes) <input type="text"/>
Chlorine (tonnes) <input type="text"/>	Liquid petroleum gas (tonnes) <input type="text"/>	Refined white sugar (tonnes) <input type="text"/>

Other:

Other:

Amount (tonnes):

Amount (tonnes):

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):

(date cannot be pre-application)

29. Applicant Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

30. Agent Contact Details

Telephone numbers

Country code: National number: Extension number:

Country code: Mobile number (optional):

Country code: Fax number (optional):

Email address (optional):

31. 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: