2009/2429/L.



Planning Services Camden Town Hall Argyle Street London WC1H 8EQ

Email (enquiries only): env.devcon@camden.gov.uk

Telephone Fax : 020 7974 1911 : 020 7974 5713 For office use

Date Payee

App. No.

Application for listed building consent for alterations, extension or demolition of a listed building.

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.

T. Appl	cant Name and Address	2. Agen	t Name and Address
Title:	First name:	Title:	First name:
Last name	×	Last name	
Company (optional):	R&I GRANT & CO LTD	Company (optional):	CARLIUE ASSOCIATES
Unit:	House number: 56-60 House suffix:	Unit:	House number: 29/30 House suffix:
House name:		House name:	ALTO HOUSE
Address 1:	ST JOHN STREET	Address 1:	NEWBURY STREET
Address 2:	7.	Address 2:	
Address 3:		Address 3:	
Town:	LONDON	Town:	LONDAN
County:		County:	
Country:	UNITED KINGDOM	Country:	UNITED KINGDOM
Postcode:	ECIMADT	Postcode:	ECIA THZ
WHITE SEASON STREET	iption of Proposed Work		
4	cribe the proposals to alter, extend or demolish the listed t		An all and Planature ages and
10	Refurbish ground floor & breemen	I IN AC	CORDANCE WITH TOMONING MYPLOVIC-
			1
i i			

3. Description of Proposed Work (continued)	4. Site Address Details
	Please provide the full postal address of the application site.
Has the work already started without consent?	Unit: House number: 67 House suffix:
If Yes, please state when the work was started (DD/MM/YYYY):	name: Address 1: GRAYS / W ROAD
	Address 2:
	Address 3:
(date must be pre-application submission)	Town: LONDON County:
Has the work been completed without consent? Yes No	Postcode (optional): WCJX &T L Description of location or a grid reference.
If Yes, please state the date when the work was completed (DD/MM/YYYY):	(must be completed if postcode is not known): Easting: Northing:
	Description:
(date must be pre-application submission)	
5. Related Proposals	6. Pre-application Advice
Are there any current applications, previous proposals or demolitions for the site?	Has assistance or prior advice been sought from the local authority about this application?
If Yes please describe and include the planning application reference number(s), if known:	If Yes, please complete the following information about the advice
Description Reference number	you were given. (This will help the authority to deal with this application more efficiently). Please tick if the full contact details are not
CHANGE OF USE GREEVERDIMMENT 2008/	known, and then complete as much as possible:
	Officer name:
	Reference:
	D + (DD/MAN/00/00
	Date (DD/MM/YYYY): (must be pre-application submission)
	Details of pre-application advice received?
Neighbour and Community Consultation	8. Council Employee / Member
Have you consulted your neighbours or	Is the applicant or agent related to any member of staff or elected
the local community about the proposal? Yes	member of the council?
If Yes, please provide details:	If Yes, please provide details:

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	Existing (where applicable)	Proposed	Not applicable	Don' Knov
External walls	FAIR FACED BRICKWORK	FAIR FACED BRICKWORK		
Roof covering	Ashphaer Mye Scares	FELT SLATES		
Chimney				
Windows	TIMBER SUDING SASH CASEMENT	TIMBER SLIOING BASH / CASEMENT		
External doors	TIMBER PANOLOD	TIMBER PANELLED		
Ceilings	PLASTER FINISH	PLASTER FINISH		
Internal walls	TIMBER STUD HAITH PLASTER FINISH	TIMBER STUD WITH PLASTER FLASH		
Floors	TIMBER	TIM BER		
Internal doors	TIMBER PANEUED	TIMBER PANELLED		
Rainwater goods	CAST	CAST		
Boundary treatments (e.g. fences, walls)	FAIR FACED BRICKWORK	FAIR FACED BRICK HORK		
Vehicle access and hard standing				
Lighting	EUKUTRIC PENDANT / STEIP	ELECTRIC PEMDANT STEAD		
Others (add description)			-	
Yes, please state plan(itional information on submitted drawings or plan (s)/drawing(s) references: 202, 203 \$ 204	rs? Yes No		

10. Demolition		11. Listed Building Alterations		
Does the proposal include the partial or total demolition of a listed building?	No	Do the proposed works include alterations to a listed building?	Yes	☐ No
If Yes, which of the following does the proposal involve?		If Yes, do the proposed works include:		
a) Total demolition of the listed building: Yes	☐ No	(you must answer each of the questions)		
b) Demolition of a building within the curtilage of the listed building: Yes	☐ No	a) Works to the interior of the building?	Yes	No No
c) Demolition of a part of the listed building: Yes	☐ No	b) Works to the exterior of the building?	→∀es	No
If the answer to c) is Yes:		c) Works to any structure or object fixed to the property (or buildings within		
i) What is the total volume of the listed building?(cubic metres)		its curtilage) internally or externally?	Yes	No
ii) What is the volume of the part to be demolished?(cubic metres)		d) Stripping out of any internal wall, ceiling or floor finishes (e.g. plaster, floorboards)?	Yes	☐ No
iii) What was the (approximate) date of the erection of the part to be removed? (MM/YYYY) (date must be pre-application submission) Please provide a brief description of the building or par building you are proposing to demolish:	rt of the	If the answer to any of these questions is Ye plans, drawings, photographs sufficient to it extent and character of the items to be rem proposal for their replacement, including ar structural support and state references for t	dentify the I oved, and th ny new mea	ocation, ne ns of
Why is it necessary to demolish or extend (as applicable) a of the building(s) and or structure(s)?	II or part			•
12. Listed Building Grading		13. Immunity From Listing		
Please state the grading (if known) of the building in the list Buildings of Special Architectural or Historic interest? (Note one box must be ticked)		Has a Certificate of Immunity from Listing be this building?		
Grade I Ecclesiastical Grad	el 🗀	Yes No	Don't kn	3VV
5.5357 []		If Yes, please provide the result of the appli	cation:	
Grade II* Ecclesiastical Grade	*			
Grade II Ecclesiastical Grade	ell 🗌			
Don't kno	ow 🗌			
1) (

74. Certificates		
One Certific	cate A, B, C, or D, must be completed with this applica	ation form
Certificate under Regulation 6 of the Pla	CERTIFICATE OF OWNERSHIP - CERTIFICATE A	
owner (owner is a person with a freehold in	ie day 21 days before the date of this application nobounterest or leasehold interest with at least 7 years left to ru	
which the application relates. Signed - Applicant:		•
Signed - Applicant:	Or signed - Agent:	Date DD/MM/YYYY):
	f Ruzadion Census or CARLI	2 ASSOCIMES 404 09
	CERTIFICATE OF CHAMPERSHIP . CERTIFICATE P	
	I 6 of the Planning (Listed Buildings and Conservation) I the applicant has given the requisite notice to everyon I was the owner (owner is a person with a feet and interest	
Name of Owner	Address	Date Notice Served
Signed - Applicant:	Or signed - Agent:	Date DD/MM/YYYY):
	<u> </u>	
certify/ The applicant certifies that: Neither Certificate A or B can be issued that the All reasonable steps have been take interest or leasehold interest with at I been unable to do so. The steps taken were:	ued for this application en to find out the names and addresses of the other own east 7 years left to run) of the land or building, or of a part	ers <i>(owner is a person with a freehold</i> of it , but I have/ the applicant has
тпе этерэ такен were.		
Name of Owner	Address	Date Notice Served
The state of the s		
lotice of the application has been published circulating in the area where the land is situ		g date (which must not be earlier efore the date of the application):
igned - Applicant:	Or signed - Agent:	Date DD/MM/YYYY):

74 Certificates (continued)	
CERTIFICATE OF OWNER Certificate under Regulation 6 of the Planning (Listed Buildings an	RSHIP - CERTIFICATE D
Lertify/ The applicant certifies that:	o vonscribinarions, regulations 1000
 Certificate A cannot be issued for this application All reasonable steps have been taken to find out the names ar date of this application, was the owner (owner is a person with of any part of the land to which this application relates, but I have a person with the land to which this application relates. 	nd addresses of everyone else who, on the day 21 days before the a freehold interest or leasehold interest with at least 7 years left to run)
The steps taken were:	
Notice of the application has been published in the following newspa	per On the following date (which must not be earlier than 21 days before the date of the application):
(circulating in the area where the land is situated):	than 21 days before the date of the applications.
Occionad	Agent: Date DD/MM/YYYY):
Signed - Applicant: Or signed -	Agent. Date Doministrini).
T. Di Application Doquirements Checklist	
15. 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 inva-	alid. It will not be considered valid until all information required by
the Local Planning Authority has been submitted.	The original and 3 copies of other plans and drawings or
The original and 3 copies of a completed and dated application form:	nformation necessary to describe the subject of the application:
	The original and 3 copies of the completed dated Dwnership Certificate (A, B, C, or D - as applicable):
land to which the application relates and drawn to an	The original and 3 copies of a design and access statement:
igentified scale and showing the direction of North.	The original and a deposit of the original and a second of the original an
6 Declaration	
I/we hereby apply for planning permission/consent as described in th information.	
Signed - Applicant: Or signed - Agent:	Date (DD/MM/YYYY): (date cannot be
Kuzasi-on ra	pre-application)
	18. Agent Contact Details
17. Applicant Contact Details	
Telephone numbers Extension	Telephone numbers Extension
Country code: National number: number:	Country code: National number: number:
	OZO 77963050 —
Country code: Mobile number (optional):	Country code: Mobile number (optional):
S	Country code: Fax number (optional):
Country code: Fax number (optional):	Country code. Tax number (obtoiner).
[Email address (optional):
Email address (optional):	mail@carlikassocrates.co.uk
	ranti Carine Care 750 . Co. A
19. Site Visit	
Can the site be seen from a public road, public footpath, bridleway o	r 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:	Talanhana number
Contact name:	Telephone number:
FLOXO KUZAWSKI	020 1196 3050

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